Prepared For : Aetna 2015 1st qtr Syracuse region Broome County, NY 13737

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

Health Plan Comparison Report (4L)

 Prepared On : 11/4/2014
 Report Id : 27037416

 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)	
Dressription 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		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								
rimary Care	\$30 ded waived		\$40 ded waived		\$30 ded waived		\$50 ded waived	
pecialist	\$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	
Iental 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 \$501.30		1 x \$427.69		1 x \$436.37		1 x \$415.01	
EE with Spouse	0 x \$1,002.61		0 x \$855.38		0 x \$872.75		0 x \$830.02	
E with Child(ren)	0 x \$852.22		0 x \$727.08		0 x \$741.84		0 x \$705.52	
amily	1 x \$1,428.72		1 x \$1,218.92		1 x \$1,243.67		1 x \$1,182.78	
Ionthly Cost	2 \$1,930.02		2 \$1,646.61		2 \$1,680.04		2 \$1,597.79	
Annual Cost	\$23,160.24		\$19,759.32		\$20,160.48		\$19,173.48	

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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)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
rug 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	
ost 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								
Primary Care	10% after ded		\$50 ded waived		\$50 after ded		40% after ded	
Specialist	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	
Mental 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	
Mental 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 \$420.64		1 x \$363.32		1 x \$362.88		1 x \$359.20	
E with Spouse	0 x \$841.29		0 x \$726.64		0 x \$725.77		0 x \$718.40	
E with Child(ren)	0 x \$715.09		0 x \$617.64		0 x \$616.90		0 x \$610.64	
amily	1 x \$1,198.83		1 x \$1,035.46		1 x \$1,034.22		1 x \$1,023.72	
Apathly Cost	2 \$1,619.47		2 \$1 200 70		0 61 207 10		2 \$1,382.92	
Monthly Cost Annual Cost	2 \$1,619.47 \$19,433.64		2 \$1,398.78 \$16,785.36		2 \$1,397.10 \$16,765.20		2 \$1,382.92 \$16,595.04	
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	Aetna Bronze OAEPO 4000 8 (EPOc) (UC	30% ID: 14025414	Aetna 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	10/50/50%to\$750/TCS		10/50/50%to\$750/TCS		10/50/50%to\$750/TCS		
Drug Card	IntDed		IntDed		IntDed		
Cost Share Information							
ndividual/Family Deductible	\$4,000/\$8,000 embedded		\$5,000/\$10,000 non-embedded		\$3,500/\$7,000 embedded		
ndividual/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		
npatient Services							
npatient 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 \$356.00		1 x \$354.70		1 x \$352.27		
EE with Spouse	0 x \$711.99		0 x \$709.39		0 x \$704.55		
EE with Child(ren)	0 x \$605.19		0 x \$602.98		0 x \$598.87		
Family	1 x \$1,014.59		1 x \$1,010.88		1 x \$1,003.98		
Monthly Cost	2 \$1,370.59		2 \$1,365.58		2 \$1,356.25		
Annual Cost	\$16,447.08		2 \$1,365.58 \$16,386.96		\$16,275.00		

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