Prepared For : Aetna 2016 2nd qtr Buffalo Erie County, NY 14001

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

Health Plan Comparison Report (4L)

Prepared On: 2/2/2016

Report Id: 30341638

Effective Date : 04/01/2016 SIC : 0000

Prescription Drugs Drug Card 20/40/60/T2-T4 Cost Share Information Individual/Family Deductible Individual/Family OOP Limit \$4,000/\$8 Co-Insurance 0% Office Visits Primary Care \$25 Specialist \$40 Inpatient Services Inpatient Hospital \$500/adm readmitte Outpatient Facility Refer to C Surgery Lab/X-Ray No charge Mental Health Outpatient \$40 Emergency Care	nit nit; waived if	Out-Network	\$1,000/\$2,000 embedded \$4,000/\$8,000 (incl ded) \$30 ded waived \$50 ded waived	Out-Network	\$2,000/\$4,000 embedded \$5,500/\$11,000 (incl ded) 40% \$30 ded waived \$50 ded waived	Out-Network	\$2,000/\$4,000 embedded \$6,600/\$13,200 (incl ded) 20%	Out-Network
Drug Card 20/40/60/ T2-T4 Cost Share Information Individual/Family Deductible Individual/Family OOP Limit Co-Insurance Office Visits Primary Care Specialist Inpatient Services Inpatient Hospital Mental Health Inpatient S500/adm readmitte Outpatient Services Outpatient Facility Refer to C Surgery Lab/X-Ray Mental Health Outpatient \$40 Emergency Care	3,000 nit nit; waived if		\$1,000/\$2,000 embedded \$4,000/\$8,000 (incl ded) 10% \$30 ded waived \$50 ded waived		\$2,000/\$4,000 embedded \$5,500/\$11,000 (incl ded) 40%		\$2,000/\$4,000 embedded \$6,600/\$13,200 (incl ded) 20%	
T2-T4 Cost Share Information Individual/Family Deductible Individual/Family OOP Limit Co-Insurance Office Visits Primary Care Specialist Inpatient Services Inpatient Hospital Mental Health Inpatient Standard Refer to Couragery Lab/X-Ray Mental Health Outpatient Standard	3,000 nit nit; waived if		\$1,000/\$2,000 embedded \$4,000/\$8,000 (incl ded) 10% \$30 ded waived \$50 ded waived		\$2,000/\$4,000 embedded \$5,500/\$11,000 (incl ded) 40%		\$2,000/\$4,000 embedded \$6,600/\$13,200 (incl ded) 20%	
Individual/Family Deductible Individual/Family OOP Limit \$4,000/\$8 Co-Insurance 0% Office Visits Primary Care Specialist Inpatient Services Inpatient Hospital Mental Health Inpatient \$500/adm readmitte Outpatient Services Outpatient Facility Refer to C Surgery Lab/X-Ray Mental Health Outpatient \$40 Emergency Care	nit nit; waived if		\$4,000/\$8,000 (incl ded) 10% \$30 ded waived \$50 ded waived		\$5,500/\$11,000 (incl ded) 40% \$30 ded waived		\$6,600/\$13,200 (incl ded)	
Individual/Family OOP Limit \$4,000/\$8 Co-Insurance 0% Office Visits Primary Care \$25 Specialist \$40 Inpatient Services Inpatient Hospital \$500/adm readmitte Outpatient Services Outpatient Facility Refer to C Surgery Lab/X-Ray No charge Mental Health Outpatient \$40 Emergency Care	nit nit; waived if		\$4,000/\$8,000 (incl ded) 10% \$30 ded waived \$50 ded waived		\$5,500/\$11,000 (incl ded) 40% \$30 ded waived		\$6,600/\$13,200 (incl ded)	
Co-Insurance 0% Office Visits Primary Care \$25 Specialist \$40 Inpatient Services Inpatient Hospital \$500/adm Mental Health Inpatient \$500/adm readmitte Outpatient Services Outpatient Facility Refer to C Surgery Lab/X-Ray No charge Mental Health Outpatient \$40 Emergency Care	nit nit; waived if		10% \$30 ded waived \$50 ded waived		40% \$30 ded waived	_	20%	
Office Visits Primary Care \$25 Specialist \$40 Inpatient Services Inpatient Hospital \$500/adm Mental Health Inpatient \$500/adm readmitte Outpatient Services Outpatient Facility Refer to C Surgery Lab/X-Ray No charge Mental Health Outpatient \$40 Emergency Care	nit; waived if		\$30 ded waived \$50 ded waived		\$30 ded waived			
Primary Care \$25 Specialist \$40 Inpatient Services Inpatient Hospital \$500/adm Mental Health Inpatient \$500/adm readmitte Outpatient Services Outpatient Facility Refer to C Surgery Lab/X-Ray No charge Mental Health Outpatient \$40 Emergency Care	nit; waived if		\$50 ded waived				\$40 ded waived	
Specialist \$40 Inpatient Services Inpatient Hospital \$500/adm Mental Health Inpatient \$500/adm readmitte Outpatient Services Outpatient Facility Refer to C Surgery Lab/X-Ray No charge Mental Health Outpatient \$40 Emergency Care	nit; waived if		\$50 ded waived				\$40 ded waived	
Inpatient Services Inpatient Hospital \$500/adm Mental Health Inpatient \$500/adm readmitte Outpatient Services Outpatient Facility Refer to C Surgery Lab/X-Ray No charge Mental Health Outpatient \$40 Emergency Care	nit; waived if				\$50 ded waived			
Inpatient Hospital \$500/adm Mental Health Inpatient \$500/adm readmitte Outpatient Services Outpatient Facility Refer to C Surgery Lab/X-Ray No charge Mental Health Outpatient \$40 Emergency Care	nit; waived if						\$70 ded waived	
Mental Health Inpatient \$500/adm readmitte Outpatient Services Outpatient Facility Refer to C Surgery Lab/X-Ray No charge Mental Health Outpatient \$40 Emergency Care	nit; waived if							
Outpatient Services Outpatient Facility Refer to C Surgery Lab/X-Ray No charge Mental Health Outpatient \$40 Emergency Care			10% after ded		40% after ded		20% after ded	
Outpatient Facility Refer to C Surgery Lab/X-Ray No charge Mental Health Outpatient Emergency Care	d within 90 days		10% after ded		40% after ded		20% after ded	
Surgery Lab/X-Ray No charge Mental Health Outpatient Emergency Care \$40								
Mental Health Outpatient \$40 Emergency Care	Outpatient		Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Emergency Care	Э		10% after ded		Lab-\$50 ded waived; X-ray-40% after ded		Lab-\$70 ded waived; X-ray-20% after ded	
			\$50 ded waived		\$50 ded waived		\$70 ded waived	
Emergency Room \$150 (wa								
Lineigency room \$\psi \text{roo} \(\psi \)	ived if admitted)		\$150 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived	
Urgent Care \$75			\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single 1 x	\$837.21		1 x \$698.99		1 x \$593.49		1 x \$590.13	
EE with Spouse 0 x	\$1,674.41		0 x \$1,397.98		0 x \$1,186.98		0 x \$1,180.26	
EE with Child(ren) 0 x	\$1,423.25		0 x \$1,188.28		0 x \$1,008.93		0 x \$1,003.22	
Family 1 x	\$2,386.04		1 x \$1,992.12		1 x \$1,691.44		1 x \$1,681.87	
Monthly Cost 2	\$3,223.25		2 \$2,691.11		2 \$2,284.93		2 \$2,272.00	
Annual Cost	\$38,679.00		\$32,293.32		\$27,419.16		\$27,264.00	

