

	Anthem Connection Platinum Connection EPO 20/40 0% 8F8X (EPO) (UCR=N/A)		Anthem Connection Platinum Connection EPO 5/25 200 10% 8AHB (EPOc) (UCR=N/A)		Anthem Connection Platinum Connection EPO 15/35 300 10% 8FAD (EPOc) (UCR=N/A)		Anthem Connection Platinum Connection EPO 5/25/50 500 10% 8AHM (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/70/100 ded T2-3		10/50/90/150 ded T2-3		10/50/90/200 ded T2-3		5/10%/10% IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$200/\$600 embedded		\$300/\$600 embedded		\$500/\$1,000 embedded	
Individual/Family OOP Limit	\$3,500/\$7,000		\$2,750/\$5,500 (incl ded)		\$3,200/\$6,400 (incl ded)		\$3,000/\$6,000 (incl ded)	
Co-Insurance	0%		10%		10%		10%	
Office Visits								
Primary Care	\$20		\$5 ded waived		\$15 ded waived		\$25 ded waived (\$5 ded waived Preferred Provider)	
Specialist	\$40		\$25 ded waived		\$35 ded waived		\$50 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit		\$500/admit after ded		10% after ded		10% after ded	
Mental Health Inpatient	\$500/admit		\$500/admit after ded		10% after ded		10% after ded	
Outpatient Services								
Outpatient Facility	Hospital-\$500; ASC-\$100		Hospital-\$500 after ded; ASC-\$50 ded waived		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: Office-\$25 ded waived; OP-\$25 after ded; X-ray: Office-\$50 ded waived; OP-\$150 after ded		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	
Emergency Care								
Emergency Room	\$300		\$300 after ded		10% after ded		30% after ded	
Urgent Care	\$50		\$50 ded waived		\$50 ded waived		\$75 ded waived	
Single	2 x \$1,424.06		2 x \$1,409.83		2 x \$1,395.73		2 x \$1,380.18	
EE with Spouse	0 x \$2,848.12		0 x \$2,819.66		0 x \$2,791.46		0 x \$2,760.36	
EE with Child(ren)	0 x \$2,420.90		0 x \$2,396.71		0 x \$2,372.74		0 x \$2,346.31	
Family	0 x \$4,058.57		0 x \$4,018.02		0 x \$3,977.83		0 x \$3,933.51	
Monthly Cost	2 \$2,848.12		2 \$2,819.66		2 \$2,791.46		2 \$2,760.36	
Annual Cost	\$34,177.44		\$33,835.92		\$33,497.52		\$33,124.32	

	Anthem Connection Gold Connection EPO 25/50 0% 8FA4 (EPO) (UCR=N/A)		Anthem Connection Gold Connection EPO 50/60 1100 10% 8FBL (EPOc) (UCR=N/A)		Anthem Connection Gold Connection EPO 30/65 1500 20% 8AH7 (EPOc) (UCR=N/A)		Anthem Connection Gold Connection EPO 25/45 1850 25% 8FBD (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/65/95/200 ded T2-3		10/45/85/150 ded T2-3		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3	
Cost Share Information								
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)		\$7,250/\$14,500 (incl ded)	
Co-Insurance	0%		10%		20%		25%	
Office Visits								
Primary Care	\$25		\$50 ded waived		\$30 ded waived		\$25 ded waived	
Specialist	\$50		\$60 ded waived		\$65 ded waived		\$45 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit		10% after ded		20% after ded		25% after ded	
Mental Health Inpatient	\$500/admit		10% after ded		20% after ded		25% after ded	
Outpatient Services								
Outpatient Facility	Hospital-\$500; ASC-\$250		Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$250 after ded; ASC-\$150 after ded		Hospital-\$500 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	
Emergency Care								
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 \$1,294.39		2 x \$1,232.84		2 x \$1,211.10		2 x \$1,198.58	
EE with Spouse	0 x \$2,588.78		0 x \$2,465.68		0 x \$2,422.20		0 x \$2,397.16	
EE with Child(ren)	0 x \$2,200.46		0 x \$2,095.83		0 x \$2,058.87		0 x \$2,037.59	
Family	0 x \$3,689.01		0 x \$3,513.59		0 x \$3,451.64		0 x \$3,415.95	
Monthly Cost	2 \$2,588.78		2 \$2,465.68		2 \$2,422.20		2 \$2,397.16	
Annual Cost	\$31,065.36		\$29,588.16		\$29,066.40		\$28,765.92	

