

	Anthem Blue Access Platinum Blue Access EPO 5/25 0% 9TUG (EPO) (UCR=N/A)		Anthem Blue Access Platinum Blue Access EPO 20/40 0% 9TU0 (EPO) (UCR=N/A)		Anthem Blue Access Platinum Blue Access EPO 15/35 300 10% 9TUH (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 25/50 0% A7MQ (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	10/35/70/100 ded T2-3		10/35/70/100 ded T2-3		10/35/70/100 ded T2-3		10/65/90/150 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		N/A		\$300/\$600 embedded		N/A	
Individual/Family OOP Limit	\$3,700/\$7,400		\$3,000/\$6,000		\$3,200/\$6,400 (incl ded)		\$8,700/\$17,400	
Co-Insurance	0%		0%		10%		0%	
<b>Office Visits</b>								
Primary Care	\$5		\$20		\$15 ded waived		\$25	
Specialist	\$25		\$40		\$35 ded waived		\$50	
<b>Inpatient Services</b>								
Inpatient Hospital	\$400/admit		\$500/admit		10% after ded		\$500/admit	
Mental Health Inpatient	\$400/admit		\$500/admit		10% after ded		\$500/admit	
<b>Outpatient Services</b>								
Outpatient Facility	\$300		\$500		10% after ded		\$500	
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 after ded; OP-10% after ded		Lab: No charge; X-ray: Office-\$50; OP-\$150	
Mental Health Outpatient	\$5		\$20		\$15 ded waived		\$25	
<b>Emergency Care</b>								
Emergency Room	\$300		\$300		10% after ded		\$750	
Urgent Care	\$75		\$50		\$50 ded waived		\$50	
Single	2 x	\$1,452.95	2 x	\$1,440.71	2 x	\$1,415.96	2 x	\$1,308.27
EE with Spouse	0 x	\$2,905.90	0 x	\$2,881.42	0 x	\$2,831.92	0 x	\$2,616.54
EE with Child(ren)	0 x	\$2,470.02	0 x	\$2,449.21	0 x	\$2,407.13	0 x	\$2,224.06
Family	0 x	\$4,140.91	0 x	\$4,106.02	0 x	\$4,035.49	0 x	\$3,728.57
Monthly Cost	2	\$2,905.90	2	\$2,881.42	2	\$2,831.92	2	\$2,616.54
Annual Cost		\$34,870.80		\$34,577.04		\$33,983.04		\$31,398.48

Prepared For: **Anthem 2024 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: 01/01/2024

Prepared On: 10/17/2023

Report ID: 38974123

SIC: 0000

	Anthem Blue Access Gold Blue Access EPO 50/55 1000 0% A7MS (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 15/35 1750 10% A7DJ (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 25/45 1850 20% A7DG (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 20/50 1600 10% w/HSA 9G1N (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	10/40/80/150 ded T2-3		10/40/80/150 ded T2-3		10/50/90/150 ded T2-3		10/40/80 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$1,750/\$3,500 embedded		\$1,850/\$3,700 embedded		\$1,600/\$3,200 non-embedded	
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)		\$8,700/\$17,400 (incl ded)		\$6,500/\$13,000 (incl ded)		\$5,100/\$10,200 (incl ded)	
Co-Insurance	0%		10%		20%		10%	
<b>Office Visits</b>								
Primary Care	\$50 ded waived		\$15 ded waived		\$25 ded waived		\$20 after ded	
Specialist	\$55 ded waived		\$35 ded waived		\$45 ded waived		\$50 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	\$500/admit after ded		10% after ded		20% after ded		\$1,000/admit after ded	
Mental Health Inpatient	\$500/admit after ded		10% after ded		20% after ded		\$1,000/admit after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$300 after ded		\$300 after ded		\$500 after ded		\$500 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: \$25 after ded; X-ray: Office-\$50 after ded; OP-\$150 after ded	
Mental Health Outpatient	\$50 ded waived		\$15 ded waived		\$25 ded waived		\$20 after ded	
<b>Emergency Care</b>								
Emergency Room	\$500 after ded		\$750 after ded		\$750 after ded		\$500 after ded	
Urgent Care	\$60 ded waived		\$60 ded waived		\$60 ded waived		\$100 after ded	
Single	2 x \$1,267.99		2 x \$1,227.05		2 x \$1,218.36		2 x \$1,199.14	
EE with Spouse	0 x \$2,535.98		0 x \$2,454.10		0 x \$2,436.72		0 x \$2,398.28	
EE with Child(ren)	0 x \$2,155.58		0 x \$2,085.99		0 x \$2,071.21		0 x \$2,038.54	
Family	0 x \$3,613.77		0 x \$3,497.09		0 x \$3,472.33		0 x \$3,417.55	
Monthly Cost	2 \$2,535.98		2 \$2,454.10		2 \$2,436.72		2 \$2,398.28	
Annual Cost	\$30,431.76		\$29,449.20		\$29,240.64		\$28,779.36	