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	Aetna Silver OAEPO 3000 70% ID: 14030062 (EPOc) (UCR=N/A)		Aetna Silver OAMC 3000 100/80 HSA Emb FH ID: 14030029 (HSA) (UCR=N/A)		Aetna Silver OAMC 3000 100/70 HSA Emb ID: 14030030 (HSA) (UCR=N/A)		Aetna Silver OAMC 2600 90/70 HSA Emb ID: 14030026 (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	20/40/60/TCS/100 ded T2-T4		20/40/60/TCS IntDed		20/40/60/TCS IntDed		20/40/60/TCS IntDed	
Cost Share Information								
Individual/Family Deductible	\$3,000/\$6,000 embedded		\$3,000/\$6,000 embedded	\$4,000/\$8,000 embedded	\$3,000/\$6,000 embedded	\$4,000/\$8,000 embedded	\$2,600/\$5,200 embedded	\$3,500/\$7,000 embedded
Individual/Family OOP Limit	\$6,600/\$13,200 (incl ded)		\$5,500/\$11,000 (incl ded)	\$8,000/\$16,000 (incl ded)	\$5,500/\$11,000 (incl ded)	\$8,000/\$16,000 (incl ded)	\$5,000/\$10,000 (incl ded)	\$7,000/\$14,000 (incl ded)
Co-Insurance	30%		0%	20%	0%	30%	10%	30%
Office Visits								
Primary Care	\$40 ded waived		0% after ded	20% after ded	0% after ded	30% after ded	10% after ded	30% after ded
Specialist	\$75 ded waived		0% after ded	20% after ded	0% after ded	30% after ded	10% after ded	30% after ded
Inpatient Services								
Inpatient Hospital	30% after ded		0% after ded	20% after ded	0% after ded	30% after ded	10% after ded	30% after ded
Mental Health Inpatient	30% after ded		0% after ded	20% after ded	0% after ded	30% after ded	10% after ded	30% after ded
Outpatient Services								
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery	Refer to Outpatient Surgery	Refer to Outpatient Surgery	Refer to Outpatient Surgery	Refer to Outpatient Surgery	Refer to Outpatient Surgery
Lab/X-Ray	Lab-\$75 ded waived; X-ray-30% after ded		0% after ded	20% after ded	0% after ded	30% after ded	10% after ded	30% after ded
Mental Health Outpatient	\$75 ded waived		0% after ded	20% after ded	0% after ded	30% after ded	10% after ded	30% after ded
Emergency Care								
Emergency Room	\$200 (waived if admitted) ded waived		0% after ded	Paid as in-network	0% after ded	Paid as in-network	10% after ded	Paid as in-network
Urgent Care	\$75 ded waived		0% after ded	20% after ded	0% after ded	30% after ded	10% after ded	30% after ded
Single	1 x \$573.31		1 x \$659.06		1 x \$647.29		1 x \$640.82	
EE with Spouse	0 x \$1,146.63		0 x \$1,318.12		0 x \$1,294.58		0 x \$1,281.63	
EE with Child(ren)	0 x \$974.64		0 x \$1,120.40		0 x \$1,100.39		0 x \$1,089.39	
Family	1 x \$1,633.95		1 x \$1,878.32		1 x \$1,844.77		1 x \$1,826.33	
	0 40 00= 00		0 40 505 55		0 40 400 55		0 40 40= :=	
Monthly Cost	2 \$2,207.26		2 \$2,537.38		2 \$2,492.06		2 \$2,467.15	
Annual Cost	\$26,487.12		\$30,448.56		\$29,904.72		\$29,605.80	

