

	Anthem PPO/EPO Platinum EPO 5/25 0% 8FAP (EPO) (UCR=N/A)		Anthem PPO/EPO Platinum EPO 20/40 0% 8FC3 (EPO) (UCR=N/A)		Anthem PPO/EPO Platinum EPO 15/35 300 10% 8F9E (EPOc) (UCR=N/A)		Anthem PPO/EPO Gold EPO 25/50 0% 8F7Z (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/70/100 ded T2-3		10/35/70/100 ded T2-3		10/50/90/200 ded T2-3		10/65/95/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		\$300/\$600 embedded		N/A	
Individual/Family OOP Limit	\$3,900/\$7,800		\$3,500/\$7,000		\$3,200/\$6,400 (incl ded)		\$8,700/\$17,400	
Co-Insurance	0%		0%		10%		0%	
Office Visits								
Primary Care	\$5		\$20		\$15 ded waived		\$25	
Specialist	\$25		\$40		\$35 ded waived		\$50	
Inpatient Services								
Inpatient Hospital	\$400/admit		\$500/admit		10% after ded		\$500/admit	
Mental Health Inpatient	\$400/admit		\$500/admit		10% after ded		\$500/admit	
Outpatient Services								
Outpatient Facility	Hospital-\$300; ASC-\$50		Hospital-\$500; ASC-\$100		Hospital-10% after ded; ASC-\$50 after ded		Hospital-\$500; ASC-\$250	
Lab/X-Ray	Lab: No charge; X-ray: Office-\$50; OP-\$150		Lab: No charge; X-ray: Office-\$50; OP-\$150		Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 ded waived; OP-10% after ded		Lab: No charge; X-ray: Office-\$50; OP-\$150	
Mental Health Outpatient	No charge		No charge		No charge		No charge	
Emergency Care								
Emergency Room	\$300		\$300		10% after ded		\$850	
Urgent Care	\$50		\$50		\$50 ded waived		\$75	
Single	2 x \$1,649.02		2 x \$1,633.86		2 x \$1,601.05		2 x \$1,483.50	
EE with Spouse	0 x \$3,298.04		0 x \$3,267.72		0 x \$3,202.10		0 x \$2,967.00	
EE with Child(ren)	0 x \$2,803.33		0 x \$2,777.56		0 x \$2,721.79		0 x \$2,521.95	
Family	0 x \$4,699.71		0 x \$4,656.50		0 x \$4,562.99		0 x \$4,227.98	
Monthly Cost	2 \$3,298.04		2 \$3,267.72		2 \$3,202.10		2 \$2,967.00	
Annual Cost	\$39,576.48		\$39,212.64		\$38,425.20		\$35,604.00	

	Anthem PPO/EPO Gold EPO 50/60 1100 10% 8AHU (EPOc) (UCR=N/A)		Anthem PPO/EPO Gold EPO 30/65 1500 20% 8AHW (EPOc) (UCR=N/A)		Anthem PPO/EPO Gold EPO 15/40 1850 15% 8F9V (EPOc) (UCR=N/A)		Anthem PPO/EPO Gold EPO 25/45 1850 25% 8FAH (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/45/85/150 ded T2-3		10/50/90/200 ded T2-3		10/40/80/200 ded T2-3		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,100/\$2,200 embedded		\$1,500/\$3000 embedded		\$1,850/\$3,700 embedded		\$1,850/\$3,700 embedded	
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)		\$7,250/\$14,500 (incl ded)		\$8,700/\$17,400 (incl ded)		\$7,250/\$14,500 (incl ded)	
Co-Insurance	10%		20%		15%		25%	
Office Visits								
Primary Care	\$50 ded waived		\$30 ded waived		\$15 ded waived		\$25 ded waived	
Specialist	\$60 ded waived		\$65 ded waived		\$40 ded waived		\$45 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		20% after ded		15% after ded		25% after ded	
Mental Health Inpatient	10% after ded		20% after ded		15% after ded		25% after ded	
Outpatient Services								
Outpatient Facility	Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$250 after ded; ASC-\$150 after ded		Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$500 after ded; ASC-\$150 after ded	
Lab/X-Ray	Lab: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded		Lab: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded		Lab: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded		Lab: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded	
Mental Health Outpatient	No charge		No charge		No charge		No charge	
Emergency Care								
Emergency Room	\$750 after ded		\$500 after ded		\$750 after ded		\$750 after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	2 x \$1,412.20		2 x \$1,387.16		2 x \$1,379.39		2 x \$1,372.53	
EE with Spouse	0 x \$2,824.40		0 x \$2,774.32		0 x \$2,758.78		0 x \$2,745.06	
EE with Child(ren)	0 x \$2,400.74		0 x \$2,358.17		0 x \$2,344.96		0 x \$2,333.30	
Family	0 x \$4,024.77		0 x \$3,953.41		0 x \$3,931.26		0 x \$3,911.71	
Monthly Cost	2 \$2,824.40		2 \$2,774.32		2 \$2,758.78		2 \$2,745.06	
Annual Cost	\$33,892.80		\$33,291.84		\$33,105.36		\$32,940.72	

	Anthem PPO/EPO Gold EPO 20/40/50 2000 20% 8AHT (EPOc) (UCR=N/A)		Anthem PPO/EPO Gold EPO 20/50 1700 15% w/HSA PrevRx 8FAZ (HSA) (UCR=N/A)		Anthem PPO/EPO Silver EPO 45/75 2600 30% 8FAB (EPOc) (UCR=N/A)		Anthem PPO/EPO Silver EPO 40/80 3350 50% 8F9M (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/20%/20% IntDed T2-3		10/10%/10% IntDed		35/70/100/300 ded T2-3		25/75/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000 embedded		\$1,700/\$3,400 non-embedded		\$2,600/\$5,200 embedded		\$3,350/\$6,700 embedded	
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)		\$5,950/\$11,900 (incl ded)		\$9,200/\$18,400 (incl ded)		\$9,200/\$18,400 (incl ded)	
Co-Insurance	20%		15%		30%		50%	
Office Visits								
Primary Care	\$40 ded waived (\$20 ded waived Preferred Provider)		\$20 after ded		\$45 ded waived		\$40 ded waived	
Specialist	\$50 ded waived		\$50 after ded		\$75 ded waived		\$80 ded waived	
Inpatient Services								
Inpatient Hospital	20% after ded		15% after ded		30% after ded		50% after ded	
Mental Health Inpatient	20% after ded		15% after ded		30% after ded		50% after ded	
Outpatient Services								
Outpatient Facility	Hospital-20% after ded; ASC-\$200 after ded		15% after ded		Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-50% after ded; ASC-\$300 after ded	
Lab/X-Ray	Lab: Office-\$50 ded waived; OP-20% after ded; X-ray: Office-\$50 ded waived; OP-20% after ded		15% after ded		Lab: No charge; X-ray: Office-\$50 after ded; OP-\$150 after ded		Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 ded waived; OP-50% after ded	
Mental Health Outpatient	No charge		0% after ded		No charge		No charge	
Emergency Care								
Emergency Room	40% after ded		15% after ded		\$1,000 after ded		50% after ded	
Urgent Care	\$75 ded waived		\$100 after ded		\$75 ded waived		\$80 ded waived	
Single	2 x \$1,337.35		2 x \$1,319.43		2 x \$1,241.41		2 x \$1,210.18	
EE with Spouse	0 x \$2,674.70		0 x \$2,638.86		0 x \$2,482.82		0 x \$2,420.36	
EE with Child(ren)	0 x \$2,273.50		0 x \$2,243.03		0 x \$2,110.40		0 x \$2,057.31	
Family	0 x \$3,811.45		0 x \$3,760.38		0 x \$3,538.02		0 x \$3,449.01	
Monthly Cost	2 \$2,674.70		2 \$2,638.86		2 \$2,482.82		2 \$2,420.36	
Annual Cost	\$32,096.40		\$31,666.32		\$29,793.84		\$29,044.32	

