### Prepared For : Aetna 2015 1st qtr Rochester region Livingston County, NY 14414

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

## Health Plan Comparison Report (4L)

 Prepared On : 11/4/2014
 Report Id : 27037358

 Effective Date : 01/01/2015
 SIC : 0000

	Aetna Gold OAEPO 1000 90% ID: 14025420 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 2000 80% ID: 14025424 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 2000 60% ID: 14025423 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 3000 70% ID: 14025426 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/50%to\$750/TCS		10/50/50%to\$750/TCS		10/50/50%to\$750/TCS		10/50/50%to\$750/TCS	
Cost Share Information								
ndividual/Family Deductible	\$1,000/\$2,000 embedded		\$2,000/\$4,000 embedded		\$2,000/\$4,000 embedded		\$3,000/\$6,000 embedded	
ndividual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$6,600/\$13,200 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,600/\$13,200 (incl ded)	
Co-Insurance	10%		20%		40%		30%	
Office Visits								
Primary Care	\$30 ded waived		\$40 ded waived		\$30 ded waived		\$50 ded waived	
Specialist	\$50 ded waived		\$70 ded waived		\$50 ded waived		\$75 ded waived	
npatient Services								
npatient Hospital	10% after ded		20% after ded		40% after ded		30% after ded	
Mental Health Inpatient	10% after ded		20% after ded		40% after ded		30% after ded	
Outpatient Services								
Dutpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
_ab/X-Ray	10% after ded		Lab-\$70 ded waived; X-ray-20% after ded		Lab-\$50 ded waived; X-ray- 40% after ded		Lab-\$75 ded waived; X-ray-30% after ded	
Mental Health Outpatient	\$50 ded waived		\$70 ded waived		\$50 ded waived		\$75 ded waived	
Emergency Care								
Emergency Room	\$150 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived	
Jrgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	1 x \$444.19		1 x \$378.97		1 x \$386.66		1 x \$367.73	
EE with Spouse	0 x \$888.39		0 x \$757.93		0 x \$773.32		0 x \$735.46	
EE with Child(ren)	0 x \$755.13		0 x \$644.24		0 x \$657.32		0 x \$625.14	
Family	1 x \$1,265.95		1 x \$1,080.06		1 x \$1,101.98		1 x \$1,048.03	
Monthly Cost	2 \$1,710.14		2 \$1,459.03		2 \$1,488.64		2 \$1,415.76	
	1		1		1		1	

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	Aetna Silver OAEPO 2000 90% HSA PY ID: 14025425 (HSA) (UCR=N/A)		Aetna Bronze OAEPO 5000 60% ID: 14025416 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 3000 100% HSA PY ID: 14025411 (HSA) (UCR=N/A)		Aetna Bronze OAEPO 3500 60% HSA PY ID: 14025413 (HSA) (UCR=N/A)	
Proposition Drugs	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/50%to\$750/TCS IntDed		10/50/50%to\$750/TCS IntDed		10/55/50%to\$750/TCS IntDed		10/50/50%to\$750/TCS IntDed	
Cost Share Information								
ndividual/Family Deductible	\$2,000/\$4,000 non-embedded		\$5,000/\$10,000 embedded		\$3,000/\$6,000 non-embedded		\$3,500/\$7,000 non-embedded	
ndividual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$6,250/\$12,500 (incl ded)		\$6,450/\$12,900 (incl ded)		\$6,250/\$12,500 (incl ded)	
Co-Insurance	10%		40%		0%		40%	
Office Visits								
rimary Care	10% after ded		\$50 ded waived		\$50 after ded		40% after ded	
pecialist	10% after ded		40% after ded		\$75 after ded		40% after ded	
npatient Services								
npatient Hospital	10% after ded		40% after ded		\$1,000/admit after ded		40% after ded	
Nental Health Inpatient	10% after ded		40% after ded		\$1,000/admit after ded		40% after ded	
Dutpatient Services								
Dutpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
ab/X-Ray	10% after ded		40% after ded		\$75 after ded		40% after ded	
Aental Health Outpatient	10% after ded		40% ded waived		\$75 after ded		40% after ded	
Emergency Care								
mergency Room	10% (waived if admitted) after ded		40% after ded		\$200 (waived if admitted) after ded		40% after ded	
Jrgent Care	10% after ded		40% after ded		\$75 after ded		40% after ded	
Single	1 x \$372.72		1 x \$321.93		1 x \$321.54		1 x \$318.28	
E with Spouse	0 x \$745.44		0 x \$643.85		0 x \$643.08		0 x \$636.56	
E with Child(ren)	0 x \$633.63		0 x \$547.28		0 x \$546.62		0 x \$541.07	
amily	1 x \$1,062.26		1 x \$917.49		1 x \$916.39		1 x \$907.09	
Ionthly Cost	2 \$1,434.98		2 \$1,239.42		2 \$1,237.93		2 \$1,225.37	
	\$17,219.76		\$14,873.04		\$14,855.16		\$14,704.44	

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	Aetna Bronze OAEPO 4000 80% ID: 14025414 (EPOc) (UCR=N/A)		Aetn Bronze OAEPO 5000 14025415 (HSA	100% HSA PY ID:	Aetna Bronze OAEPO 3500 50% ID: 14025412 (EPOc) (UCR=N/A)		
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	
Prescription Drugs							
Drug Card	10/50/50%to\$750/TCS IntDed		10/50/50%to\$750/TCS IntDed		10/50/50%to\$750/TCS IntDed		
Cost Share Information							
Individual/Family Deductible	\$4,000/\$8,000 embedded		\$5,000/\$10,000 non-embedded		\$3,500/\$7,000 embedded		
Individual/Family OOP Limit	\$6,600/\$13,200 (incl ded)		\$6,250/\$12,500 (incl ded)		\$6,600/\$13,200 (incl ded)		
Co-Insurance	20%		0%		50%		
Office Visits							
Primary Care	\$25 after ded		0% after ded		50% after ded		
Specialist	20% after ded		0% after ded		50% after ded		
Inpatient Services							
Inpatient Hospital	20% after ded		0% after ded		50% after ded		
Mental Health Inpatient	20% after ded		0% after ded		50% after ded		
Outpatient Services							
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery		
Lab/X-Ray	20% after ded		0% after ded		50% after ded		
Mental Health Outpatient	20% after ded		0% after ded		50% after ded		
Emergency Care							
Emergency Room	20% after ded		0% after ded		50% after ded		
Urgent Care	20% after ded		0% after ded		50% after ded		
Single	1 x \$315.44		1 x \$314.29		1 x \$312.14		
Single EE with Spouse	1 x \$315.44 0 x \$630.88		1 x \$314.29 0 x \$628.57		1 x \$312.14 0 x \$624.28		
EE with Spouse EE with Child(ren)	0 x \$630.88 0 x \$536.25		0 x \$628.57 0 x \$534.29		0 x \$624.28 0 x \$530.64		
EE with Spouse	0 x \$630.88		0 x \$628.57		0 x \$624.28		
EE with Spouse EE with Child(ren)	0 x \$630.88 0 x \$536.25		0 x \$628.57 0 x \$534.29		0 x \$624.28 0 x \$530.64		

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