

	Anthem Blue Access Platinum Blue Access EPO 5/25 0% 8F8K (EPO) (UCR=N/A)		Anthem Blue Access Platinum Blue Access EPO 20/40 0% 8FB7 (EPO) (UCR=N/A)		Anthem Blue Access Platinum Blue Access EPO 15/35 300 10% 8FBB (EPOc) (UCR=N/A)		Anthem Blue Access Platinum Blue Access EPO 5/25/50 500 10% 8FAN (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/35/70/100 ded T2-3		10/35/70/100 ded T2-3		10/50/90/200 ded T2-3		5/10%/10% IntDed T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		N/A		\$300/\$600 embedded		\$500/\$1,000 embedded	
Individual/Family OOP Limit	\$3,900/\$7,800		\$3,500/\$7,000		\$3,200/\$6,400 (incl ded)		\$3,000/\$6,000 (incl ded)	
Co-Insurance	0%		0%		10%		10%	
<b>Office Visits</b>								
Primary Care	\$5		\$20		\$15 ded waived		\$25 ded waived (\$5 ded waived Preferred Provider)	
Specialist	\$25		\$40		\$35 ded waived		\$50 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$400/admit		\$500/admit		10% after ded		10% after ded	
Mental Health Inpatient	\$400/admit		\$500/admit		10% after ded		10% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Hospital-\$300; ASC-\$50		Hospital-\$500; ASC-\$100		Hospital-10% after ded; ASC-\$50 after ded		Hospital-10% after ded; ASC-0% after ded	
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: Office-\$50 ded waived; OP-10% after ded; X-ray: Office-\$50 ded waived; OP-10% after ded	
Mental Health Outpatient	No charge		No charge		No charge		No charge	
<b>Emergency Care</b>								
Emergency Room	\$300		\$300		10% after ded		30% after ded	
Urgent Care	\$50		\$50		\$50 ded waived		\$75 ded waived	
Single	2 x \$1,511.04		2 x \$1,497.20		2 x \$1,467.42		2 x \$1,451.08	
EE with Spouse	0 x \$3,022.08		0 x \$2,994.40		0 x \$2,934.84		0 x \$2,902.16	
EE with Child(ren)	0 x \$2,568.77		0 x \$2,545.24		0 x \$2,494.61		0 x \$2,466.84	
Family	0 x \$4,306.46		0 x \$4,267.02		0 x \$4,182.15		0 x \$4,135.58	
Monthly Cost	2 \$3,022.08		2 \$2,994.40		2 \$2,934.84		2 \$2,902.16	
Annual Cost	\$36,264.96		\$35,932.80		\$35,218.08		\$34,825.92	

	Anthem Blue Access Gold Blue Access EPO 25/50 0% 8F8F (EPO) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 50/60 1100 10% 8AH4 (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 30/65 1500 20% 8F93 (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 15/40 1850 15% 8F89 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/65/95/200 ded T2-3		10/45/85/150 ded T2-3		10/50/90/200 ded T2-3		10/40/80/200 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		\$1,100/\$2,200 embedded		\$1,500/\$3000 embedded		\$1,850/\$3,700 embedded	
Individual/Family OOP Limit	\$8,700/\$17,400		\$7,000/\$14,000 (incl ded)		\$7,250/\$14,500 (incl ded)		\$8,700/\$17,400 (incl ded)	
Co-Insurance	0%		10%		20%		15%	
<b>Office Visits</b>								
Primary Care	\$25		\$50 ded waived		\$30 ded waived		\$15 ded waived	
Specialist	\$50		\$60 ded waived		\$65 ded waived		\$40 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$500/admit		10% after ded		20% after ded		15% after ded	
Mental Health Inpatient	\$500/admit		10% after ded		20% after ded		15% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Hospital-\$500; ASC-\$250		Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$250 after ded; ASC-\$150 after ded		Hospital-\$300 after ded; ASC-\$150 after ded	
Lab/X-Ray	Lab: No charge; X-ray: Office-\$50; OP-\$150		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	
<b>Emergency Care</b>								
Emergency Room	\$850		\$750 after ded		\$500 after ded		\$750 after ded	
Urgent Care	\$75		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	2 x \$1,360.94		2 x \$1,296.10		2 x \$1,273.30		2 x \$1,266.45	
EE with Spouse	0 x \$2,721.88		0 x \$2,592.20		0 x \$2,546.60		0 x \$2,532.90	
EE with Child(ren)	0 x \$2,313.60		0 x \$2,203.37		0 x \$2,164.61		0 x \$2,152.97	
Family	0 x \$3,878.68		0 x \$3,693.89		0 x \$3,628.91		0 x \$3,609.38	
Monthly Cost	2 \$2,721.88		2 \$2,592.20		2 \$2,546.60		2 \$2,532.90	
Annual Cost	\$32,662.56		\$31,106.40		\$30,559.20		\$30,394.80	

	Anthem Blue Access Gold Blue Access EPO 25/45 1850 25% 8FA3 (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 20/40/50 2000 20% 8FA8 (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 20/50 1700 15% w/HSA PrevRx 8FAC (HSA) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 60/125 0% 8FBP (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/50/90/200 ded T2-3		10/20%/20% IntDed T2-3		10/10%/10% IntDed		15/65/95/100 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,850/\$3,700 embedded		\$2,000/\$4,000 embedded		\$1,700/\$3,400 non-embedded		N/A	
Individual/Family OOP Limit	\$7,250/\$14,500 (incl ded)		\$7,000/\$14,000 (incl ded)		\$5,950/\$11,900 (incl ded)		\$9,200/\$18,400	
Co-Insurance	25%		20%		15%		0%	
<b>Office Visits</b>								
Primary Care	\$25 ded waived		\$40 ded waived (\$20 ded waived Preferred Provider)		\$20 after ded		\$60	
Specialist	\$45 ded waived		\$50 ded waived		\$50 after ded		\$125	
<b>Inpatient Services</b>								
Inpatient Hospital	25% after ded		20% after ded		15% after ded		\$2,800/admit	
Mental Health Inpatient	25% after ded		20% after ded		15% after ded		\$2,800/admit	
<b>Outpatient Services</b>								
Outpatient Facility	Hospital-\$500 after ded; ASC-\$150 after ded		Hospital-20% after ded; ASC-\$200 after ded		15% after ded		Hospital-\$1,000; ASC-\$500	
Lab/X-Ray	Lab: No charge; X-ray: Office-\$50 after ded; OP-\$150 after ded		Lab: Office-\$50 ded waived; OP-20% after ded; X-ray: Office-\$50 ded waived; OP-20% after ded		15% after ded		Lab: Office-\$125; OP-\$20; X-ray: \$150	
Mental Health Outpatient	No charge		No charge		0% after ded		No charge	
<b>Emergency Care</b>								
Emergency Room	\$750 after ded		40% after ded		15% after ded		\$2,800	
Urgent Care	\$75 ded waived		\$75 ded waived		\$100 after ded		\$200	
Single	2 x \$1,260.12		2 x \$1,228.23		2 x \$1,211.89		2 x \$1,210.84	
EE with Spouse	0 x \$2,520.24		0 x \$2,456.46		0 x \$2,423.78		0 x \$2,421.68	
EE with Child(ren)	0 x \$2,142.20		0 x \$2,087.99		0 x \$2,060.21		0 x \$2,058.43	
Family	0 x \$3,591.34		0 x \$3,500.46		0 x \$3,453.89		0 x \$3,450.89	
Monthly Cost	2 \$2,520.24		2 \$2,456.46		2 \$2,423.78		2 \$2,421.68	
Annual Cost	\$30,242.88		\$29,477.52		\$29,085.36		\$29,060.16	

	Anthem Blue Access Silver Blue Access EPO 45/75 2600 30% 8FCC (EPOc) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 40/80 3350 50% 8FBU (EPOc) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 40/80 4000 40% 8FB2 (EPOc) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 35/75 4650 50% 8AHY (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	35/70/100/300 ded T2-3		25/75/90/200 ded T2-3		15/65/95/200 ded T2-3		25/75/90/200 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$2,600/\$5,200 embedded		\$3,350/\$6,700 embedded		\$4,000/\$8,000 embedded		\$4,650/\$9,300 embedded	
Individual/Family OOP Limit	\$9,200/\$18,400 (incl ded)		\$9,200/\$18,400 (incl ded)		\$9,200/\$18,400 (incl ded)		\$9,200/\$18,400 (incl ded)	
Co-Insurance	30%		50%		40%		50%	
<b>Office Visits</b>								
Primary Care	\$45 ded waived		\$40 ded waived		\$40 ded waived		\$35 ded waived	
Specialist	\$75 ded waived		\$80 ded waived		\$80 ded waived		\$75 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	30% after ded		50% after ded		40% after ded		50% after ded	
Mental Health Inpatient	30% after ded		50% after ded		40% after ded		50% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-50% after ded; ASC-\$300 after ded		Hospital-40% after ded; ASC-\$500 after ded		Hospital-50% after ded; ASC-\$300 after ded	
Lab/X-Ray	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		Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 ded waived; OP-40% 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		No charge		No charge		No charge	
<b>Emergency Care</b>								
Emergency Room	\$1,000 after ded		50% after ded		50% after ded		50% after ded	
Urgent Care	\$75 ded waived		\$80 ded waived		\$90 ded waived		\$80 ded waived	
Single	2 x \$1,141.12		2 x \$1,112.79		2 x \$1,112.39		2 x \$1,105.93	
EE with Spouse	0 x \$2,282.24		0 x \$2,225.58		0 x \$2,224.78		0 x \$2,211.86	
EE with Child(ren)	0 x \$1,939.90		0 x \$1,891.74		0 x \$1,891.06		0 x \$1,880.08	
Family	0 x \$3,252.19		0 x \$3,171.45		0 x \$3,170.31		0 x \$3,151.90	
Monthly Cost	2 \$2,282.24		2 \$2,225.58		2 \$2,224.78		2 \$2,211.86	
Annual Cost	\$27,386.88		\$26,706.96		\$26,697.36		\$26,542.32	

	Anthem Blue Access Silver Blue Access EPO 35/65/90 5000 40% 8FAR (EPOc) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 2750 40% w/HSA 8FB1 (HSA) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 20/50 3300 30% w/HSA PrevRx 8FBS (HSA) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 20/50 4100 30% w/HSA PrevRx 8F8B (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	15/40%/40% IntDed T2-3		10/50/95 IntDed		10/30%/30% IntDed		10/50/90 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$5,000/\$10,000 embedded		\$2,750/\$5,500 embedded		\$3,300/\$6,600 embedded		\$4,100/\$8,200 embedded	
Individual/Family OOP Limit	\$9,000/\$18,000 (incl ded)		\$8,250/\$16,500 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	40%		40%		30%		30%	
<b>Office Visits</b>								
Primary Care	\$65 ded waived (\$35 ded waived Preferred Provider)		40% after ded		\$20 after ded		\$20 after ded	
Specialist	\$90 ded waived		40% after ded		\$50 after ded		\$50 after ded	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
Outpatient Facility	Hospital-40% after ded; ASC-\$300 after ded		40% after ded		30% after ded		30% after ded	
Lab/X-Ray	Lab: Office-\$90 ded waived; OP-40% after ded; X-ray: Office-\$90 ded waived; OP-40% after ded		40% after ded		30% after ded		30% after ded	
Mental Health Outpatient	No charge		0% after ded		0% after ded		0% after ded	
<b>Emergency Care</b>								
Emergency Room	50% after ded		50% after ded		30% after ded		30% after ded	
Urgent Care	\$85 ded waived		40% after ded		\$100 after ded		\$100 after ded	
Single	2 x	\$1,064.42	2 x	\$1,030.95	2 x	\$1,028.31	2 x	\$1,009.47
EE with Spouse	0 x	\$2,128.84	0 x	\$2,061.90	0 x	\$2,056.62	0 x	\$2,018.94
EE with Child(ren)	0 x	\$1,809.51	0 x	\$1,752.62	0 x	\$1,748.13	0 x	\$1,716.10
Family	0 x	\$3,033.60	0 x	\$2,938.21	0 x	\$2,930.68	0 x	\$2,876.99
Monthly Cost	2	\$2,128.84	2	\$2,061.90	2	\$2,056.62	2	\$2,018.94
Annual Cost		\$25,546.08		\$24,742.80		\$24,679.44		\$24,227.28

