Prepared For: Aetna 2019 3rd qtr New York City

New York County, NY 10001

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

Health Plan Comparison Report (4L)

Effective Date: 07/01/2019

Prepared On: 04/03/2019

Report ID: 36322819 SIC: 0000

Prescription Drugs Drug Card 15/	·	Out Naturant	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)	
	VOT. (TOX) (TOX) (100 L L	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Drug Card 15/	(OF (FOO) (FOO (400 ) )							
T2-	6/65/50%/TCS/100 ded 2-4		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,	i,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 109	%	-	10%		30%		30%	
Office Visits								
Primary Care \$30	0 ded waived		10% after ded		\$45 ded waived		\$45 ded waived	
Specialist \$60	0 ded waived	-	10% after ded		\$75 ded waived		\$75 ded waived	
Inpatient Services								
	% after ded		10% after ded		30% after ded		30% after ded	
Mental Health Inpatient 109	% after ded	-	10% after ded		30% after ded		30% after ded	
Outpatient Services								
	efer to Outpatient irgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray 109	% after ded		10% after ded		Lab-\$45 ded waived; X-ray-30% after ded		30% after ded	
Mental Health Outpatient \$60	0 ded waived		10% after ded		\$75 ded waived		\$75 ded waived	
Emergency Care								
	50 (waived if admitted) d waived		10% after ded		\$750 (waived if admitted) ded waived		\$750 (waived if admitted) ded waived	
Urgent Care \$75	'5 ded waived		10% after ded		\$90 ded waived		\$90 ded waived	
Single	1 x \$1,041.86		1 x \$920.34		1 x \$870.92		1 x \$846.87	
EE with Spouse	0 x \$2,083.72		0 x \$1,840.68		0 x \$1,741.84		0 x \$1,693.75	
EE with Child(ren)	0 x \$1,771.17		0 x \$1,564.58		0 x \$1,480.56		0 x \$1,439.68	
Family	1 x \$2,969.31		1 x \$2,622.97		1 x \$2,482.12		1 x \$2,413.59	
Manakhir Oant	0 04.044.47		0 4054004		0 40.050.04		0 40 000 10	
Monthly Cost Annual Cost	2 \$4,011.17 \$48,134.04		2 \$3,543.31 \$42,519.72		2 \$3,353.04 \$40,236.48		2 \$3,260.46 \$39,125.52	

Prepared For: Aetna 2019 3rd qtr New York City

Prepared By:

New York County, NY 10001

Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)

Effective Date: 07/01/2019

Prepared On: 04/03/2019

SIC: 0000

Report ID: 36322819

	Aetna Bronze OAEPO 5000 70% ID: 14041848 (EPOc) (UCR=N/A)		Aeti Bronze OAEPO 3750 50% (UCR:	6 ID: 14041850 (EPOc)	Aetna Bronze OAEPO 5400 50% HSA ID: 14041844 (HSA) (UCR=N/A)	
	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	
Cost Share Information						
ndividual/Family Deductible	\$5,000/\$10,000 embedded		\$3,750/\$7,500 embedded		\$5,400/\$10,800 embedded	
ndividual/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	
Specialist	30% after ded		50% after ded		50% after ded	
Inpatient Services						
npatient Hospital	30% after ded		50% after ded		50% after ded	
Mental Health Inpatient	30% after ded		50% after ded		50% after ded	
Outpatient Services						
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	30% after ded		50% after ded		50% after ded	
Mental Health Outpatient	30% after ded		50% after ded		50% after ded	
Emergency Care						
Emergency Room	30% after ded		50% after ded		50% after ded	
Urgent Care	30% after ded		50% after ded		50% after ded	
Single	1 x \$769.03		1 x \$713.00		1 x \$629.88	
EE with Spouse	0 x \$1,538.06		0 x \$1,425.99		0 x \$1,259.76	
EE with Child(ren)	0 x \$1,307.35		0 x \$1,212.09		0 x \$1,070.79	
Family	1 x \$2,191.73		1 x \$2,032.04		1 x \$1,795.15	
Monthly Coot	2 \$2,060.70		2 62.745.04		2 62 425 02	
Monthly Cost Annual Cost	2 \$2,960.76 \$35,529.12		2 \$2,745.04 \$32,940.48		2 \$2,425.03 \$29,100.36	