

	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	Hospital-\$500; ASC-\$50		Hospital-\$500 after ded; ASC-\$50 ded waived		Hospital-10% after ded; ASC-\$50 after ded		Hospital-\$500; ASC-\$150	
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 \$1,424.55		2 x \$1,412.58		2 x \$1,400.05		2 x \$1,293.94	
EE with Spouse	0 x \$2,849.10		0 x \$2,825.16		0 x \$2,800.10		0 x \$2,587.88	
EE with Child(ren)	0 x \$2,421.74		0 x \$2,401.39		0 x \$2,380.09		0 x \$2,199.70	
Family	0 x \$4,059.97		0 x \$4,025.85		0 x \$3,990.14		0 x \$3,687.73	
Monthly Cost	2 \$2,849.10		2 \$2,825.16		2 \$2,800.10		2 \$2,587.88	
Annual Cost	\$34,189.20		\$33,901.92		\$33,601.20		\$31,054.56	

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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	Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$500 after ded; ASC-\$150 after ded		Hospital-\$1,000; ASC-\$500		Hospital-\$300 after ded; ASC-\$150 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 \$1,253.27		2 x \$1,204.12		2 x \$1,147.72		2 x \$1,084.08	
EE with Spouse	0 x \$2,506.54		0 x \$2,408.24		0 x \$2,295.44		0 x \$2,168.16	
EE with Child(ren)	0 x \$2,130.56		0 x \$2,047.00		0 x \$1,951.12		0 x \$1,842.94	
Family	0 x \$3,571.82		0 x \$3,431.74		0 x \$3,271.00		0 x \$3,089.63	
Monthly Cost	2 \$2,506.54		2 \$2,408.24		2 \$2,295.44		2 \$2,168.16	
Annual Cost	\$30,078.48		\$28,898.88		\$27,545.28		\$26,017.92	

	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	Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-50% after ded; ASC-\$300 after ded		Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-\$500 after ded; ASC-\$300 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 \$1,052.47		2 x \$1,039.24		2 x \$1,020.44		2 x \$935.92	
EE with Spouse	0 x \$2,104.94		0 x \$2,078.48		0 x \$2,040.88		0 x \$1,871.84	
EE with Child(ren)	0 x \$1,789.20		0 x \$1,766.71		0 x \$1,734.75		0 x \$1,591.06	
Family	0 x \$2,999.54		0 x \$2,961.83		0 x \$2,908.25		0 x \$2,667.37	
Monthly Cost	2 \$2,104.94		2 \$2,078.48		2 \$2,040.88		2 \$1,871.84	
Annual Cost	\$25,259.28		\$24,941.76		\$24,490.56		\$22,462.08	

Prepared For: **Anthem 2024 3rd qtr Connection NY City**

New York County, NY 10001

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

Health Plan Comparison Report (4L)

Effective Date: 07/01/2024

Prepared On: 04/26/2024

Report ID: 39089095

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	Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-\$500 after ded; ASC-\$300 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 \$928.26		2 x \$897.21	
EE with Spouse	0 x \$1,856.52		0 x \$1,794.42	
EE with Child(ren)	0 x \$1,578.04		0 x \$1,525.26	
Family	0 x \$2,645.54		0 x \$2,557.05	
Monthly Cost	2 \$1,856.52		2 \$1,794.42	
Annual Cost	\$22,278.24		\$21,533.04	

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