Prepared For: Aetna NYC Community plan New York County, NY 10001			Health Plan Comparison Report (2) Effective Date: 01/01/2016 Prepared On: 10/21/207	
			Report ID: 29403516 SIC: 00	
	Ae Platinum NYC Community Pl	etna anSM \$20 ID: 14030054 (EPO) R=N/A)	Aetna	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	20/40/60/TCS/100 ded T2-T4		20/40/60/TCS/100 ded T2-T4	
Cost Share Information				
ndividual/Family Deduc	embedded		D-N/A; ND-\$5,000/\$10,000 embedded	
ndividual/Family OOP L	Limit D-\$1,000/\$2,000; ND-\$5,250/ \$10,500 (incl ded)		D-\$1,000/\$2,000; ND-\$5,250/ \$10,500 (incl ded)	
Co-Insurance	D-0%; ND-30%		D-0%; ND-30%	
Office Visits				
Primary Care	D-\$20; ND-30% after ded		D-\$30; ND-30% after ded	
Specialist	D-\$35; ND-30% after ded		D-\$50; ND-30% after ded	
Maternity Prenatal/Postr Care	natal Pre-No charge; Post-refer to carrier		Pre-No charge; Post-refer to carrier	
Chiropractic Care	D-\$35; ND-30% after ded		D-\$50; ND-30% after ded	
npatient Services				
npatient Hospital	D-\$500/admit; ND-30% after ded		D-\$1,000/admit; ND-30% after ded	
Mental Health Inpatient	D-\$500/admit; waived if readmitted within 90 days ND-30% after ded		D-\$1,000/admit; waived if readmitted within 90 days ND-30% after ded	
Substance Abuse Inpati	D-\$500/admit; ND-30% after ded		D-\$1,000/admit; ND-30% after ded	
Outpatient Services				
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery	
_ab/X-Ray	Lab-D-No charge; ND-30% after ded; X-ray-D-\$35; ND-30% after ded		Lab-D-No charge; ND-30% after ded; X-ray-D-\$50; ND-30% after ded	
Advanced Radiology	D-\$35; ND-30% after ded		D-\$50; ND-30% after ded	
Mental Health Outpatier	nt D-\$35; ND-30% after ded		D-\$50; ND-30% after ded	
Substance Abuse Outpa	atient D-\$35; ND-30% after ded		D-\$50; ND-30% after ded	
Emergency Care				
Emergency Room	\$100 (waived if admitted)		\$150 (waived if admitted)	
Ambulance	\$100		\$100	
Jrgent Care	D-\$35; ND-30% after ded		D-\$35; ND-30% after ded	
Recovery/Special Need	ds			
Home Health Care	D-\$20; ND-25% ded waived; 40 visits/cal yr		D-\$30; ND-25% ded waived; 40 visits/cal yr	
Skilled Nursing	D-\$500/admit; ND-30% after ded		D-\$1,000/admit; ND-30% after ded	
Durable Medical Equipm	nent 50%		50%	
	1 x \$730.99		1 x \$724.50	
Single	0 x \$1,461.99		0 x \$1,449.00	
-	0 x \$1,461.99			
EE with Spouse EE with Child(ren)	0 x \$1,242.69		0 x \$1,231.65	
Single EE with Spouse EE with Child(ren) Family			0 x \$1,231.65 1 x \$2,064.83	

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