Prepared For: Aetna 2021 2nd qtr Albany and Utica

Albany County, NY 12007

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

Health Plan Comparison Report (4L)

Effective Date: 04/01/2021 Prepared On: 01/05/2021

Report ID: 38172406

SIC: 0000

	Aetna Gold OAEPO 1200 90% ID: 14045740 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 3000 90% HSA PY ID: 14045739 (HSA) (UCR=N/A)		Aetna Silver OAEPO 3200 65% ID: 14045741 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 3600 65% ID: 14045743 (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	\$1,200/\$2,400 embedded		\$3,000/\$6,000 embedded		\$3,200/\$6,400 embedded		\$3,600/\$7,200 embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$6,900/\$13,800 (incl ded)		\$8,550/\$17,100 (incl ded)		\$8,550/\$17,100 (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	1							
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 \$861.77		2 x \$758.28		2 x \$708.22		2 x \$689.82	
EE with Spouse	0 x \$1,723.54		0 x \$1,516.56		0 x \$1,416.44		0 x \$1,379.64	
EE with Child(ren)	0 x \$1,465.01		0 x \$1,289.08		0 x \$1,203.97		0 x \$1,172.70	
Family	0 x \$2,456.05		0 x \$2,161.10		0 x \$2,018.43		0 x \$1,965.99	
Monthly Cost	2 \$1,723.54		2 \$1,516.56		2 \$1,416.44		2 \$1,379.64	
Annual Cost	\$20,682.48		\$18,198.72		\$16,997.28		\$16,555.68	

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

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	Aetna Bronze OAEPO 6000 60% (UCR=N	ID: 14045742 (EPOc)	Aetna Bronze OAEPO 4800 50% (UCR=1	ID: 14045744 (EPOc)	Aetna Silver OAEPO 5000 50% HSA ID: 14045764 (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	\$6,000/\$12,000 embedded		\$4,800/\$9,600 embedded		\$5,000/\$10,000 embedded		
Individual/Family OOP Limit	\$8,550/\$17,100 (incl ded)		\$8,550/\$17,100 (incl ded)		\$6,000/\$12,000 (incl ded)		
Co-Insurance	40%		50%		50%		
Office Visits							
Primary Care	40% after ded		50% after ded		50% after ded		
Specialist	40% after ded		50% after ded		50% after ded		
Inpatient Services							
Inpatient Hospital	40% after ded		50% after ded		50% after ded		
Mental Health Inpatient	40% 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	40% after ded		50% after ded		50% after ded		
Mental Health Outpatient	40% after ded		50% after ded		50% after ded		
Emergency Care							
Emergency Room	40% after ded		50% after ded		50% after ded		
Urgent Care	40% after ded		50% after ded		50% after ded		
Single	2 x \$590.22		2 x \$574.61		2 x \$553.36		
EE with Spouse	0 x \$1,180.43		0 x \$1,149.23		0 x \$1,106.72		
EE with Child(ren)	0 x \$1,003.37		0 x \$976.84		0 x \$940.71		
Family	0 x \$1,682.12		0 x \$1,637.65		0 x \$1,577.08		
Monthly Cost	2 \$1,180.44		2 \$1,149.22		2 \$1,106.72		
Annual Cost	\$14,165.28		\$13,790.64		\$13,280.64		

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