Prepared For: Aetna 2019 4th qtr NY City EPO

Prepared By:

New York County, NY 10001

Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)

Effective Date: 10/01/2019

Prepared On: 07/15/2019

Report ID: 36624262 SIC: 0000

| Prescription Drugs  Drug Card  15/65/50%/To T2-4  Cost Share Information Individual/Family Deductible Individual/Family OOP Limit  Co-Insurance  Office Visits  Primary Care Specialist Inpatient Services Inpatient Hospital Mental Health Inpatient Outpatient Services  Outpatient Facility Lab/X-Ray  Mental Health Outpatient Emergency Care  15/65/50%/To T2-4  \$1,000/\$2,00  \$6,000/\$12,0  \$6,000/\$12,0  \$6,000/\$12,0  \$60 ded waiv  \$70 ded waiv   | TCS/100 ded  TOS/100 ded  TOS/100 ded  TOS/100 ded  TOS/100 ded | \$2,800/\$5,600 embedded<br>\$6,550/\$13,100 (incl ded) | 15/65/50%/TCS/100 ded<br>T2-4<br>\$2,550/\$5,100 embedded | Out-Network | In-Network  15/65/50%/TCS/100 ded T2-4  \$3,000/\$6,000 embedded | Out-Network |
|--|---|---|---|-------------|--|-------------|
| Drug Card  15/65/50%/To T2-4  Cost Share Information Individual/Family Deductible Individual/Family OOP Limit  Co-Insurance Office Visits Primary Care Specialist Inpatient Services Inpatient Hospital Mental Health Inpatient Outpatient Facility Refer to Outpatient Facility Lab/X-Ray  Mental Health Outpatient Emergency Care Emergency Room  \$15/65/50%/To T2-4  \$1,000/\$2,00  \$6,000/\$12,0  \$6,000/\$12,0  \$6,000/\$12,0  \$6,000/\$12,0  \$6,000/\$12,0  \$6,000/\$12,0  \$60 ded waiv  In%  Befer to Outpatient Surgery  10% after decomposite to the surgery  \$60 ded waiv   | 000 embedded<br>,000 (incl ded)                                 | \$2,800/\$5,600 embedded<br>\$6,550/\$13,100 (incl ded) | T2-4<br>\$2,550/\$5,100 embedded                          | _           | T2-4   |             |
| Cost Share Information Individual/Family Deductible Individual/Family OOP Limit  Co-Insurance  Office Visits Primary Care Specialist Inpatient Services Inpatient Hospital Mental Health Inpatient Outpatient Services Outpatient Facility Lab/X-Ray  Mental Health Outpatient Emergency Care Emergency Room  \$1,000/\$2,00 \$6,000/\$12,0 \$6,000/\$12,0 \$10% \$6,000/\$12,0 \$10% \$6,000/\$12,0 \$10% \$60 ded waiv \$60 ded waiv \$60 ded waiv \$60 ded waiv   | 000 embedded<br>,000 (incl ded)                                 | \$2,800/\$5,600 embedded<br>\$6,550/\$13,100 (incl ded) | T2-4<br>\$2,550/\$5,100 embedded                          | _           | T2-4   |             |
| Individual/Family Deductible  Individual/Family OOP Limit  Co-Insurance  Office Visits  Primary Care Specialist Inpatient Services  Inpatient Hospital Mental Health Inpatient Outpatient Services  Outpatient Facility  Lab/X-Ray  Mental Health Outpatient Emergency Care  \$1,000/\$2,00 \$6,000/\$12,0 \$6,000/\$12,0 \$10%  Square \$30 ded waiv \$60 ded waiv  10% after ded Surgery 10% after ded \$60 ded waiv \$60 ded waiv \$60 ded waiv \$60 ded waiv   | ,000 (incl ded)   | \$6,550/\$13,100 (incl ded)                             |   |             | \$3,000/\$6,000 embedded   |             |
| Individual/Family OOP Limit \$6,000/\$12,0  Co-Insurance 10%  Office Visits  Primary Care \$30 ded waiv  Inpatient Services  Inpatient Hospital 10% after ded  Mental Health Inpatient 10% after ded  Outpatient Services  Outpatient Facility Refer to Outp Surgery  Lab/X-Ray 10% after ded  Mental Health Outpatient \$60 ded waiv  Emergency Care  Emergency Room \$750 (waived)   | ,000 (incl ded)   | \$6,550/\$13,100 (incl ded)                             |   |             | \$3,000/\$6,000 embedded   |             |
| Co-Insurance 10%  Office Visits  Primary Care \$30 ded waiv Inpatient Services  Inpatient Hospital 10% after ded Mental Health Inpatient 10% after ded Outpatient Services  Outpatient Facility Refer to Outp Surgery  Lab/X-Ray 10% after ded Mental Health Outpatient \$60 ded waiv Emergency Care  Emergency Room \$750 (waived)  |   |   | 67 000/61E 900 (incl ded)                                 |             |  |             |
| Office Visits Primary Care \$30 ded waiv Specialist \$60 ded waiv Inpatient Services Inpatient Hospital 10% after ded Outpatient Services Outpatient Facility Refer to Outp Surgery Lab/X-Ray 10% after ded Mental Health Outpatient \$60 ded waiv Emergency Care Emergency Room \$750 (waived)  | ived  | 10%   | \$7,900/\$15,800 (incl ded)                               |             | \$7,900/\$15,800 (incl ded)                                      |             |
| Primary Care \$30 ded waiv Specialist \$60 ded waiv Inpatient Services Inpatient Hospital 10% after dec Mental Health Inpatient 10% after dec Outpatient Services Outpatient Facility Refer to Outp Surgery Lab/X-Ray 10% after dec Mental Health Outpatient \$60 ded waiv Emergency Care Emergency Room \$750 (waived)  | ived  |   | 30%   |             | 30%  |             |
| Specialist \$60 ded waiv Inpatient Services Inpatient Hospital 10% after ded Mental Health Inpatient 10% after ded Outpatient Services Outpatient Facility Refer to Outp Surgery Lab/X-Ray 10% after ded Mental Health Outpatient \$60 ded waiv Emergency Care Emergency Room \$750 (waived)   | ived  |   |   |             |  |             |
| Inpatient Services Inpatient Hospital Mental Health Inpatient Outpatient Services Outpatient Facility Refer to Outpsurgery Lab/X-Ray Mental Health Outpatient Emergency Care Emergency Room \$750 (waived)   |   | 10% after ded   | \$45 ded waived   |             | \$45 ded waived  |             |
| Inpatient Hospital Mental Health Inpatient Outpatient Services Outpatient Facility Refer to Outpargery Lab/X-Ray Mental Health Outpatient Emergency Care Emergency Room 10% after dec  | iived   | 10% after ded   | \$75 ded waived   |             | \$75 ded waived  |             |
| Mental Health Inpatient Outpatient Services Outpatient Facility Cutpatient Facility  Lab/X-Ray Mental Health Outpatient Emergency Care Emergency Room 10% after decoupled and the second |   |   |   |             |  |             |
| Mental Health Inpatient Outpatient Services Outpatient Facility Cutpatient Facility  Lab/X-Ray Mental Health Outpatient Emergency Care Emergency Room 10% after decoupled and the second | ed  | 10% after ded   | 30% after ded   |             | 30% after ded  |             |
| Outpatient Services  Outpatient Facility  Capture Surgery  Lab/X-Ray  Mental Health Outpatient  Emergency Care  Emergency Room  Refer to OutpSurgery  10% after decount should be seen to be surgery  860 ded waived  \$750 (waived)   |   | 10% after ded   | 30% after ded   |             | 30% after ded  |             |
| Outpatient Facility  Refer to Outpatient  Lab/X-Ray  Mental Health Outpatient  Emergency Care  Emergency Room  \$750 (waived)  |   |   |   |             |  |             |
| Mental Health Outpatient \$60 ded waiv Emergency Care Emergency Room \$750 (waived   | tpatient  | Refer to Outpatient<br>Surgery                          | Refer to Outpatient<br>Surgery                            |             | Refer to Outpatient<br>Surgery                                   |             |
| Emergency Care  Emergency Room \$750 (waived   | ed  | 10% after ded   | Lab-\$45 ded waived;<br>X-ray-30% after ded               |             | 30% after ded  |             |
| Emergency Room \$750 (waived   | ived  | 10% after ded   | \$75 ded waived   |             | \$75 ded waived  |             |
|  |   |   |   |             |  |             |
|  | ed if admitted)   | 10% after ded   | \$750 (waived if admitted) ded waived                     |             | \$750 (waived if admitted) ded waived                            |             |
| Urgent Care \$75 ded waiv  | ived  | 10% after ded   | \$90 ded waived   |             | \$90 ded waived  |             |
| Single 1 x   | \$1,076.07  | 1 x \$950.56  | 1 x \$899.51  |             | 1 x \$874.68   |             |
| EE with Spouse 0 x   | \$2,152.14  | 0 x \$1,901.11  | 0 x \$1,799.03  |             | 0 x \$1,749.36   |             |
| EE with Child(ren) 0 x   | \$1,829.32  | 0 x \$1,615.95  | 0 x \$1,529.17  |             | 0 x \$1,486.95   |             |
| Family 1 x   | \$3,066.80  | 1 x \$2,709.09  | 1 x \$2,563.61  |             | 1 x \$2,492.83   |             |
| Monthly Cost 2   |   | 2 \$3,659.65  | 2 \$3,463.12  |             | 2 \$3,367.51   |             |
| Annual Cost  | \$4,142.87  | \$43,915.80   | \$41,557.44   |             | \$40,410.12  |             |