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	Aetna Silver OAEPO 2600 90% HSA PY Emb ID: 14030016 (HSA) (UCR=N/A)		Aetna Bronze OAEPO 5000 80% HSA PY Emb ID: 14030020 (HSA) (UCR=N/A)		Aetna Bronze OAEPO 4500 60% HSA Emb PY ID: 14030018 (HSA) (UCR=N/A)		Aetna Bronze OAEPO 3500 50% ID: 14030063 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	20/40/60/TCS IntDed		20/40/60/TCS IntDed		20/40/60/TCS IntDed		20/40/60/TCS IntDed	
Cost Share Information							·	
Individual/Family Deductible	\$2,600/\$5,200 embedded		\$5,000/\$10,000 embedded		\$4,500/\$9,000 embedded		\$3,500/\$7,000 embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$6,450/\$12,900 (incl ded)		\$6,450/\$12,900 (incl ded)		\$6,850/\$13,700 (incl ded)	
Co-Insurance	10%		20%		40%		50%	
Office Visits								
Primary Care	10% after ded		20% after ded		40% after ded		50% after ded	
Specialist	10% after ded		20% after ded		40% after ded		50% after ded	
Inpatient Services								
Inpatient Hospital	10% after ded		20% after ded		40% after ded		50% after ded	
Mental Health Inpatient	10% after ded		20% after ded		40% after ded		50% 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		20% after ded		40% after ded		50% after ded	
Mental Health Outpatient	10% after ded		20% after ded		40% after ded		50% after ded	
Emergency Care								
Emergency Room	10% after ded		20% after ded		40% after ded		50% after ded	
Urgent Care	10% after ded		20% after ded		40% after ded		50% after ded	
Single	1 x \$585.09		1 x \$504.38	<u> </u>	1 x \$503.56		1 x \$502.75	<u> </u>
EE with Spouse	0 x \$1,170.17		0 x \$1,008.76		0 x \$1,007.12		0 x \$1,005.51	
EE with Child(ren)	0 x \$994.65		0 x \$857.44		0 x \$856.06		0 x \$854.68	
Family	1 x \$1,667.49		1 x \$1,437.48		1 x \$1,435.15		1 x \$1,432.85	
Monthly Cost Annual Cost	2 \$2,252.58 \$27,030.96		2 \$1,941.86 \$23,302.32		2 \$1,938.71 \$23,264.52		2 \$1,935.60 \$23,227.20	

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	Aetna Bronze OAEPO 5000 ((EPOc) (UC	60% ID: 14030015	Aetna Bronze OAEPO 4500 70% ID: 14030014 (EPOc) (UCR=N/A)			
	In-Network	Out-Network	In-Network	Out-Network		
Prescription Drugs						
Drug Card	20/40/60/TCS IntDed		20/40/60/TCS IntDed			
Cost Share Information						
Individual/Family Deductible	\$5,000/\$10,000 embedded		\$4,500/\$9,000 embedded			
Individual/Family OOP Limit	\$6,450/\$12,900 (incl ded)		\$6,850/\$13,700 (incl ded)			
Co-Insurance	40%		30%			
Office Visits						
Primary Care	40% after ded		\$25 after ded			
Specialist	40% after ded		30% after ded			
Inpatient Services						
Inpatient Hospital	40% after ded		30% after ded			
Mental Health Inpatient	40% after ded		30% after ded			
Outpatient Services						
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery			
Lab/X-Ray	40% after ded		30% after ded			
Mental Health Outpatient	40% after ded		30% after ded			
Emergency Care						
Emergency Room	40% after ded		30% after ded			
Urgent Care	40% after ded		30% after ded			
Single	1 x \$499.49		1 x \$498.67			
EE with Spouse	0 x \$998.97		0 x \$997.34			
EE with Child(ren)	0 x \$849.13		0 x \$847.74			
Family	1 x \$1,423.54		1 x \$1,421.21			
Monthly Cost	2 \$1,923.03		2 \$1,919.88			
Annual Cost	\$23,076.36		\$23,038.56			

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