New York CBU - Medical Plan Comparison 2027

	Aetna PPO[1]		Aetna EPO NY and NJ	Emblem Health HMO
	In-Network	Out-of-Network	In-Network	In-Network
Plan Features				
Employer HSA Contribution	N/A	N/A	N/A	N/A
Member Coinsurance	20%	40%	0%	0%
Deductibles (per calendar year)	$1,000 per person $2,000 per employee plus one/ family	$3,000 per person $6,000 per employee plus one/family	$100 per person $200 per employee plus one/family	See plan provisions below
Out-of-Pocket Maximum – Medical and Prescription combined	$8,700 per person $17,400 per employee plus one/ family	$9,500 per person $19,000 per employee plus one/ family	$2,000 Individual $4,000 per employee plus one/ family	$6,600 Individual $13,200 per employee plus one/ family
Physician Services Office Visit	20% after deductible	40% after deductible	$25 copay	$25 copay
Specialist Office Visit	20% after deductible	40% after deductible	$40 copay	$40 copay
Emergency Room	20% after deductible (no coverage for non- emergency use of the emergency room)	Same as in-network	$100 copay (waived if admitted within 24 hours)	$100 copay (waived if admitted within 24 hours)
Dependent Age Limit	To age 26 (end of month)	To age 26 (end of month)	To age 26 (end of month)	To age 26 (end of month)

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Physician Office Visits				
Preventive Care	Covered at 100% (no deductible)	40% after deductible	No copay	No copay
Diagnostic Lab & X-Ray at Physician Office	20% after deductible	40% after deductible	$50 copay/visit	Included in office visit copay
Well Child Care/ Immunizations— Age 19 and under	Covered at 100% (no deductible) (exam limits)	Covered at 100% (no deductible) (exam limits)	No copay	No copay
Well Woman Care (includes routine mammograms)	Covered at 100% (no deductible)	40% after deductible	No copay	No copay
Routine Physical Examinations (1 in 12 months)	Covered at 100% (no deductible)	40% after deductible	No copay	No copay
Outpatient Services				
Outpatient Hospital Expenses (including surgery)	20% after deductible	40% after deductible	Covered 100% after deductible	$100 copay— Ambulatory Surgery
Outpatient Rehabilitation				
Physical/Speech/ Occupational Therapy	20% after deductible (60 visits calendar year limit)	40% after deductible	$40 copay	$40 copay; limited to 60 visits per plan year
Hospital Care				
Hospital Per-Admission	$250 copay/day for the first 5 days, thereafter covered at 100%; after deductible	$500 copay/day for the first 5 days, 40% thereafter; after deductible	$500 copay after deductible	$500 copay
Maternity Care				
Prenatal Maternity	Covered 100% (no deductible)	40% after deductible	No charge	No charge

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Durable Medical Equipment				
Durable Medical Equipment	20% after deductible	40% after deductible	Covered 100% after deductible	$100 deductible
Prescription Drug Services				
Retail – Up to 30 Days				
Generic	10% ($7.50 minimum/$30 maximum copay)	Not covered	$15 copay	$15 copay; annual $50 Rx deductible applies
Brand (preferred)	20% ($20 minimum/ $100 maximum copay)		$30 copay	$30 copay; annual $50 Rx deductible applies
Brand (non-preferred)	30% ($40 minimum/ $200 maximum copay)		$50 copay	$50 copay; annual $50 Rx deductible applies
Specialty (non-preferred)	30% ($80 minimum/ $400 maximum copay)		Applicable cost as noted above for generic or brand drugs	Applicable cost as noted above for generic or brand drugs
Mail Order and Retail – Up to 90 Days				
Generic	10% ($15.00 minimum/$60.00 maximum copay)	Not covered	$30 copay	$22.50 copay; annual $50 Rx deductible applies
Brand (preferred)	20% ($40 minimum/ $200 maximum copay)		$60 copay	$45 copay; annual $50 Rx deductible applies
Brand (non-preferred)	30% ($80 minimum/ $400 maximum copay)		$100 copay	$75 copay; annual $50 Rx deductible applies

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Vision Care				
Examinations	Covered at 100% (no deductible), one visit every 24 months	40% after deductible	1 routine exam covered at 100% every 24 months	No charge per covered period
Frames/Lenses	N/A	N/A	Not covered	$35 copay eyeglasses every 24 months

This comparison contains highlights of your health care plan option(s). If there is a discrepancy between the wording in this comparison and your insurance certificate or plan description, the insurance certificate or plan description will govern.

[1] Prescription drug services for the Aetna PPO are administered by Optum Rx. For non-preventive drugs, you pay the full price of the drug until you meet the deductible, at which point you pay the applicable copay or coinsurance. If a brand drug is purchased when a generic is available, you pay the copayment plus the difference in cost between the brand and generic medication. Specialty prescriptions are available through Optum Specialty only (not at retail). Retail 90-day prescriptions are available at mail order and from Walgreens-owned retail pharmacies (including Duane Reade).