

	Anthem Connection Platinum Connection EPO 20/40 0% 9TTZ (EPO) (UCR=N/A)		Anthem Connection Platinum Connection EPO 5/25 200 10% 9TU7 (EPOc) (UCR=N/A)		Anthem Connection Platinum Connection EPO 15/35 300 10% 9TU3 (EPOc) (UCR=N/A)		Anthem Connection Gold Connection EPO 25/50 0% A7MJ (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		10/50/90/100 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		\$200/\$600 embedded		\$300/\$600 embedded		N/A	
Individual/Family OOP Limit	\$3,000/\$6,000		\$2,500/\$5,000 (incl ded)		\$3,200/\$6,400 (incl ded)		\$8,500/\$17,000	
Co-Insurance	0%		10%		10%		0%	
Office Visits								
Primary Care	\$20		\$5 ded waived		\$15 ded waived		\$25	
Specialist	\$40		\$25 ded waived		\$35 ded waived		\$50	
Inpatient Services								
Inpatient Hospital	\$500/admit		\$500/admit after ded		10% after ded		\$500/admit	
Mental Health Inpatient	\$500/admit		\$500/admit after ded		10% after ded		\$500/admit	
Outpatient Services								
Outpatient Facility	\$500		\$500 after ded		10% after ded		\$500	
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 after ded; OP-10% after ded		Lab: No charge; X-ray: Office-\$50; OP-\$150	
Mental Health Outpatient	\$20		\$5 ded waived		\$15 ded waived		\$25	
Emergency Care								
Emergency Room	\$300		\$300 after ded		10% after ded		\$750	
Urgent Care	\$50		\$75 ded waived		\$50 ded waived		\$50	
Single	2 x \$1,346.71		2 x \$1,335.39		2 x \$1,323.55		2 x \$1,223.23	
EE with Spouse	0 x \$2,693.42		0 x \$2,670.78		0 x \$2,647.10		0 x \$2,446.46	
EE with Child(ren)	0 x \$2,289.41		0 x \$2,270.16		0 x \$2,250.04		0 x \$2,079.49	
Family	0 x \$3,838.12		0 x \$3,805.86		0 x \$3,772.12		0 x \$3,486.21	
Monthly Cost	2 \$2,693.42		2 \$2,670.78		2 \$2,647.10		2 \$2,446.46	
Annual Cost	\$32,321.04		\$32,049.36		\$31,765.20		\$29,357.52	

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	Anthem Connection Gold Connection EPO 50/55 1000 0% A7MP (EPOc) (UCR=N/A)		Anthem Connection Gold Connection EPO 25/45 1850 20% A7MF (EPOc) (UCR=N/A)		Anthem Connection Silver Connection EPO 60/125 0% A2TF (EPO) (UCR=N/A)		Anthem Connection Silver Connection EPO 40/70 2600 30% A2TB (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/40/80/150 ded T2-3		10/50/90/150 ded T2-3		15/65/95		35/70/100/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$1,850/\$3,700 embedded		N/A		\$2,600/\$5,200 embedded	
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)		\$6,500/\$13,000 (incl ded)		\$9,450/\$18,900		\$9,450/\$18,900 (incl ded)	
Co-Insurance	0%		20%		0%		30%	
Office Visits								
Primary Care	\$50 ded waived		\$25 ded waived		\$60		\$40 ded waived	
Specialist	\$55 ded waived		\$45 ded waived		\$125		\$70 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit after ded		20% after ded		\$2,800/admit		30% after ded	
Mental Health Inpatient	\$500/admit after ded		20% after ded		\$2,800/admit		30% after ded	
Outpatient Services								
Outpatient Facility	\$300 after ded		\$500 after ded		\$1,000		\$300 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: Office-\$125; OP- \$20; X-ray: \$150		Lab: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded	
Mental Health Outpatient	\$50 ded waived		\$25 ded waived		\$60		\$40 ded waived	
Emergency Care								
Emergency Room	\$500 after ded		\$750 after ded		\$2,800		\$500 after ded	
Urgent Care	\$60 ded waived		\$60 ded waived		\$125		\$75 ded waived	
Single	2 x \$1,184.79		2 x \$1,138.32		2 x \$1,085.01		2 x \$1,024.85	
EE with Spouse	0 x \$2,369.58		0 x \$2,276.64		0 x \$2,170.02		0 x \$2,049.70	
EE with Child(ren)	0 x \$2,014.14		0 x \$1,935.14		0 x \$1,844.52		0 x \$1,742.25	
Family	0 x \$3,376.65		0 x \$3,244.21		0 x \$3,092.28		0 x \$2,920.82	
Monthly Cost	2 \$2,369.58		2 \$2,276.64		2 \$2,170.02		2 \$2,049.70	
Annual Cost	\$28,434.96		\$27,319.68		\$26,040.24		\$24,596.40	

