

Prepared For: **Aetna Downstate**
Nassau County, NY 11001

Prepared By: **NYSmallHealth - (516)358-3612**

Health Plan Comparison Report (3L)

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Report ID: 36512777 SIC: 0000

| | Aetna Gold Savings Plus OAEPO 1000 90/70 ID: 14041853 (EPOc) (UCR=N/A) | | Aetna Silver Savings Plus OAEPO 3000 80/60 ID: 14041855 (EPOc) (UCR=N/A) | | 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 | | | | | | |
| Individual/Family Deductible | D-\$1,000/\$2,000; ND-\$3,000/ \$6,000 embedded | | D-\$3,000/\$6,000; ND-\$5,000/ \$10,000 embedded | | \$5,400/\$10,800 embedded | |
| Individual/Family OOP Limit | D-\$3,500/\$7,000; ND-\$6,600/ \$13,200 (incl ded) | | D-\$7,200/\$14,400; ND-\$7,400/ \$14,800 (incl ded) | | \$6,650/\$13,300 (incl ded) | |
| Co-Insurance | D-10%; ND-30% | | D-20%; ND-40% | | 50% | |
| Office Visits | | | | | | |
| Primary Care | D-\$30 ded waived; ND-\$50 after ded | | D-\$45 ded waived; ND-40% after ded | | 50% after ded | |
| Specialist | D-\$50 ded waived; ND-\$70 after ded | | D-\$75 ded waived; ND-40% after ded | | 50% after ded | |
| Inpatient Services | | | | | | |
| Inpatient Hospital | D-10% after ded; ND-30% after ded | | D-20% after ded; ND-40% after ded | | 50% after ded | |
| Mental Health Inpatient | D-10% after ded; ND-30% after ded | | D-20% after ded; ND-40% after ded | | 50% after ded | |
| Outpatient Services | | | | | | |
| Outpatient Facility Lab/X-Ray | Refer to Outpatient Surgery D-10% after ded; ND-30% after ded | | Refer to Outpatient Surgery Lab-D-\$75 after ded; ND-40% after ded; X-ray-D-20% after ded; ND-40% after ded | | Refer to Outpatient Surgery 50% after ded | |
| Mental Health Outpatient | D-\$50 ded waived; ND-\$70 after ded | | D-\$75 ded waived; ND-40% after ded | | 50% after ded | |
| Emergency Care | | | | | | |
| Emergency Room | \$750 (waived if admitted) ded waived | | D-20% after ded; ND-Paid as designated | | 50% after ded | |
| Urgent Care | D-\$75 ded waived; ND-\$100 ded waived | | D-\$90 ded waived; ND-40% after ded | | 50% after ded | |
| Single | 1 x \$1,019.79 | | 1 x \$839.69 | | 1 x \$629.88 | |
| EE with Spouse | 1 x \$2,039.57 | | 1 x \$1,679.37 | | 1 x \$1,259.76 | |
| EE with Child(ren) | 1 x \$1,733.64 | | 1 x \$1,427.46 | | 1 x \$1,070.79 | |
| Family | 1 x \$2,906.39 | | 1 x \$2,393.10 | | 1 x \$1,795.15 | |
| Monthly Cost | 4 \$7,699.39 | | 4 \$6,339.62 | | 4 \$4,755.58 | |
| Annual Cost | \$92,392.68 | | \$76,075.44 | | \$57,066.96 | |