

| | 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 \$1,282.18 | | 2 x \$1,271.40 | | 2 x \$1,260.12 | | 2 x \$1,164.61 | |
| EE with Spouse | 0 x \$2,564.36 | | 0 x \$2,542.80 | | 0 x \$2,520.24 | | 0 x \$2,329.22 | |
| EE with Child(ren) | 0 x \$2,179.71 | | 0 x \$2,161.38 | | 0 x \$2,142.20 | | 0 x \$1,979.84 | |
| Family | 0 x \$3,654.21 | | 0 x \$3,623.49 | | 0 x \$3,591.34 | | 0 x \$3,319.14 | |
| Monthly Cost | 2 \$2,564.36 | | 2 \$2,542.80 | | 2 \$2,520.24 | | 2 \$2,329.22 | |
| Annual Cost | \$30,772.32 | | \$30,513.60 | | \$30,242.88 | | \$27,950.64 | |

| | 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 \$1,128.02 | | 2 x \$1,083.77 | | 2 x \$1,033.01 | | 2 x \$975.73 | |
| EE with Spouse | 0 x \$2,256.04 | | 0 x \$2,167.54 | | 0 x \$2,066.02 | | 0 x \$1,951.46 | |
| EE with Child(ren) | 0 x \$1,917.63 | | 0 x \$1,842.41 | | 0 x \$1,756.12 | | 0 x \$1,658.74 | |
| Family | 0 x \$3,214.86 | | 0 x \$3,088.74 | | 0 x \$2,944.08 | | 0 x \$2,780.83 | |
| Monthly Cost | 2 \$2,256.04 | | 2 \$2,167.54 | | 2 \$2,066.02 | | 2 \$1,951.46 | |
| Annual Cost | \$27,072.48 | | \$26,010.48 | | \$24,792.24 | | \$23,417.52 | |

| | 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 \$947.28 | | 2 x \$935.38 | | 2 x \$918.46 | | 2 x \$842.38 | |
| EE with Spouse | 0 x \$1,894.56 | | 0 x \$1,870.76 | | 0 x \$1,836.92 | | 0 x \$1,684.76 | |
| EE with Child(ren) | 0 x \$1,610.38 | | 0 x \$1,590.15 | | 0 x \$1,561.38 | | 0 x \$1,432.05 | |
| Family | 0 x \$2,699.75 | | 0 x \$2,665.83 | | 0 x \$2,617.61 | | 0 x \$2,400.78 | |
| Monthly Cost | 2 \$1,894.56 | | 2 \$1,870.76 | | 2 \$1,836.92 | | 2 \$1,684.76 | |
| Annual Cost | \$22,734.72 | | \$22,449.12 | | \$22,043.04 | | \$20,217.12 | |

Prepared For: **Anthem 2024 1st qtr Connection Nassau Suffolk**

Nassau County, NY 11565

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: 38974144

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 \$835.48 | | 2 x \$807.53 | |
| EE with Spouse | 0 x \$1,670.96 | | 0 x \$1,615.06 | |
| EE with Child(ren) | 0 x \$1,420.32 | | 0 x \$1,372.80 | |
| Family | 0 x \$2,381.12 | | 0 x \$2,301.46 | |
| Monthly Cost | 2 \$1,670.96 | | 2 \$1,615.06 | |
| Annual Cost | \$20,051.52 | | \$19,380.72 | |

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