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

	Anthem Blue Access Silver Blue Access EPO 60/125 0% A2TK (EPO) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 40/70 2600 30% 9Y77 (EPOc) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 20/50 3250 25% w/HSA 9Y78 (HSA) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 40/80 3250 50% 9Y7E (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	15/65/95		35/70/100/200 ded T2-3		10/50/90 IntDed		25/75/90/200 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		\$2,600/\$5,200 embedded		\$3,250/\$6,500 embedded		\$3,250/\$6,500 embedded	
Individual/Family OOP Limit	\$9,450/\$18,900		\$9,450/\$18,900 (incl ded)		\$8,000/\$16,000 (incl ded)		\$9,450/\$18,900 (incl ded)	
Co-Insurance	0%		30%		25%		50%	
<b>Office Visits</b>								
Primary Care	\$60		\$40 ded waived		\$20 after ded		\$40 ded waived	
Specialist	\$125		\$70 ded waived		\$50 after ded		\$80 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$2,800/admit		30% after ded		\$1,500/admit after ded		50% after ded	
Mental Health Inpatient	\$2,800/admit		30% after ded		\$1,500/admit after ded		50% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$1,000		\$300 after ded		\$500 after ded		50% 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: \$25 after ded; X-ray: Office-\$50 after ded; OP-\$150 after ded		Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 after ded; OP-50% after ded	
Mental Health Outpatient	\$60		\$40 ded waived		\$20 after ded		\$40 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$2,800		\$500 after ded		\$500 after ded		50% after ded	
Urgent Care	\$125		\$75 ded waived		\$100 after ded		\$80 ded waived	
Single	2 x \$1,161.49		2 x \$1,097.25		2 x \$1,065.26		2 x \$1,052.10	
EE with Spouse	0 x \$2,322.98		0 x \$2,194.50		0 x \$2,130.52		0 x \$2,104.20	
EE with Child(ren)	0 x \$1,974.53		0 x \$1,865.33		0 x \$1,810.94		0 x \$1,788.57	
Family	0 x \$3,310.25		0 x \$3,127.16		0 x \$3,035.99		0 x \$2,998.49	
Monthly Cost	2 \$2,322.98		2 \$2,194.50		2 \$2,130.52		2 \$2,104.20	
Annual Cost	\$27,875.76		\$26,334.00		\$25,566.24		\$25,250.40	

	Anthem Blue Access Silver Blue Access EPO 30/75 4550 50% 9Y7J (EPOc) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 20/50 4000 30% w/HSA 9Y7L (HSA) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 20/50 6100 50% w/HSA 9FS3 (HSA) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 20/50 7000 50% w/HSA 9FT6 (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	25/75/90/200 ded T2-3		10/50/90 IntDed		50%/50%/50% IntDed		50%/50%/50% IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$4,550/\$9,100 embedded		\$4,000/\$8,000 embedded		\$6,100/\$12,200 embedded		\$7,000/\$14,000 embedded	
Individual/Family OOP Limit	\$9,450/\$18,900 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	50%		30%		50%		50%	
<b>Office Visits</b>								
Primary Care	\$30 ded waived		\$20 after ded		\$20 after ded		\$20 after ded	
Specialist	\$75 ded waived		\$50 after ded		\$50 after ded		\$50 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	50% after ded		\$1,500/admit after ded		\$1,000/admit after ded		\$500/admit after ded	
Mental Health Inpatient	50% after ded		\$1,500/admit after ded		\$1,000/admit after ded		\$500/admit after ded	
<b>Outpatient Services</b>								
Outpatient Facility	50% after ded		\$500 after ded		\$500 after ded		\$500 after ded	
Lab/X-Ray	Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 after ded; OP-50% after ded		Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP-\$150 after ded		Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP-\$150 after ded		Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP-\$150 after ded	
Mental Health Outpatient	\$30 ded waived		\$20 after ded		\$20 after ded		\$20 after ded	
<b>Emergency Care</b>								
Emergency Room	50% after ded		\$500 after ded		\$500 after ded		\$300 after ded	
Urgent Care	\$75 ded waived		\$100 after ded		\$100 after ded		\$100 after ded	
Single	2 x \$1,045.78		2 x \$1,038.14		2 x \$947.83		2 x \$940.07	
EE with Spouse	0 x \$2,091.56		0 x \$2,076.28		0 x \$1,895.66		0 x \$1,880.14	
EE with Child(ren)	0 x \$1,777.83		0 x \$1,764.84		0 x \$1,611.31		0 x \$1,598.12	
Family	0 x \$2,980.47		0 x \$2,958.70		0 x \$2,701.32		0 x \$2,679.20	
Monthly Cost	2 \$2,091.56		2 \$2,076.28		2 \$1,895.66		2 \$1,880.14	
Annual Cost	\$25,098.72		\$24,915.36		\$22,747.92		\$22,561.68	

Prepared For: **Anthem 2024 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: 01/01/2024

Prepared On: 10/17/2023

Report ID: 38974123

SIC: 0000

<b>Anthem Blue Access Bronze Blue Access EPO 20/50 8450 50% 9FSX (EPOc) (UCR=N/A)</b>		
	<b>In-Network</b>	<b>Out-Network</b>
<b>Prescription Drugs</b>		
Drug Card	50%/50%/50% IntDed	
<b>Cost Share Information</b>		
Individual/Family Deductible	\$8,450/\$16,900 embedded	
Individual/Family OOP Limit	\$9,100/\$18,200 (incl ded)	
Co-Insurance	50%	
<b>Office Visits</b>		
Primary Care	\$20 after ded	
Specialist	\$50 after ded	
<b>Inpatient Services</b>		
Inpatient Hospital	\$500/admit after ded	
Mental Health Inpatient	\$500/admit after ded	
<b>Outpatient Services</b>		
Outpatient Facility	\$500 after ded	
Lab/X-Ray	Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP-\$150 after ded	
Mental Health Outpatient	\$20 after ded	
<b>Emergency Care</b>		
Emergency Room	\$300 after ded	
Urgent Care	\$100 after ded	
Single	2 x	\$908.74
EE with Spouse	0 x	\$1,817.48
EE with Child(ren)	0 x	\$1,544.86
Family	0 x	\$2,589.91
Monthly Cost	2	\$1,817.48
Annual Cost		\$21,809.76

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