

| | Anthem PPO/EPO Platinum EPO 5/25 0% 9Y79 (EPO) (UCR=N/A) | | Anthem PPO/EPO Platinum EPO 20/40 0% 9TUE (EPO) (UCR=N/A) | | Anthem PPO/EPO Gold EPO 25/50 0% A7MW (EPO) (UCR=N/A) | | Anthem PPO/EPO Gold EPO 50/55 1000 10% 9TUF (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 | | 10/35/70/100 ded T2-3 | | 10/65/90/150 ded T2-3 | | 10/40/80/150 ded T2-3 | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | N/A | | N/A | | N/A | | \$1,000/\$2,000 embedded | |
| Individual/Family OOP Limit | \$3,700/\$7,400 | | \$3,000/\$6,000 | | \$8,700/\$17,400 | | \$7,000/\$14,000 (incl ded) | |
| Co-Insurance | 0% | | 0% | | 0% | | 10% | |
| Office Visits | | | | | | | | |
| Primary Care | \$5 | | \$20 | | \$25 | | \$50 ded waived | |
| Specialist | \$25 | | \$40 | | \$50 | | \$55 ded waived | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | \$400/admit | | \$500/admit | | \$500/admit | | 10% after ded | |
| Mental Health Inpatient | \$400/admit | | \$500/admit | | \$500/admit | | 10% after ded | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | \$300 | | \$500 | | \$500 | | \$300 after ded | |
| Lab/X-Ray | Lab: No charge; X-ray: Office-\$50; OP-\$150 | | Lab: No charge; X-ray: Office-\$50; OP-\$150 | | Lab: No charge; X-ray: Office-\$50; OP-\$150 | | Lab: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded | |
| Mental Health Outpatient | \$5 | | \$20 | | \$25 | | \$50 ded waived | |
| Emergency Care | | | | | | | | |
| Emergency Room | \$300 | | \$300 | | \$750 | | \$500 after ded | |
| Urgent Care | \$75 | | \$50 | | \$50 | | \$60 ded waived | |
| Single | 2 x \$1,613.71 | | 2 x \$1,600.16 | | 2 x \$1,453.14 | | 2 x \$1,386.47 | |
| EE with Spouse | 0 x \$3,227.42 | | 0 x \$3,200.32 | | 0 x \$2,906.28 | | 0 x \$2,772.94 | |
| EE with Child(ren) | 0 x \$2,743.31 | | 0 x \$2,720.27 | | 0 x \$2,470.34 | | 0 x \$2,357.00 | |
| Family | 0 x \$4,599.07 | | 0 x \$4,560.46 | | 0 x \$4,141.45 | | 0 x \$3,951.44 | |
| Monthly Cost | 2 \$3,227.42 | | 2 \$3,200.32 | | 2 \$2,906.28 | | 2 \$2,772.94 | |
| Annual Cost | \$38,729.04 | | \$38,403.84 | | \$34,875.36 | | \$33,275.28 | |

| | Anthem PPO/EPO Gold EPO 25/40 1500 20% 9TTY (EPOc) (UCR=N/A) | | Anthem PPO/EPO Gold EPO 15/35 1750 10% A7MD (EPOc) (UCR=N/A) | | Anthem PPO/EPO Gold EPO 20/50 1600 10% w/HSA WH A7MK (HSA) (UCR=N/A) | | Anthem PPO/EPO Gold EPO 25/45 1850 20% A7MV (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 | | 10/40/80/150 ded T2-3 | | 10/40/80 IntDed | | 10/50/90/150 ded T2-3 | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$1,500/\$3000 embedded | | \$1,750/\$3,500 embedded | | \$1,600/\$3,200 non-embedded | | \$1,850/\$3,700 embedded | |
| Individual/Family OOP Limit | \$7,000/\$14,000 (incl ded) | | \$8,700/\$17,400 (incl ded) | | \$5,100/\$10,200 (incl ded) | | \$6,500/\$13,000 (incl ded) | |
| Co-Insurance | 20% | | 10% | | 10% | | 20% | |
| Office Visits | | | | | | | | |
| Primary Care | \$25 ded waived | | \$15 ded waived | | \$20 after ded | | \$25 ded waived | |
| Specialist | \$40 ded waived | | \$35 ded waived | | \$50 after ded | | \$45 ded waived | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | 20% after ded | | 10% after ded | | \$1,000/admit after ded | | 20% after ded | |
| Mental Health Inpatient | 20% after ded | | 10% after ded | | \$1,000/admit after ded | | 20% after ded | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | \$250 after ded | | \$300 after ded | | \$500 after ded | | \$250 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: \$25 after ded; 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 | \$25 ded waived | | \$15 ded waived | | \$20 after ded | | \$25 ded waived | |
| Emergency Care | | | | | | | | |
| Emergency Room | \$500 after ded | | \$750 after ded | | \$500 after ded | | \$750 after ded | |
| Urgent Care | \$60 ded waived | | \$60 ded waived | | \$100 after ded | | \$60 ded waived | |
| Single | 2 x \$1,367.56 | | 2 x \$1,362.86 | | 2 x \$1,358.84 | | 2 x \$1,353.07 | |
| EE with Spouse | 0 x \$2,735.12 | | 0 x \$2,725.72 | | 0 x \$2,717.68 | | 0 x \$2,706.14 | |
| EE with Child(ren) | 0 x \$2,324.85 | | 0 x \$2,316.86 | | 0 x \$2,310.03 | | 0 x \$2,300.22 | |
| Family | 0 x \$3,897.55 | | 0 x \$3,884.15 | | 0 x \$3,872.69 | | 0 x \$3,856.25 | |
| Monthly Cost | 2 \$2,735.12 | | 2 \$2,725.72 | | 2 \$2,717.68 | | 2 \$2,706.14 | |
| Annual Cost | \$32,821.44 | | \$32,708.64 | | \$32,612.16 | | \$32,473.68 | |