	Anthem Connection Silver Connection EPO 20/50 3250 25% w/HSA A2TD (HSA) (UCR=N/A)		Anthem Connection Silver Connection EPO 40/80 3250 50% A2TC (EPOc) (UCR=N/A)		Anthem Connection Silver Connection EPO 50/100 4000 20% w/HSA A2TU (HSA) (UCR=N/A)		Anthem Connection Bronze Connection EPO 20/50 6100 50% w/HSA 9FT8 (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/90 IntDed		25/75/90/200 ded T2-3		10/50/90 IntDed		50%/50%/50% IntDed	
Cost Share Information								
Individual/Family Deductible	\$3,250/\$6,500 embedded		\$3,250/\$6,500 embedded		\$4,000/\$8,000 embedded		\$6,100/\$12,200 embedded	
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)		\$9,450/\$18,900 (incl ded)		\$7,800/\$15,600 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	25%		50%		20%		50%	
Office Visits								
Primary Care	\$20 after ded		\$40 ded waived		\$50 after ded		\$20 after ded	
Specialist	\$50 after ded		\$80 ded waived		\$100 after ded		\$50 after ded	
Inpatient Services								
Inpatient Hospital	\$1,500/admit after ded		50% after ded		\$1,500/admit after ded		\$1,000/admit after ded	
Mental Health Inpatient	\$1,500/admit after ded		50% after ded		\$1,500/admit after ded		\$1,000/admit after ded	
Outpatient Services								
Outpatient Facility	\$500 after ded		50% after ded		\$500 after ded		\$500 after ded	
Lab/X-Ray	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		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	\$20 after ded		\$40 ded waived		\$50 after ded		\$20 after ded	
Emergency Care								
Emergency Room	\$500 after ded		50% after ded		\$500 after ded		\$500 after ded	
Urgent Care	\$100 after ded		\$80 ded waived		\$100 after ded		\$100 after ded	
Single	2 x \$994.96		2 x \$982.46		2 x \$964.68		2 x \$884.78	
EE with Spouse	0 x \$1,989.92		0 x \$1,964.92		0 x \$1,929.36		0 x \$1,769.56	
EE with Child(ren)	0 x \$1,691.43		0 x \$1,670.18		0 x \$1,639.96		0 x \$1,504.13	
Family	0 x \$2,835.64		0 x \$2,800.01		0 x \$2,749.34		0 x \$2,521.62	
Monthly Cost	2 \$1,989.92		2 \$1,964.92		2 \$1,929.36		2 \$1,769.56	
Annual Cost	\$23,879.04		\$23,579.04		\$23,152.32		\$21,234.72	

Prepared For: **Anthem 2024 1st qtr Connection NY City**

New York County, NY 10001

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

Health Plan Comparison Report (4L)

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SIC: 0000

	Anthem Connection Bronze Connection EPO 20/50 7000 50% w/HSA 9FSU (HSA) (UCR=N/A)		Anthem Connection Bronze Connection EPO 20/50 8450 50% 9FT0 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	50%/50%/50% IntDed		50%/50%/50% IntDed	
Cost Share Information				
Individual/Family Deductible	\$7,000/\$14,000 embedded		\$8,450/\$16,900 embedded	
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)		\$9,100/\$18,200 (incl ded)	
Co-Insurance	50%		50%	
Office Visits				
Primary Care	\$20 after ded		\$20 after ded	
Specialist	\$50 after ded		\$50 after ded	
Inpatient Services				
Inpatient Hospital	\$500/admit after ded		\$500/admit after ded	
Mental Health Inpatient	\$500/admit after ded		\$500/admit after ded	
Outpatient Services				
Outpatient Facility	\$500 after ded		\$500 after ded	
Lab/X-Ray	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	\$20 after ded		\$20 after ded	
Emergency Care				
Emergency Room	\$300 after ded		\$300 after ded	
Urgent Care	\$100 after ded		\$100 after ded	
Single	2 x \$877.54		2 x \$848.18	
EE with Spouse	0 x \$1,755.08		0 x \$1,696.36	
EE with Child(ren)	0 x \$1,491.82		0 x \$1,441.91	
Family	0 x \$2,500.99		0 x \$2,417.31	
Monthly Cost	2 \$1,755.08		2 \$1,696.36	
Annual Cost	\$21,060.96		\$20,356.32	

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