Prepared For: Aetna 2020 2nd qtr Albany

Albany County, NY 12007

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

Health Plan Comparison Report (4L)

Effective Date: 04/01/2020 Prepared On: 02/05/2020

Report ID: 37461631

SIC: 0000

| | Aetna Gold OAEPO 1000 90% ID: 14042206 (EPOc) (UCR=N/A) | | Aetna Silver OAEPO 2800 90% HSA PY ID: 14042203 (HSA) (UCR=N/A) | | Aetna Silver OAEPO 2800 65% ID: 14042207 (EPOc) (UCR=N/A) | | Aetna Silver OAEPO 3100 65% ID: 14042209 (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/200 ded T2-4 | | 15/65/50%/TCS/200 ded T2-4 | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$1,000/\$2,000 embedded | | \$2,800/\$5,600 embedded | | \$2,800/\$5,600 embedded | | \$3,100/\$6,200 embedded | |
| Individual/Family OOP Limit | \$6,000/\$12,000 (incl ded) | | \$6,550/\$13,100 (incl ded) | | \$8,150/\$16,300 (incl ded) | | \$8,150/\$16,300 (incl ded) | |
| Co-Insurance | 10% | | 10% | | 35% | | 35% | |
| 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 | | 35% after ded | | 35% after ded | |
| Mental Health Inpatient | 10% after ded | | 10% after ded | | 35% after ded | | 35% 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-35% after ded | | 35% after ded | |
| Mental Health Outpatient | \$30 ded waived | | 10% after ded | | \$45 ded waived | | \$45 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 | 2 x \$853.02 | | 2 x \$747.84 | | 2 x \$694.44 | | 2 x \$675.46 | |
| EE with Spouse | 0 x \$1,706.04 | | 0 x \$1,495.67 | | 0 x \$1,388.88 | | 0 x \$1,350.92 | |
| EE with Child(ren) | 0 x \$1,450.13 | | 0 x \$1,271.32 | | 0 x \$1,180.55 | | 0 x \$1,148.28 | |
| Family | 0 x \$2,431.11 | | 0 x \$2,131.33 | | 0 x \$1,979.15 | | 0 x \$1,925.06 | |
| Monthly Cost | 2 \$1,706.04 | | 2 \$1,495.68 | | 2 \$1,388.88 | | 2 \$1,350.92 | |
| Annual Cost | \$20,472.48 | | \$17,948.16 | | \$16,666.56 | | \$16,211.04 | |

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

Prepared For: Aetna 2020 2nd qtr Albany

Albany County, NY 12007

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

Health Plan Comparison Report (4L)

Effective Date: 04/01/2020

Report ID: 37461631

SIC: 0000

Prepared On: 02/05/2020

| | Aetna Bronze OAEPO 5250 70% ID: 14042208 (EPOc) (UCR=N/A) | | Aetna Bronze OAEPO 3750 50% (UCR=N | 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 | | | | | | |
| ndividual/Family Deductible | \$5,250/\$10,500 embedded | | \$3,750/\$7,500 embedded | | \$5,400/\$10,800 embedded | |
| ndividual/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 | | | | | | |
| 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 | 2 x \$631.96 | | 2 x \$592.05 | | 2 x \$514.82 | |
| EE with Spouse | 0 x \$1,263.93 | | 0 x \$1,184.09 | | 0 x \$1,029.65 | |
| EE with Child(ren) | 0 x \$1,074.34 | | 0 x \$1,006.48 | | 0 x \$875.20 | |
| Family | 0 x \$1,801.10 | | 0 x \$1,687.33 | | 0 x \$1,467.25 | |
| Monthly Cost | 2 \$1,263.92 | | 2 \$1,184.10 | | 2 \$1,029.64 | |
| Annual Cost | \$15,167.04 | | \$14,209.20 | | \$12,355.68 | |

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible