

	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)	
	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	
Cost Share Information						
Individual/Family Deductible	\$1,200/\$2,400 embedded		\$3,000/\$6,000 embedded		\$3,200/\$6,400 embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$6,900/\$13,800 (incl ded)		\$8,550/\$17,100 (incl ded)	
Co-Insurance	10%		10%		35%	
Office Visits						
Primary Care	\$30 ded waived		10% after ded		\$45 ded waived	
Specialist	\$60 ded waived		10% after ded		\$75 ded waived	
Maternity Prenatal/Postnatal Care	Pre-No charge; Post-refer to carrier		Pre-No charge; Post-refer to carrier		Pre-No charge; Post-refer to carrier	
Chiropractic Care	\$60 ded waived		10% after ded		\$75 ded waived	
Inpatient Services						
Inpatient Hospital	10% after ded		10% after ded		35% after ded	
Mental Health Inpatient	10% after ded		10% after ded		35% after ded	
Substance Abuse Inpatient	10% after ded		10% after ded		35% after ded	
Outpatient Services						
Outpatient Facility	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	
Advanced Radiology	10% after ded		10% after ded		35% after ded	
Mental Health Outpatient	\$30 ded waived		10% after ded		\$45 ded waived	
Substance Abuse Outpatient	\$30 ded waived		10% after ded		\$45 ded waived	
Emergency Care						
Emergency Room	\$750 (waived if admitted) ded waived		10% after ded		\$750 (waived if admitted) ded waived	
Ambulance	10% after ded		10% after ded		35% after ded	
Urgent Care	\$75 ded waived		10% after ded		\$90 ded waived	
Recovery/Special Needs						
Home Health Care	25% ded waived; 40 visits/cal yr		25% after ded; 40 visits/plan yr		25% ded waived; 40 visits/cal yr	
Skilled Nursing	10% after ded		10% after ded		35% after ded	
Durable Medical Equipment	50% after ded		50% after ded		50% after ded	
Single	2 x \$1,113.22		2 x \$979.53		2 x \$914.87	
EE with Spouse	0 x \$2,226.44		0 x \$1,959.07		0 x \$1,829.73	
EE with Child(ren)	0 x \$1,892.48		0 x \$1,665.21		0 x \$1,555.27	
Family	0 x \$3,172.68		0 x \$2,791.67		0 x \$2,607.37	
Monthly Cost	2 \$2,226.44		2 \$1,959.06		2 \$1,829.74	
Annual Cost	\$26,717.28		\$23,508.72		\$21,956.88	

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	Aetna Silver OAEPO 3600 65% ID: 14045743 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 6000 60% ID: 14045742 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 4800 50% ID: 14045744 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	15/65/50%/TCS/200 ded T2-4		15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4	
Cost Share Information						
Individual/Family Deductible	\$3,600/\$7,200 embedded		\$6,000/\$12,000 embedded		\$4,800/\$9,600 embedded	
Individual/Family OOP Limit	\$8,550/\$17,100 (incl ded)		\$8,550/\$17,100 (incl ded)		\$8,550/\$17,100 (incl ded)	
Co-Insurance	35%		40%		50%	
Office Visits						
Primary Care	\$45 ded waived		40% after ded		50% after ded	
Specialist	\$75 ded waived		40% after ded		50% after ded	
Maternity Prenatal/Postnatal Care	Pre-No charge; Post-refer to carrier		Pre-No charge; Post-refer to carrier		Pre-No charge; Post-refer to carrier	
Chiropractic Care	\$75 ded waived		40% after ded		50% after ded	
Inpatient Services						
Inpatient Hospital	35% after ded		40% after ded		50% after ded	
Mental Health Inpatient	35% after ded		40% after ded		50% after ded	
Substance Abuse Inpatient	35% after ded		40% after ded		50% after ded	
Outpatient Services						
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	35% after ded		40% after ded		50% after ded	
Advanced Radiology	35% after ded		40% after ded		50% after ded	
Mental Health Outpatient	\$45 ded waived		40% after ded		50% after ded	
Substance Abuse Outpatient	\$45 ded waived		40% after ded		50% after ded	
Emergency Care						
Emergency Room	\$750 (waived if admitted) ded waived		40% after ded		50% after ded	
Ambulance	35% after ded		40% after ded		50% after ded	
Urgent Care	\$90 ded waived		40% after ded		50% after ded	
Recovery/Special Needs						
Home Health Care	25% ded waived; 40 visits/cal yr		25% ded waived; 40 visits/cal yr		25% ded waived; 40 visits/cal yr	
Skilled Nursing	35% after ded		40% after ded		50% after ded	
Durable Medical Equipment	50% after ded		50% after ded		50% after ded	
Single	2 x \$891.10		2 x \$762.43		2 x \$742.28	
EE with Spouse	0 x \$1,782.20		0 x \$1,524.87		0 x \$1,484.55	
EE with Child(ren)	0 x \$1,514.87		0 x \$1,296.14		0 x \$1,261.87	
Family	0 x \$2,539.64		0 x \$2,172.93		0 x \$2,115.49	
Monthly Cost	2 \$1,782.20		2 \$1,524.86		2 \$1,484.56	
Annual Cost	\$21,386.40		\$18,298.32		\$17,814.72	

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Prepared For: Aetna 2021 3rd qtr Mid Hudson
 Orange County, NY 10910
 Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (3P)
 Effective Date: 07/01/2021 Prepared On: 04/06/2021
 Report ID: 38274680 SIC: 0000

	Aetna Silver OAEPO 5000 50% HSA ID: 14045764 (HSA) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	15/65/50%/TCS IntDed	
Cost Share Information		
Individual/Family Deductible	\$5,000/\$10,000 embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (included)	
Co-Insurance	50%	
Office Visits		
Primary Care	50% after ded	
Specialist	50% after ded	
Maternity Prenatal/Postnatal Care	Pre-No charge; Post-refer to carrier	
Chiropractic Care	50% after ded	
Inpatient Services		
Inpatient Hospital	50% after ded	
Mental Health Inpatient	50% after ded	
Substance Abuse Inpatient	50% after ded	
Outpatient Services		
Outpatient Facility	Refer to Outpatient Surgery	
Lab/X-Ray	50% after ded	
Advanced Radiology	50% after ded	
Mental Health Outpatient	50% after ded	
Substance Abuse Outpatient	50% after ded	
Emergency Care		
Emergency Room	50% after ded	
Ambulance	50% after ded	
Urgent Care	50% after ded	
Recovery/Special Needs		
Home Health Care	25% after ded; 40 visits/cal yr	
Skilled Nursing	50% after ded	
Durable Medical Equipment	50% after ded	
Single	2 x	\$714.82
EE with Spouse	0 x	\$1,429.64
EE with Child(ren)	0 x	\$1,215.20
Family	0 x	\$2,037.24
Monthly Cost	2	\$1,429.64
Annual Cost		\$17,155.68

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