Prepared For: Aetna 2020 2nd qtr Mid Hudson

Delaware County, NY 12167

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

Health Plan Comparison Report (4L)

Effective Date: 04/01/2020

Prepared On: 02/05/2020

SIC: 0000

Report ID: 37461623

Prescription Drugs  Drug Card  15/65/50%/TC T2-4  Cost Share Information Individual/Family Deductible Individual/Family OOP Limit  Co-Insurance Office Visits Primary Care Specialist Inpatient Services Inpatient Hospital  10% after ded	work Out-Network	In-Network		Aetna Silver OAEPO 2800 65% ID: 14042207 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 3100 65% ID: 14042209 (EPOc) (UCR=N/A)	
Drug Card 15/65/50%/TC T2-4  Cost Share Information Individual/Family Deductible \$1,000/\$2,000 Individual/Family OOP Limit \$6,000/\$12,000 Co-Insurance 10% Office Visits Primary Care \$30 ded waive \$100		III-IACTAOLK	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Cost Share Information Individual/Family Deductible Individual/Family OOP Limit  Co-Insurance Office Visits Primary Care Specialist Inpatient Services  T2-4  \$1,000/\$2,000 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,0							
Individual/Family Deductible  Individual/Family OOP Limit  Co-Insurance Office Visits Primary Care Specialist Inpatient Services  \$1,000/\$2,000 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,00 \$6,000/\$12,0	CS/100 ded	15/65/50%/TCS IntDed		15/65/50%/TCS/200 ded T2-4		15/65/50%/TCS/200 ded T2-4	
Individual/Family OOP Limit \$6,000/\$12,000  Co-Insurance 10%  Office Visits  Primary Care \$30 ded waive \$50 ded waive \$60 ded waive \$100 ded							
Co-Insurance 10% Office Visits Primary Care \$30 ded waive Specialist \$60 ded waive	0 embedded	\$2,800/\$5,600 embedded		\$2,800/\$5,600 embedded		\$3,100/\$6,200 embedded	
Office Visits Primary Care \$30 ded waive Specialist \$60 ded waive Inpatient Services	00 (incl ded)	\$6,550/\$13,100 (incl ded)		\$8,150/\$16,300 (incl ded)		\$8,150/\$16,300 (incl ded)	
Primary Care \$30 ded waive Specialist \$60 ded waive Inpatient Services		10%		35%		35%	
Specialist \$60 ded waive Inpatient Services							
Inpatient Services	red	10% after ded		\$45 ded waived		\$45 ded waived	
•	red	10% after ded		\$75 ded waived		\$75 ded waived	
Inpatient Hospital 10% after ded							
	d	10% after ded		35% after ded		35% after ded	
Mental Health Inpatient 10% after ded	d	10% after ded		35% after ded		35% after ded	
Outpatient Services							
Outpatient Facility Refer to Outpa Surgery	patient	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray 10% after ded	d	10% after ded		Lab-\$45 ded waived; X-ray-35% after ded		35% after ded	
Mental Health Outpatient \$30 ded waive	red	10% after ded		\$45 ded waived		\$45 ded waived	
Emergency Care							
Emergency Room \$750 (waived ded waived	l if admitted)	10% after ded		\$750 (waived if admitted) ded waived		\$750 (waived if admitted) ded waived	
Urgent Care \$75 ded waive	ed	10% after ded		\$90 ded waived		\$90 ded waived	
Single 2 x	\$1,071.48	2 x \$939.35		2 x \$872.28		2 x \$848.44	
EE with Spouse 0 x	\$2,142.95	0 x \$1,878.71		0 x \$1,744.56		0 x \$1,696.89	
EE with Child(ren) 0 x	\$1,821.51	0 x \$1,596.90		0 x \$1,482.88		0 x \$1,442.36	
Family 0 x	\$3,053.71	0 x \$2,677.16		0 x \$2,486.00		0 x \$2,418.07	
Manthly Cost	¢2.142.06	0 64 070 70		0 6474450		2 64 000 00	
Monthly Cost 2 Annual Cost	\$2,142.96 \$25,715.52	2 \$1,878.70 \$22,544.40		2 \$1,744.56 \$20,934.72		2 \$1,696.88 \$20,362.56	

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	Aetna Bronze OAEPO 5250 70% ID: 14042208 (EPOc) (UCR=N/A)		Aetr Bronze OAEPO 3750 50% (UCR=	6 ID: 14042210 (EPOc)	Aetna Bronze OAEPO 5400 50% HSA ID: 14042204 (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						
Individual/Family Deductible	\$5,250/\$10,500 embedded		\$3,750/\$7,500 embedded		\$5,400/\$10,800 embedded	
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)		\$8,150/\$16,300 (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						
Inpatient 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	2 x \$793.81		2 x \$743.67		2 x \$646.67	
EE with Spouse	0 x \$1,587.62		0 x \$1,487.33		0 x \$1,293.34	
EE with Child(ren)	0 x \$1,349.47		0 x \$1,264.23		0 x \$1,099.34	
Family	0 x \$2,262.35		0 x \$2,119.45		0 x \$1,843.01	
Monthly Cost	2 \$1,587.62		2 \$1,487.34		2 \$1,293.34	
Monthly Cost Annual Cost	2 \$1,587.62 \$19,051.44		2 \$1,487.34 \$17,848.08		2 \$1,293.34 \$15,520.08	