Prepared For: Aetna 2019 1st qtr Mid Hudson Valley

Prepared By:

Delaware County, NY 12167

Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)

Effective Date: 01/01/2019

Prepared On: 10/18/2018

Report ID: 35529925 SIC: 0000

	Aetna Gold OAEPO 1000 90% ID: 14041846 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 2800 90% HSA PY ID: 14041843 (HSA) (UCR=N/A)		Aetna Silver OAEPO 2550 70% ID: 14041847 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 3000 70% ID: 14041849 (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 IntDed		15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$2,800/\$5,600 embedded		\$2,550/\$5,100 embedded		\$3,000/\$6,000 embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$6,550/\$13,100 (incl ded)		\$7,900/\$15,800 (incl ded)		\$7,900/\$15,800 (incl ded)	
Co-Insurance	10%		10%		30%		30%	
Office Visits								
Primary Care	\$30 ded waived		10% after ded		\$45 ded waived		\$45 ded waived	
Specialist	\$60 ded waived		10% after ded		\$75 ded waived		\$75 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		10% after ded		30% after ded		30% after ded	
Mental Health Inpatient	10% after ded		10% after ded		30% 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		Lab-\$45 ded waived; X-ray-30% after ded		30% after ded	
Mental Health Outpatient	\$60 ded waived		10% after ded		\$75 ded waived		\$75 ded waived	
Emergency Care					,			
Emergency Room	\$750 (waived if admitted) ded waived		10% after ded		\$750 (waived if admitted) ded waived		\$750 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		10% after ded		\$90 ded waived		\$90 ded waived	
Single	1 x \$1,005.98		1 x \$888.64		1 x \$840.92		1 x \$817.70	
EE with Spouse	0 x \$2,011.95		0 x \$1,777.28		0 x \$1,681.84		0 x \$1,635.41	
EE with Child(ren)	0 x \$1,710.16		0 x \$1,510.69		0 x \$1,429.57		0 x \$1,390.10	
Family	1 x \$2,867.03		1 x \$2,532.63		1 x \$2,396.63		1 x \$2,330.46	
Monthly Cost	2 \$3,873.01		2 \$3,421.27		2 \$3,237.55		2 \$3,148.16	
Annual Cost	\$46,476.12		\$41,055.24		\$38,850.60		\$37,777.92	

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Aetna Aetna Aetna Bronze OAEPO 5000 70% ID: 14041848 (EPOc) Bronze OAEPO 3750 50% ID: 14041850 (EPOc) Bronze OAEPO 5400 50% HSA ID: 14041844 (UCR=N/A) (UCR=N/A) (HSA) (UCR=N/A) In-Network **Out-Network Out-Network** In-Network In-Network **Out-Network** Prescription Drugs 15/65/50%/TCS/100 ded 15/65/50%/TCS/100 ded Drug Card 15/65/50%/TCS IntDed T2-4 T2-4 Cost Share Information Individual/Family Deductible \$5,000/\$10,000 \$3,750/\$7,500 embedded \$5,400/\$10,800 embedded embedded Individual/Family OOP Limit \$7,700/\$15,400 (incl ded) \$7,900/\$15,800 (incl ded) \$6,650/\$13,300 (incl ded) Co-Insurance 30% 50% 50% Office Visits Primary Care 30% after ded 50% after ded 50% after ded 30% after ded Specialist 50% after ded 50% after ded Inpatient Services Inpatient Hospital 30% after ded 50% after ded 50% after ded 30% after ded 50% after ded Mental Health Inpatient 50% after ded **Outpatient Services** Refer to Outpatient Refer to Outpatient Refer to Outpatient Outpatient Facility Surgery Surgery Surgery 50% after ded 30% after ded 50% after ded Lab/X-Ray 50% after ded Mental Health Outpatient 30% after ded 50% after ded **Emergency Care** Emergency Room 30% after ded 50% after ded 50% after ded 30% after ded 50% after ded 50% after ded Urgent Care \$742.54 Single \$688.44 1 x \$608.18 1 x 1 x EE with Spouse 0 x \$1,485.08 0 x \$1,376.88 0 x \$1,216.37 EE with Child(ren) 0 x \$1,262.32 0 x \$1,170.35 0 x \$1,033.91 Family 1 x \$2,116.24 1 x \$1,962.05 1 x \$1,733.32 2 2 Monthly Cost \$2.858.78 \$2.650.49 \$2.341.50 Annual Cost \$34,305.36 \$31.805.88 \$28.098.00