	Anthem Blue Access Bronze Blue Access EPO 40/40/90 9000 50% 8FBG (EPO) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 20/50 7300 50% w/HSA 8FBA (HSA) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 20/50 6100 50% w/HSA 8F87 (HSA) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 5250 50% w/HSA 8F86 (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	25/50%/50% IntDed T2-3		50%/50%/50% IntDed		50%/50%/50% IntDed		10/50%/50% IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$9,000/\$18,000 embedded		\$7,300/\$14,600 embedded		\$6,100/\$12,200 embedded		\$5,250/\$10,500 embedded	
Individual/Family OOP Limit	\$9,200/\$18,400 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	50%		50%		50%		50%	
<b>Office Visits</b>								
Primary Care	\$40 after ded (\$40 ded waived Preferred Provider)		\$20 after ded		\$20 after ded		50% after ded	
Specialist	\$90 after ded		\$50 after ded		\$50 after ded		50% after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	50% after ded		50% after ded		50% after ded		50% after ded	
Mental Health Inpatient	50% after ded		50% after ded		50% after ded		50% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Hospital-50% after ded; ASC-\$500 after ded		50% after ded		50% after ded		50% after ded	
Lab/X-Ray	Lab: Office-\$40 after ded; OP-50% after ded; X-ray: Office-\$75 after ded; OP-50% after ded		50% after ded		50% after ded		50% after ded	
Mental Health Outpatient	No charge		0% after ded		0% after ded		0% after ded	
<b>Emergency Care</b>								
Emergency Room	50% after ded		50% after ded		50% after ded		50% after ded	
Urgent Care	\$100 ded waived		\$100 after ded		\$100 after ded		50% after ded	
Single	2 x	\$984.30	2 x	\$969.93	2 x	\$967.03	2 x	\$963.34
EE with Spouse	0 x	\$1,968.60	0 x	\$1,939.86	0 x	\$1,934.06	0 x	\$1,926.68
EE with Child(ren)	0 x	\$1,673.31	0 x	\$1,648.88	0 x	\$1,643.95	0 x	\$1,637.68
Family	0 x	\$2,805.26	0 x	\$2,764.30	0 x	\$2,756.04	0 x	\$2,745.52
Monthly Cost	2	\$1,968.60	2	\$1,939.86	2	\$1,934.06	2	\$1,926.68
Annual Cost		\$23,623.20		\$23,278.32		\$23,208.72		\$23,120.16

Prepared For: **Anthem 2025 1st qtr Blue Access NY 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: 39154220

SIC: 0000

<b>Anthem Blue Access Bronze Blue Access EPO 9200 0% 8FC1 (EPOc) (UCR=N/A)</b>		
	<b>In-Network</b>	<b>Out-Network</b>
<b>Prescription Drugs</b>		
Drug Card	0%/0%/0% IntDed	
<b>Cost Share Information</b>		
Individual/Family Deductible	\$9,200/\$18,400 embedded	
Individual/Family OOP Limit	\$9,200/\$18,400 (incl ded)	
Co-Insurance	0%	
<b>Office Visits</b>		
Primary Care	0% after ded	
Specialist	0% after ded	
<b>Inpatient Services</b>		
Inpatient Hospital	0% after ded	
Mental Health Inpatient	0% after ded	
<b>Outpatient Services</b>		
Outpatient Facility	0% after ded	
Lab/X-Ray	0% after ded	
Mental Health Outpatient	0% after ded	
<b>Emergency Care</b>		
Emergency Room	0% after ded	
Urgent Care	0% after ded	
Single	2 x	\$955.04
EE with Spouse	0 x	\$1,910.08
EE with Child(ren)	0 x	\$1,623.57
Family	0 x	\$2,721.86
Monthly Cost	2	\$1,910.08
Annual Cost		\$22,920.96