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|                              | Aetna<br>Bronze OAEPO 5000 70% ID: 14041848 (EPOc)<br>(UCR=N/A) |             | Aetna<br>Bronze OAEPO 3750 50% ID: 14041850 (EPOc)<br>(UCR=N/A) |             | Aetna<br>Bronze OAEPO 5400 50% HSA ID: 14041844<br>(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<br>T2-4                                   |             | 15/65/50%/TCS/100 ded<br>T2-4                                   |             | 15/65/50%/TCS IntDed   |             |
| Cost Share Information       |   |             |   |             |  |             |
| Individual/Family Deductible | \$5,000/\$10,000<br>embedded                                    |             | \$3,750/\$7,500 embedded  |             | \$5,400/\$10,800<br>embedded                                       |             |
| Individual/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           |   |             |   |             |  |             |
| Inpatient 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<br>Surgery                                  |             | Refer to Outpatient<br>Surgery                                  |             | Refer to Outpatient<br>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 \$794.28  |             | 1 x \$736.41  |             | 1 x \$650.56   |             |
| EE with Spouse               | 0 x \$1,588.56  |             | 0 x \$1,472.81  |             | 0 x \$1,301.12   |             |
| EE with Child(ren)           | 0 x \$1,350.27  |             | 0 x \$1,251.89  |             | 0 x \$1,105.95   |             |
| Family                       | 1 x \$2,263.69  |             | 1 x \$2,098.76  |             | 1 x \$1,854.09   |             |
| Monthly Cost                 | 2 \$3,057.97  |             | 2 \$2,835.17  |             | 2 \$2,504.65   |             |
| Annual Cost                  | \$36,695.64   |             | \$34,022.04   |             | \$30,055.80  |             |
|                              |   |             |   |             |  |             |