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	Anthem Connection Silver Connection EPO 60/125 0% 8FC6 (EPO) (UCR=N/A)		Anthem Connection Silver Connection EPO 45/75 2600 30% 8AH2 (EPOc) (UCR=N/A)		Anthem Connection Silver Connection EPO 40/80 3350 50% 8FBR (EPOc) (UCR=N/A)		Anthem Connection Silver Connection EPO 20/50 3300 30% w/HSA PrevRx 8FBE (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/65/95/100 ded T2-3		35/70/100/300 ded T2-3		25/75/90/200 ded T2-3		10/30%/30% IntDed	
Cost Share Information								
Individual/Family Deductible	N/A		\$2,600/\$5,200 embedded		\$3,350/\$6,700 embedded		\$3,300/\$6,600 embedded	
Individual/Family OOP Limit	\$9,200/\$18,400		\$9,200/\$18,400 (incl ded)		\$9,200/\$18,400 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	0%		30%		50%		30%	
Office Visits								
Primary Care	\$60		\$45 ded waived		\$40 ded waived		\$20 after ded	
Specialist	\$125		\$75 ded waived		\$80 ded waived		\$50 after ded	
Inpatient Services								
Inpatient Hospital	\$2,800/admit		30% after ded		50% after ded		30% after ded	
Mental Health Inpatient	\$2,800/admit		30% after ded		50% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	Hospital-\$1,000; ASC-\$500		Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-50% after ded; ASC-\$300 after ded		30% after ded	
Lab/X-Ray	Lab: Office-\$125; OP-\$20; X-ray: \$150		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		30% after ded	
Mental Health Outpatient	No charge		No charge		No charge		0% after ded	
Emergency Care								
Emergency Room	\$2,800		\$1,000 after ded		50% after ded		30% after ded	
Urgent Care	\$200		\$75 ded waived		\$80 ded waived		\$100 after ded	
Single	2 x	\$1,151.80	2 x	\$1,085.38	2 x	\$1,058.49	2 x	\$978.10
EE with Spouse	0 x	\$2,303.60	0 x	\$2,170.76	0 x	\$2,116.98	0 x	\$1,956.20
EE with Child(ren)	0 x	\$1,958.06	0 x	\$1,845.15	0 x	\$1,799.43	0 x	\$1,662.77
Family	0 x	\$3,282.63	0 x	\$3,093.33	0 x	\$3,016.70	0 x	\$2,787.59
Monthly Cost	2	\$2,303.60	2	\$2,170.76	2	\$2,116.98	2	\$1,956.20
Annual Cost		\$27,643.20		\$26,049.12		\$25,403.76		\$23,474.40

	Anthem Connection Silver Connection EPO 50/100 4100 30% w/HSA PrevRx 8FA7 (HSA) (UCR=N/A)		Anthem Connection Silver Connection EPO 20/50 4100 30% w/HSA PrevRx 8FBK (HSA) (UCR=N/A)		Anthem Connection Bronze Connection EPO 40/40/90 9000 50% 8FAM (EPOc) (UCR=N/A)		Anthem Connection Bronze Connection EPO 20/50 7300 50% w/HSA 8AHV (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/65/50% IntDed		10/50/90 IntDed		25/50%/50% IntDed T2-3		50%/50%/50% IntDed	
Cost Share Information								
Individual/Family Deductible	\$4,100/\$8,200 embedded		\$4,100/\$8,200 embedded		\$9,000/\$18,000 embedded		\$7,300/\$14,600 embedded	
Individual/Family OOP Limit	\$7,800/\$15,600 (incl ded)		\$8,000/\$16,000 (incl ded)		\$9,200/\$18,400 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	30%		30%		50%		50%	
Office Visits								
Primary Care	\$50 after ded		\$20 after ded		\$40 after ded (\$40 ded waived Preferred Provider)		\$20 after ded	
Specialist	\$100 after ded		\$50 after ded		\$90 after ded		\$50 after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		30% after ded		50% after ded		50% after ded	
Mental Health Inpatient	30% after ded		30% after ded		50% after ded		50% after ded	
Outpatient Services								
Outpatient Facility	30% after ded		30% after ded		Hospital-50% after ded; ASC-\$500 after ded		50% after ded	
Lab/X-Ray	30% after ded		30% after ded		Lab: Office-\$40 after ded; OP-50% after ded; X-ray: Office-\$75 after ded; OP-50% after ded		50% after ded	
Mental Health Outpatient	0% after ded		0% after ded		No charge		0% after ded	
Emergency Care								
Emergency Room	30% after ded		30% after ded		50% after ded		50% after ded	
Urgent Care	\$100 after ded		\$100 after ded		\$100 ded waived		\$100 after ded	
Single	2 x \$960.44		2 x \$960.18		2 x \$936.20		2 x \$922.49	
EE with Spouse	0 x \$1,920.88		0 x \$1,920.36		0 x \$1,872.40		0 x \$1,844.98	
EE with Child(ren)	0 x \$1,632.75		0 x \$1,632.31		0 x \$1,591.54		0 x \$1,568.23	
Family	0 x \$2,737.25		0 x \$2,736.51		0 x \$2,668.17		0 x \$2,629.10	
Monthly Cost	2 \$1,920.88		2 \$1,920.36		2 \$1,872.40		2 \$1,844.98	
Annual Cost	\$23,050.56		\$23,044.32		\$22,468.80		\$22,139.76	

Prepared For: **Anthem 2025 1st qtr Connection 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

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SIC: 0000

	Anthem Connection Bronze Connection EPO 20/50 6100 50% w/HSA 8FAU (HSA) (UCR=N/A)		Anthem Connection Bronze Connection EPO 9200 0% 8AH3 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	50%/50%/50% IntDed		0%/0%/0% IntDed	
Cost Share Information				
Individual/Family Deductible	\$6,100/\$12,200 embedded		\$9,200/\$18,400 embedded	
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)		\$9,200/\$18,400 (incl ded)	
Co-Insurance	50%		0%	
Office Visits				
Primary Care	\$20 after ded		0% after ded	
Specialist	\$50 after ded		0% after ded	
Inpatient Services				
Inpatient Hospital	50% after ded		0% after ded	
Mental Health Inpatient	50% after ded		0% after ded	
Outpatient Services				
Outpatient Facility	50% after ded		0% after ded	
Lab/X-Ray	50% after ded		0% after ded	
Mental Health Outpatient	0% after ded		0% after ded	
Emergency Care				
Emergency Room	50% after ded		0% after ded	
Urgent Care	\$100 after ded		0% after ded	
Single	2 x \$919.72		2 x \$908.39	
EE with Spouse	0 x \$1,839.44		0 x \$1,816.78	
EE with Child(ren)	0 x \$1,563.52		0 x \$1,544.26	
Family	0 x \$2,621.20		0 x \$2,588.91	
Monthly Cost	2 \$1,839.44		2 \$1,816.78	
Annual Cost	\$22,073.28		\$21,801.36	

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