| | Anthem PPO/EPO Gold EPO 20/50 1600 10% w/HSA A7ME (HSA) (UCR=N/A) | | Anthem PPO/EPO Silver EPO 40/70 2600 30% A2TA (EPOc) (UCR=N/A) | | Anthem PPO/EPO Silver EPO 20/50 3250 25% w/HSA A2TM (HSA) (UCR=N/A) | | Anthem PPO/EPO Silver EPO 40/80 3250 50% A2TG (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 IntDed | | 35/70/100/200 ded T2-3 | | 10/50/90 IntDed | | 25/75/90/200 ded T2-3 | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$1,600/\$3,200 non-embedded | | \$2,600/\$5,200 embedded | | \$3,250/\$6,500 embedded | | \$3,250/\$6,500 embedded | |
| Individual/Family OOP Limit | \$5,100/\$10,200 (incl ded) | | \$9,450/\$18,900 (incl ded) | | \$8,000/\$16,000 (incl ded) | | \$9,450/\$18,900 (incl ded) | |
| Co-Insurance | 10% | | 30% | | 25% | | 50% | |
| Office Visits | | | | | | | | |
| Primary Care | \$20 after ded | | \$40 ded waived | | \$20 after ded | | \$40 ded waived | |
| Specialist | \$50 after ded | | \$70 ded waived | | \$50 after ded | | \$80 ded waived | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | \$1,000/admit after ded | | 30% after ded | | \$1,500/admit after ded | | 50% after ded | |
| Mental Health Inpatient | \$1,000/admit after ded | | 30% after ded | | \$1,500/admit after ded | | 50% after ded | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | \$500 after ded | | \$300 after ded | | \$500 after ded | | 50% after ded | |
| Lab/X-Ray | Lab: \$25 after ded; 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 | | Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 after ded; OP-50% after ded | |
| Mental Health Outpatient | \$20 after ded | | \$40 ded waived | | \$20 after ded | | \$40 ded waived | |
| Emergency Care | | | | | | | | |
| Emergency Room | \$500 after ded | | \$500 after ded | | \$500 after ded | | 50% after ded | |
| Urgent Care | \$100 after ded | | \$75 ded waived | | \$100 after ded | | \$80 ded waived | |
| Single | 2 x \$1,331.74 | | 2 x \$1,218.53 | | 2 x \$1,183.12 | | 2 x \$1,168.49 | |
| EE with Spouse | 0 x \$2,663.48 | | 0 x \$2,437.06 | | 0 x \$2,366.24 | | 0 x \$2,336.98 | |
| EE with Child(ren) | 0 x \$2,263.96 | | 0 x \$2,071.50 | | 0 x \$2,011.30 | | 0 x \$1,986.43 | |
| Family | 0 x \$3,795.46 | | 0 x \$3,472.81 | | 0 x \$3,371.89 | | 0 x \$3,330.20 | |
| Monthly Cost | 2 \$2,663.48 | | 2 \$2,437.06 | | 2 \$2,366.24 | | 2 \$2,336.98 | |
| Annual Cost | \$31,961.76 | | \$29,244.72 | | \$28,394.88 | | \$28,043.76 | |

Prepared For: **Anthem 2024 2nd qtr PPO EPO Mid Hudson**

Orange County, NY 10910

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

Health Plan Comparison Report (4L)

Effective Date: 04/01/2024

Prepared On: 01/26/2024

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SIC: 0000

| | Anthem PPO/EPO Silver EPO 20/50 4000 30% w/HSA A2TN (HSA) (UCR=N/A) | | Anthem PPO/EPO Bronze EPO 20/50 6100 50% w/HSA 9FT4 (HSA) (UCR=N/A) | |
|-------------------------------|--|-------------|--|-------------|
| | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | |
| Drug Card | 10/50/90 IntDed | | 50%/50%/50% IntDed | |
| Cost Share Information | | | | |
| Individual/Family Deductible | \$4,000/\$8,000 embedded | | \$6,100/\$12,200 embedded | |
| Individual/Family OOP Limit | \$8,000/\$16,000 (incl ded) | | \$8,000/\$16,000 (incl ded) | |
| Co-Insurance | 30% | | 50% | |
| Office Visits | | | | |
| Primary Care | \$20 after ded | | \$20 after ded | |
| Specialist | \$50 after ded | | \$50 after ded | |
| Inpatient Services | | | | |
| Inpatient Hospital | \$1,500/admit after ded | | \$1,000/admit after ded | |
| Mental Health Inpatient | \$1,500/admit after ded | | \$1,000/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 | \$500 after ded | | \$500 after ded | |
| Urgent Care | \$100 after ded | | \$100 after ded | |
| Single | 2 x \$1,152.93 | | 2 x \$1,052.73 | |
| EE with Spouse | 0 x \$2,305.86 | | 0 x \$2,105.46 | |
| EE with Child(ren) | 0 x \$1,959.98 | | 0 x \$1,789.64 | |
| Family | 0 x \$3,285.85 | | 0 x \$3,000.28 | |
| Monthly Cost | 2 \$2,305.86 | | 2 \$2,105.46 | |
| Annual Cost | \$27,670.32 | | \$25,265.52 | |

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