

Prepared For: ICC Heating and Air  
 Middlesex County, NJ 08831  
 Prepared By: PRINCETON HR SOLUTIONS,  
 LLC - (866)750-7477

**Health Plan Comparison Report (3P)**  
 Effective Date: 04/01/2017      Prepared On: 04/20/2017  
 Report ID: 32843133      SIC: 1711

		<b>Aetna Silver EPO 2000 50% EMB ID: 14035156 (EPOc)</b>	
		<b>In-Network</b>	<b>Out-Network</b>
<b>Prescription Drugs</b>			
Drug Card		20/50/75/TCS	
<b>Cost Share Information</b>			
Individual/Family Deductible		\$2,000/\$4,000 embedded	
Individual/Family OOP Limit		\$7,150/\$14,300 (included)	
Co-Insurance		50%	
<b>Office Visits</b>			
Primary Care		\$30 ded waived	
Specialist		\$50 ded waived	
Maternity Prenatal/Postnatal Care		Pre-No charge; Post-refer to carrier	
Chiropractic Care		25% ded waived; 30 visits/cal yr	
<b>Inpatient Services</b>			
Inpatient Hospital		50% after ded	
Mental Health Inpatient		50% after ded	
Substance Abuse Inpatient		50% after ded	
<b>Outpatient Services</b>			
Outpatient Facility		Refer to Outpatient Surgery	
Lab/X-Ray		Lab-\$15 ded waived; X-ray-\$50 ded waived	
Advanced Radiology		50% ded waived	
Mental Health Outpatient		\$50 ded waived	
Substance Abuse Outpatient		\$50 ded waived	
<b>Emergency Care</b>			
Emergency Room		\$100 + 50% ded waived (waived if admitted)	
Ambulance		50% after ded	
Urgent Care		\$50 ded waived	
<b>Recovery/Special Needs</b>			
Home Health Care		\$50 ded waived; 60 visits/cal yr	
Skilled Nursing		50% after ded	
Durable Medical Equipment		50% ded waived	
Single EE with Spouse EE with Child(ren) Family		Please refer to Employee Rate Breakdown Report for member level rates	
Monthly Cost		3	\$1,765.98
Annual Cost		\$21,191.76	

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

			Aetna - Silver EPO 2000 50% EMB ID: 14035156 Eff Dt = 4/1/2017		
			In-Network	Out-Network	
<b>Drug Card</b>					
Prescription Card			20/50/75/TCS		
<b>Cost Share Information</b>					
Individual/Family Deductible			\$2,000/\$4,000 embedded		
Co-Insurance			50%		
<b>Office Visits</b>					
Primary Care			\$30 ded waived		
Specialist			\$50 ded waived		
<b>Inpatient Services</b>					
Inpatient Hospital			50% after ded		
<b>Employees</b>	<b>Age</b>	<b>Tobacco</b>	<b>Member</b>	<b>Rider</b>	<b>EE Total</b>
HOGAN, TIMOTHY	40	No	\$505.65	\$0.00	\$505.65
INTRAVARTOLO, NANCY	54	No	\$711.84	\$0.00	\$711.84
INTRAVARTOLO, SANTO	45	No	\$548.49	\$0.00	\$548.49
<b>MONTHLY PREMIUM</b>					<b>\$1,765.98</b>

Aetna Silver EPO 2000 50% EMB ID: 14035156  
 30/50  
 20/50/75/TCS

Age	Rate	Tobacco Rate
0 - 17	\$272.25	\$272.25
18	\$272.25	\$272.25
19	\$272.25	\$272.25
20	\$272.25	\$272.25
21	\$453.75	\$453.75
22	\$453.75	\$453.75
23	\$453.75	\$453.75
24	\$453.75	\$453.75
25	\$453.75	\$453.75
26	\$453.75	\$453.75
27	\$453.75	\$453.75
28	\$453.75	\$453.75
29	\$462.82	\$462.82
30	\$467.18	\$467.18
31	\$473.71	\$473.71
32	\$480.24	\$480.24
33	\$484.24	\$484.24
34	\$488.59	\$488.59
35	\$490.77	\$490.77
36	\$492.95	\$492.95
37	\$494.76	\$494.76
38	\$496.94	\$496.94
39	\$501.30	\$501.30
40	\$505.65	\$505.65
41	\$511.82	\$511.82
42	\$518.00	\$518.00
43	\$526.34	\$526.34
44	\$536.51	\$536.51
45	\$548.49	\$548.49
46	\$562.64	\$562.64
47	\$578.25	\$578.25
48	\$595.68	\$595.68
49	\$612.74	\$612.74
50	\$631.98	\$631.98
51	\$650.49	\$650.49
52	\$670.45	\$670.45
53	\$690.42	\$690.42
54	\$711.84	\$711.84
55	\$732.89	\$732.89
56	\$755.03	\$755.03
57	\$777.54	\$777.54
58	\$800.77	\$800.77
59	\$827.63	\$827.63
60	\$827.63	\$827.63
61	\$827.63	\$827.63
62	\$827.63	\$827.63
63	\$827.63	\$827.63
64	\$827.63	\$827.63
65 - 120	\$827.63	\$827.63

