

SAMPLE NY COMPANY - AETNA

	MC Open Access 26-09	MC Open Access 29-09	MC Open Access 34-07	MC Open Access 21-09	MC Open Access 22-09
\$10/\$20/\$35 RX	MC OA 26-09 RX Plan E	MC OA 29-09 RX Plan E	MC OA 34-07 H.S.A	MC OA 21-09 RX Plan E	MC OA 22-09 Plan E
No Deductible					
Single	1 \$ 716.00 \$	844.00 \$	318.00 \$	508.00 \$	463.00 \$
Employee/Spouse	0 \$ 1,653.00 \$	1,949.00 \$	734.00 \$	1,173.00 \$	1,070.00 \$
Employee/Child(ren)	0 \$ 1,397.00 \$	1,647.00 \$	620.00 \$	991.00 \$	904.00 \$
Family	0 \$ 2,161.00 \$	2,548.00 \$	959.00 \$	1,533.00 \$	1,398.00 \$
<u>Monthly Total</u>	\$ 716.00 \$	844.00 \$	318.00 \$	508.00 \$	463.00 \$

\$15/\$35/\$50 RX	MC OA 26b-09 RX Plan G	MC OA 29-09 RX Plan G	MC OA 21-09 Plan G	MC OA 22-09 Plan G
No Deductible	Only ava. with RX Plan B			
	\$15/\$35/\$50			
	mail order: \$30/70/100			
Single	1 \$ 760.00 \$	895.00 \$	561.00 \$	511.00 \$
Employee/Spouse	0 \$ 1,756.00 \$	2,068.00 \$	1,297.00 \$	1,180.00 \$
Employee/Child(ren)	0 \$ 1,484.00 \$	1,747.00 \$	1,096.00 \$	997.00 \$
Family	0 \$ 2,296.00 \$	2,704.00 \$	1,695.00 \$	1,543.00 \$
<u>Monthly Total</u>	\$ 760.00 \$	895.00 \$	561.00 \$	511.00 \$

Calendar Year Deductible				
In-Network	100%	\$3,000 Individual \$6,000 Family	\$500 Individual \$1,500 Family	\$1,000 Individual \$3,000 Family
Out-of-Network		\$1,000 Individual \$3,000 Family	\$25 copay deductible \$25 copay deductible	\$25 copay \$50 copay
Primary Physician Visit		Adult: \$10/\$20 copay		
Primary Provider		0% after deductible		
Specialist		0% after deductible		
Inpatient Hospital				
In-Network	\$500 copay per admis.	0% after deductible	10% after deductible	0% after deductible
Out-of-Network	\$250 copay per admis.	\$0 copay per admis.	10% after deductible	0% after deductible
Plan Coinsurance				
In-Network	100%	0% after deductible	10% after deductible	0% after deductible
Out-of-Network	30% after deductible	20% after deductible	30% after deductible	30% after deductible