## Prepared For: Aetna 2019 4th qtr Albany EPO

Albany County, NY 12007

Prepared By: Clifford Grekin Inc. - (631)963-6020

## Health Plan Comparison Report (4L)

Effective Date: 10/01/2019 Prepared On: 07/15/2019

Report ID: 36624234

SIC: 0000

	Aetna Gold OAEPO 1000 90% ID: 14041846 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 2800 90% HSA PY ID: 14041843 (HSA) (UCR=N/A)		Aetna Silver OAEPO 2550 70% ID: 14041847 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 3000 70% ID: 14041849 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS IntDed		15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$2,800/\$5,600 embedded		\$2,550/\$5,100 embedded		\$3,000/\$6,000 embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$6,550/\$13,100 (incl ded)		\$7,900/\$15,800 (incl ded)		\$7,900/\$15,800 (incl ded)	
Co-Insurance	10%		10%		30%		30%	
Office Visits								
Primary Care	\$30 ded waived		10% after ded		\$45 ded waived		\$45 ded waived	
Specialist	\$60 ded waived		10% after ded		\$75 ded waived		\$75 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		10% after ded		30% after ded		30% after ded	
Mental Health Inpatient	10% after ded		10% after ded		30% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	10% after ded		10% after ded		Lab-\$45 ded waived; X-ray-30% after ded		30% after ded	
Mental Health Outpatient	\$60 ded waived		10% after ded		\$75 ded waived		\$75 ded waived	
Emergency Care	1							
Emergency Room	\$750 (waived if admitted) ded waived		10% after ded		\$750 (waived if admitted) ded waived		\$750 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		10% after ded		\$90 ded waived		\$90 ded waived	
Single	1 x \$882.38		1 x \$779.46		1 x \$737.60		1 x \$717.24	
EE with Spouse	0 x \$1,764.75		0 x \$1,558.91		0 x \$1,475.20		0 x \$1,434.47	
EE with Child(ren)	0 x \$1,500.04		0 x \$1,325.08		0 x \$1,253.92		0 x \$1,219.30	
Family	1 x \$2,514.77		1 x \$2,221.45		1 x \$2,102.16		1 x \$2,044.12	
Monthly Cost	2 \$3,397.15		2 \$3,000.91		2 \$2,839.76		2 \$2,761.36	
Annual Cost	\$40,765.80		\$36,010.92		\$34,077.12		\$33,136.32	

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	Aetna Bronze OAEPO 5000 70% (UCR=N	ID: 14041848 (EPOc)	Aetna Bronze OAEPO 3750 50% I (UCR=N	ID: 14041850 (EPOc)	Aetna Bronze OAEPO 5400 50% HSA ID: 14041844 (HSA) (UCR=N/A)		
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	
Prescription Drugs							
Drug Card	15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS IntDed		
Cost Share Information							
ndividual/Family Deductible	\$5,000/\$10,000 embedded		\$3,750/\$7,500 embedded		\$5,400/\$10,800 embedded		
ndividual/Family OOP Limit	\$7,700/\$15,400 (incl ded)		\$7,900/\$15,800 (incl ded)		\$6,650/\$13,300 (incl ded)		
Co-Insurance	30%		50%		50%		
Office Visits							
Primary Care	30% after ded		50% after ded		50% after ded		
Specialist	30% after ded		50% after ded		50% after ded		
Inpatient Services							
npatient Hospital	30% after ded		50% after ded		50% after ded		
Mental Health Inpatient	30% after ded		50% after ded		50% after ded		
Outpatient Services							
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery		
Lab/X-Ray	30% after ded		50% after ded		50% after ded		
Mental Health Outpatient	30% after ded		50% after ded		50% after ded		
Emergency Care							
Emergency Room	30% after ded		50% after ded		50% after ded		
Urgent Care	30% after ded		50% after ded		50% after ded		
Single	1 x \$651.31		1 x \$603.85		1 x \$533.46		
EE with Spouse	0 x \$1,302.62		0 x \$1,207.71		0 x \$1,066.92		
EE with Child(ren)	0 x \$1,107.22		0 x \$1,026.55		0 x \$906.88		
Family	1 x \$1,856.23		1 x \$1,720.98		1 x \$1,520.36		
Monthly Cost Annual Cost	2 \$2,507.54 \$30,090.48		2 \$2,324.83 \$27,897.96		2 \$2,053.82 \$24,645.84		

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