

	Aetna Gold OAEPO 1000 90% ID: 14038848 (EPOc) (UCR=N/A)		Aetna Gold EPO 1000 90% ID: 14038844 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 2800 90% HSA PY ID: 14038853 (HSA) (UCR=N/A)		Aetna Silver OAEPO 2500 70% ID: 14038849 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS IntDed		15/65/50%/TCS/100 ded T2-4	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$1,000/\$2,000 embedded		\$2,800/\$5,600 embedded		\$2,500/\$5,000 embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$6,550/\$13,100 (incl ded)		\$7,350/\$14,700 (incl ded)	
Co-Insurance	10%		10%		10%		30%	
Office Visits								
Primary Care	\$30 ded waived		\$30 ded waived		10% after ded		\$45 ded waived	
Specialist	\$60 ded waived		\$60 ded waived		10% after ded		\$75 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		10% after ded		10% after ded		30% after ded	
Mental Health Inpatient	10% after ded		10% 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	
Lab/X-Ray	10% after ded		10% after ded		10% after ded		Lab-\$45 ded waived; X-ray-30% after ded	
Mental Health Outpatient	\$60 ded waived		\$60 ded waived		10% after ded		\$75 ded waived	
Emergency Care								
Emergency Room	\$750 (waived if admitted) ded waived		\$750 (waived if admitted) ded waived		10% after ded		\$750 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$75 ded waived		10% after ded		\$90 ded waived	
Single	1 x \$929.22		1 x \$905.99		1 x \$820.67		1 x \$781.61	
EE with Spouse	0 x \$1,858.44		0 x \$1,811.98		0 x \$1,641.34		0 x \$1,563.21	
EE with Child(ren)	0 x \$1,579.67		0 x \$1,540.18		0 x \$1,395.14		0 x \$1,328.73	
Family	1 x \$2,648.28		1 x \$2,582.07		1 x \$2,338.91		1 x \$2,227.57	
Monthly Cost	2 \$3,577.50		2 \$3,488.06		2 \$3,159.58		2 \$3,009.18	
Annual Cost	\$42,930.00		\$41,856.72		\$37,914.96		\$36,110.16	

	Aetna Silver EPO 2500 70% ID: 14038845 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 3000 70% ID: 14038850 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 4500 70% ID: 14038852 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 3750 50% ID: 14038851 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4	
Cost Share Information								
Individual/Family Deductible	\$2,500/\$5,000 embedded		\$3,000/\$6,000 embedded		\$4,500/\$9,000 embedded		\$3,750/\$7,500 embedded	
Individual/Family OOP Limit	\$7,350/\$14,700 (incl ded)		\$7,350/\$14,700 (incl ded)		\$7,150/\$14,300 (incl ded)		\$7,350/\$14,700 (incl ded)	
Co-Insurance	30%		30%		30%		50%	
Office Visits								
Primary Care	\$45 ded waived		\$45 ded waived		30% after ded		50% after ded	
Specialist	\$75 ded waived		\$75 ded waived		30% after ded		50% after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		30% after ded		30% after ded		50% after ded	
Mental Health Inpatient	30% after ded		30% after ded		30% 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	Lab-\$45 ded waived; X-ray-30% after ded		30% after ded		30% after ded		50% after ded	
Mental Health Outpatient	\$75 ded waived		\$75 ded waived		30% after ded		50% after ded	
Emergency Care								
Emergency Room	\$750 (waived if admitted) ded waived		\$750 (waived if admitted) ded waived		30% after ded		50% after ded	
Urgent Care	\$90 ded waived		\$90 ded waived		30% after ded		50% after ded	
Single	1 x \$762.07		1 x \$759.33		1 x \$700.30		1 x \$639.61	
EE with Spouse	0 x \$1,524.13		0 x \$1,518.67		0 x \$1,400.60		0 x \$1,279.22	
EE with Child(ren)	0 x \$1,295.51		0 x \$1,290.87		0 x \$1,190.51		0 x \$1,087.34	
Family	1 x \$2,171.89		1 x \$2,164.10		1 x \$1,995.85		1 x \$1,822.90	
Monthly Cost	2 \$2,933.96		2 \$2,923.43		2 \$2,696.15		2 \$2,462.51	
Annual Cost	\$35,207.52		\$35,081.16		\$32,353.80		\$29,550.12	

Prepared For: **Aetna 2018 2nd qtr New York City**

New York County, NY 10001

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

Health Plan Comparison Report (4L)

Effective Date: 04/01/2018

Prepared On: 01/19/2018

Report ID: 34417622

SIC: 0000

	Aetna Bronze OAEPO 5400 50% HSA ID: 14038854 (HSA) (UCR=N/A)		Aetna Bronze EPO 5400 50% HSA PY ID: 14038847 (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	15/65/50%/TCS IntDed		15/65/50%/TCS IntDed	
Cost Share Information				
Individual/Family Deductible	\$5,400/\$10,800 embedded		\$5,400/\$10,800 embedded	
Individual/Family OOP Limit	\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	50%		50%	
Office Visits				
Primary Care	50% after ded		50% after ded	
Specialist	50% after ded		50% after ded	
Inpatient Services				
Inpatient Hospital	50% after ded		50% after ded	
Mental Health Inpatient	50% after ded		50% after ded	
Outpatient Services				
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	50% after ded		50% after ded	
Mental Health Outpatient	50% after ded		50% after ded	
Emergency Care				
Emergency Room	50% after ded		50% after ded	
Urgent Care	50% after ded		50% after ded	
Single	1 x \$562.19		1 x \$548.13	
EE with Spouse	0 x \$1,124.37		0 x \$1,096.26	
EE with Child(ren)	0 x \$955.72		0 x \$931.82	
Family	1 x \$1,602.23		1 x \$1,562.17	
Monthly Cost	2 \$2,164.42		2 \$2,110.30	
Annual Cost	\$25,973.04		\$25,323.60	