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	Anthem PPO/EPO Silver EPO 40/80 4000 40% 8F8C (EPOc) (UCR=N/A)		Anthem PPO/EPO Silver EPO 35/65/90 5000 40% 8FBH (EPOc) (UCR=N/A)		Anthem PPO/EPO Silver EPO 20/50 3300 30% w/HSA PrevRx 8F8J (HSA) (UCR=N/A)		Anthem PPO/EPO Silver EPO 20/50 4100 30% w/HSA PrevRx 8FB3 (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/65/95/200 ded T2-3		15/40%/40% IntDed T2-3		10/30%/30% IntDed		10/50/90 IntDed	
Cost Share Information								
Individual/Family Deductible	\$4,000/\$8,000 embedded		\$5,000/\$10,000 embedded		\$3,300/\$6,600 embedded		\$4,100/\$8,200 embedded	
Individual/Family OOP Limit	\$9,200/\$18,400 (incl ded)		\$9,000/\$18,000 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	40%		40%		30%		30%	
Office Visits								
Primary Care	\$40 ded waived		\$65 ded waived (\$35 ded waived Preferred Provider)		\$20 after ded		\$20 after ded	
Specialist	\$80 ded waived		\$90 ded waived		\$50 after ded		\$50 after ded	
Inpatient Services								
Inpatient Hospital	40% after ded		40% after ded		30% after ded		30% after ded	
Mental Health Inpatient	40% after ded		40% after ded		30% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	Hospital-40% after ded; ASC-\$500 after ded		Hospital-40% after ded; ASC-\$300 after ded		30% after ded		30% after ded	
Lab/X-Ray	Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 ded waived; OP-40% after ded		Lab: Office-\$90 ded waived; OP-40% after ded; X-ray: Office-\$90 ded waived; OP-40% after ded		30% after ded		30% after ded	
Mental Health Outpatient	No charge		No charge		0% after ded		0% after ded	
Emergency Care								
Emergency Room	50% after ded		50% after ded		30% after ded		30% after ded	
Urgent Care	\$90 ded waived		\$85 ded waived		\$100 after ded		\$100 after ded	
Single	2 x \$1,209.78		2 x \$1,156.80		2 x \$1,117.00		2 x \$1,096.18	
EE with Spouse	0 x \$2,419.56		0 x \$2,313.60		0 x \$2,234.00		0 x \$2,192.36	
EE with Child(ren)	0 x \$2,056.63		0 x \$1,966.56		0 x \$1,898.90		0 x \$1,863.51	
Family	0 x \$3,447.87		0 x \$3,296.88		0 x \$3,183.45		0 x \$3,124.11	
Monthly Cost	2 \$2,419.56		2 \$2,313.60		2 \$2,234.00		2 \$2,192.36	
Annual Cost	\$29,034.72		\$27,763.20		\$26,808.00		\$26,308.32	

Prepared For: **Anthem 2025 1st qtr EPO New York City**

New York County, NY 10001

Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)

Effective Date: 01/01/2025

Prepared On: 10/24/2024

Report ID: 39154202

SIC: 0000

Anthem PPO/EPO Bronze EPO 20/50 6100 50% w/HSA 8F8U (HSA) (UCR=N/A)	
	In-Network Out-Network
Prescription Drugs	
Drug Card	50%/50%/50% IntDed
Cost Share Information	
Individual/Family Deductible	\$6,100/\$12,200 embedded
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)
Co-Insurance	50%
Office Visits	
Primary Care	\$20 after ded
Specialist	\$50 after ded
Inpatient Services	
Inpatient Hospital	50% after ded
Mental Health Inpatient	50% after ded
Outpatient Services	
Outpatient Facility	50% after ded
Lab/X-Ray	50% after ded
Mental Health Outpatient	0% after ded
Emergency Care	
Emergency Room	50% after ded
Urgent Care	\$100 after ded
Single	2 x \$1,049.40
EE with Spouse	0 x \$2,098.80
EE with Child(ren)	0 x \$1,783.98
Family	0 x \$2,990.79
Monthly Cost	2 \$2,098.80
Annual Cost	\$25,185.60

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