

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
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	\$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	
Emergency Care								
Emergency Room	\$300		\$300		10% after ded		\$750	
Urgent Care	\$75		\$50		\$50 ded waived		\$50	
Single	2 x \$1,383.32		2 x \$1,371.67		2 x \$1,348.11		2 x \$1,245.58	
EE with Spouse	0 x \$2,766.64		0 x \$2,743.34		0 x \$2,696.22		0 x \$2,491.16	
EE with Child(ren)	0 x \$2,351.64		0 x \$2,331.84		0 x \$2,291.79		0 x \$2,117.49	
Family	0 x \$3,942.46		0 x \$3,909.26		0 x \$3,842.11		0 x \$3,549.90	
Monthly Cost	2 \$2,766.64		2 \$2,743.34		2 \$2,696.22		2 \$2,491.16	
Annual Cost	\$33,199.68		\$32,920.08		\$32,354.64		\$29,893.92	

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	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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	\$1,207.23	2 x	\$1,168.25	2 x	\$1,159.98	2 x	\$1,141.68
EE with Spouse	0 x	\$2,414.46	0 x	\$2,336.50	0 x	\$2,319.96	0 x	\$2,283.36
EE with Child(ren)	0 x	\$2,052.29	0 x	\$1,986.03	0 x	\$1,971.97	0 x	\$1,940.86
Family	0 x	\$3,440.61	0 x	\$3,329.51	0 x	\$3,305.94	0 x	\$3,253.79
Monthly Cost	2	\$2,414.46	2	\$2,336.50	2	\$2,319.96	2	\$2,283.36
Annual Cost		\$28,973.52		\$28,038.00		\$27,839.52		\$27,400.32

	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
Prescription Drugs								
Drug Card	15/65/95		35/70/100/200 ded T2-3		10/50/90 IntDed		25/75/90/200 ded T2-3	
Cost Share Information								
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%	
Office Visits								
Primary Care	\$60		\$40 ded waived		\$20 after ded		\$40 ded waived	
Specialist	\$125		\$70 ded waived		\$50 after ded		\$80 ded waived	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$1,105.83		2 x \$1,044.67		2 x \$1,014.21		2 x \$1,001.68	
EE with Spouse	0 x \$2,211.66		0 x \$2,089.34		0 x \$2,028.42		0 x \$2,003.36	
EE with Child(ren)	0 x \$1,879.91		0 x \$1,775.94		0 x \$1,724.16		0 x \$1,702.86	
Family	0 x \$3,151.62		0 x \$2,977.31		0 x \$2,890.50		0 x \$2,854.79	
Monthly Cost	2 \$2,211.66		2 \$2,089.34		2 \$2,028.42		2 \$2,003.36	
Annual Cost	\$26,539.92		\$25,072.08		\$24,341.04		\$24,040.32	

	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
Prescription Drugs								
Drug Card	25/75/90/200 ded T2-3		10/50/90 IntDed		50%/50%/50% IntDed		50%/50%/50% IntDed	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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	\$995.66	2 x	\$988.39	2 x	\$902.41	2 x	\$895.02
EE with Spouse	0 x	\$1,991.32	0 x	\$1,976.78	0 x	\$1,804.82	0 x	\$1,790.04
EE with Child(ren)	0 x	\$1,692.62	0 x	\$1,680.26	0 x	\$1,534.10	0 x	\$1,521.53
Family	0 x	\$2,837.63	0 x	\$2,816.91	0 x	\$2,571.87	0 x	\$2,550.81
Monthly Cost	2	\$1,991.32	2	\$1,976.78	2	\$1,804.82	2	\$1,790.04
Annual Cost		\$23,895.84		\$23,721.36		\$21,657.84		\$21,480.48

Prepared For: **Anthem 2024 1st qtr Blue Access Nassau Suffolk**

Nassau County, NY 11565

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

Health Plan Comparison Report (4L)

Effective Date: 01/01/2024

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SIC: 0000

Anthem Blue Access Bronze Blue Access EPO 20/50 8450 50% 9FSX (EPOc) (UCR=N/A)	
	In-Network Out-Network
Prescription Drugs	
Drug Card	50%/50%/50% IntDed
Cost Share Information	
Individual/Family Deductible	\$8,450/\$16,900 embedded
Individual/Family OOP Limit	\$9,100/\$18,200 (incl ded)
Co-Insurance	50%
Office Visits	
Primary Care	\$20 after ded
Specialist	\$50 after ded
Inpatient Services	
Inpatient Hospital	\$500/admit after ded
Mental Health Inpatient	\$500/admit after ded
Outpatient Services	
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
Emergency Care	
Emergency Room	\$300 after ded
Urgent Care	\$100 after ded
Single	2 x \$865.19
EE with Spouse	0 x \$1,730.38
EE with Child(ren)	0 x \$1,470.82
Family	0 x \$2,465.79
Monthly Cost	2 \$1,730.38
Annual Cost	\$20,764.56

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