## FootNote Report

### Aetna

Final Rates and Benefits	The rates and benefits in this report are for illustration purposes only. This quote is effective for the specified date only and is subject to change without notice. Final rates will be based on final enrollment and will be determined only after completion of Aetna's underwriting review. See plan documents for a complete description of benefits, exclusions, limitations, and conditions of coverage.
Summary of Benefits & Coverage	Producers should obtain the Summary of Benefits & Coverage (SBC) documents for Aetna medical plans by accessing the following link: <a href="https://www.aetna.com/sbcsearch/home">https://www.aetna.com/sbcsearch/home</a>
Producer Licensing & Appointment	<p>Only appropriately licensed agents/producers appointed by Aetna may market, present, sell and be paid commission on the sale of Aetna products. License and appointment requirements vary by state and are based on the contract state of the small employer group being submitted.</p> <p>Producers and producer firms that are new to Aetna may apply online to get appointed via the following link: <a href="https://pangea.geninfo.com/Aetna/Apply">https://pangea.geninfo.com/Aetna/Apply</a>. Producers may also review our producer agreement online and/or download a copy at the following link: <a href="http://www.aetna.com/producer/data/SGAA_Kit/producer_agreement.pdf">http://www.aetna.com/producer/data/SGAA_Kit/producer_agreement.pdf</a></p>
Embedded Deductible/Out of Pocket Limit	No one family member may contribute more than the individual deductible/out-of-pocket limit amount to the family deductible/out-of-pocket limit. Once the family deductible/out-of-pocket limit is met, all family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the year (plan or calendar based on plan design).
Non-Embedded (TIF) Deductible/Out of Pocket Limit	The individual deductible/out-of-pocket limit can only be met when a member is enrolled for self only coverage with no dependent coverage. The family deductible/out-of-pocket limit can be met by a combination of family members or by any single individual within the family. Once the family deductible/out-of-pocket limit is met, all family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the year (plan or calendar based on plan design).
Non Rider Plans	New Jersey's small employer health insurance law allows carriers to offer plans with and without optional benefit riders. The law requires that the premium for the plan(s) with riders be listed separately from the non-ridered plan. To comply with this requirement, please quote the appropriate non-ridered plan in addition to any plans with riders presented to a small employer group. NJ Gold Indemnity 500 80% and NJ Silver Indemnity 1200 70%.
NJ Dependent Age Rider	Effective 01/2014, the rate for a New Jersey dependent who qualifies as a dependent under Chapter 375 legislation will be calculated in the same manner as any other dependent or subscriber in the 2-50 segment. This will apply to each covered dependent that is insured under that plan, up to the 3-dependent cap as mandated by the ACA.
Out of Network Reimbursement (2017)	Aetna's out of network reimbursement is based on 140% of Medicare allowance for facility services and 110% of Medicare allowance for professional services.
Out of State Employees	<p>Any employee located in CT, DC, DE, MD, NJ, NY, PA, VA (situated area) but not residing in an Aetna Health Network Only (HNOOnly)/Health Network Option (HNOOption) and/or Open Access Elect Choice (OA EPO)/Open Access Managed Choice (OA MC) network will be enrolled in an indemnity benefit plan.</p> <p>The indemnity plan is only available if the employee resides outside of both the PPO/MC network service area and the HMO network service area.</p> <p>OAMC/MC plans are not available to employees residing in MO. The Indemnity plan would be the available option for these employees.</p> <p>Health coverage is not available to HI and VT residents.</p>

## FootNote Report

If the group has any Massachusetts employees, the plan will need to meet Massachusetts Credibility. If the group proceeds with a plan that does not meet Massachusetts Credibility, the individual member could be subject to fines associated with Massachusetts Credibility. For more information on Massachusetts Credibility, please contact your CPA or Financial Advisor.

Please refer to the Underwriting Guidelines for additional guidelines regarding out of state employees.

### Aetna Whole Health (AWH) Plans

Aetna Whole Health (AWH) plans are available to groups where the Employer headquarter zip code is in the AWH geographic network area. If the employee lives in the AWH network but the employer headquarter zip code is not, the employee cannot have the AWH network Plan.

- Employer zip must be in network
- Employee home or work zip must be in network

### Savings Plus Plans

Savings Plus plans are available as long as the employee lives or works in the Savings Plus network. Situs does not apply to Savings Plus plans.

### NJ Producer Transparency

Licensed and appointed producers may earn compensation in the form of a commission on the sale of this product. The amount of compensation varies. It depends on a number of factors, including customer segment and products selected. Additional bonus programs may also apply. Please ask your broker for more information about their compensation for this sale, including commission and any applicable bonus programs. The producer is prohibited by law from altering the amount of compensation they get from us based in whole or in part on the sale.

Aetna compensates its employees on the sale of Aetna products based on the services they provide, including providing quotes on, and explanations of, Aetna products. The compensation varies depending on a number of factors, including customer segment and products selected. Combining all factors, and excluding limited-benefit plans, compensation for each product quoted averages less than .80% of the total first-year annual premium. We offer additional bonus programs that may apply. Neither Aetna nor the employee has material ownership interests in the other. The employee may not alter the amount of compensation received from Aetna. Contact us at <https://www.aetna.com/about-aetna-insurance/contact-us/forms/employer/transparency.html> for more information about the compensation eligible employees expect to receive, based in whole or in part on the sale of an Aetna product, or alternative options presented.

## Disclosure

### NJ Commission Disclosure

NJ Commission Disclosure New Jersey law (N.J.S.A. 17:22A-41.1) requires disclosure of the compensation a licensed agent or broker (producer) receives from your purchase or renewal of health coverage. Compensation may be in the form of a commission, fee(s), or possibly other valuable consideration, or a combination of all three. Total commission levels per carrier are as follows: Aetna - \$25 PEP; Amerihealth - 4.5% New Business, 4% Renewal; Horizon BCBSNJ - 4.25%; Oxford 5% New Business, 4.25% Renewal. This does not include a GA override which may vary by carrier, product and region. The commissions do not directly affect the premium paid for the plan and no plan can be purchased through another distributor or from the carrier directly with a different commission amount or at a lower cost. Final commission dollar amounts cannot be determined until enrollment is complete and are subject to change based on the number of members covered each month.