#### Prepared For : Aetna 2015 2nd qtr Rochester region Livingston County, NY 14414

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

## Health Plan Comparison Report (4L)

 Prepared On : 2/3/2015
 Report Id : 27819002

 Effective Date : 04/01/2015
 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 \$455.62		1 x \$388.71		1 x \$396.60		1 x \$377.19	
E with Spouse	0 x \$911.23		0 x \$777.42		0 x \$793.21		0 x \$754.37	
E with Child(ren)	0 x \$774.55		0 x \$660.81		0 x \$674.23		0 x \$641.22	
amily	1 x \$1,298.50		1 x \$1,107.83		1 x \$1,130.32		1 x \$1,074.98	
fonthly Cost	2 \$1,754.12		2 \$1,496.54		2 \$1,526.92		2 \$1,452.17	
Annual Cost	\$21,049.44		\$17,958.48		\$18,323.04		\$17,426.04	

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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								
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								
Individual/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	
Individual/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	
Inpatient Services								
Inpatient 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	
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		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								
Emergency Room	10% (waived if admitted) after ded		40% after ded		\$200 (waived if admitted) after ded		40% after ded	
Urgent Care	10% after ded		40% after ded		\$75 after ded		40% after ded	
Single EE with Spouse	1 x \$382.31 0 x \$764.61		1 x \$330.20 0 x \$660.41		1 x \$329.81 0 x \$659.62		1 x \$326.46 0 x \$652.92	
EE with Child(ren)	0 x \$649.92		0 x \$561.35		0 x \$560.68		0 x \$554.99	
Family	1 x \$1,089.57		1 x \$941.08		1 x \$939.96		1 x \$930.42	
Monthly Cost	2 \$1,471.88		2 \$1,271.28		2 \$1,269.77		2 \$1,256.88	
Annual Cost	\$17,662.56		\$15,255.36		\$15,237.24		\$15,082.56	

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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							
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		
Inpatient 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 \$323.55		1 x \$322.37		1 x \$320.17		
EE with Spouse	0 x \$647.10		0 x \$644.74		0 x \$640.34		
EE with Child(ren)	0 x \$550.04		0 x \$548.03		0 x \$544.29		
Family	1 x \$922.12		1 x \$918.75		1 x \$912.48		
Monthly Cost	2 \$1,245.67		2 \$1,241.12		2 \$1,232.65		
Monthly Cost Annual Cost	\$1,245.67		\$14,893.44		2 \$1,232.65 \$14,791.80		

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