

	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	Hospital-\$300; ASC-\$50		Hospital-\$500; ASC-\$50		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: 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 \$1,536.93		2 x \$1,523.98		2 x \$1,497.80		2 x \$1,383.89	
EE with Spouse	0 x \$3,073.86		0 x \$3,047.96		0 x \$2,995.60		0 x \$2,767.78	
EE with Child(ren)	0 x \$2,612.78		0 x \$2,590.77		0 x \$2,546.26		0 x \$2,352.61	
Family	0 x \$4,380.25		0 x \$4,343.34		0 x \$4,268.73		0 x \$3,944.09	
Monthly Cost	2 \$3,073.86		2 \$3,047.96		2 \$2,995.60		2 \$2,767.78	
Annual Cost	\$36,886.32		\$36,575.52		\$35,947.20		\$33,213.36	

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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	Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$500 after ded; ASC-\$150 after ded		Hospital-\$500 after ded; ASC-\$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: 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	\$1,341.28	2 x	\$1,297.97	2 x	\$1,288.78	2 x	\$1,268.45
EE with Spouse	0 x	\$2,682.56	0 x	\$2,595.94	0 x	\$2,577.56	0 x	\$2,536.90
EE with Child(ren)	0 x	\$2,280.18	0 x	\$2,206.55	0 x	\$2,190.93	0 x	\$2,156.37
Family	0 x	\$3,822.65	0 x	\$3,699.21	0 x	\$3,673.02	0 x	\$3,615.08
Monthly Cost	2	\$2,682.56	2	\$2,595.94	2	\$2,577.56	2	\$2,536.90
Annual Cost		\$32,190.72		\$31,151.28		\$30,930.72		\$30,442.80

	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	Hospital-\$1,000; ASC-\$500		Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-50% after ded; ASC-\$300 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 \$1,228.63		2 x \$1,160.67		2 x \$1,126.83		2 x \$1,112.91	
EE with Spouse	0 x \$2,457.26		0 x \$2,321.34		0 x \$2,253.66		0 x \$2,225.82	
EE with Child(ren)	0 x \$2,088.67		0 x \$1,973.14		0 x \$1,915.61		0 x \$1,891.95	
Family	0 x \$3,501.60		0 x \$3,307.91		0 x \$3,211.47		0 x \$3,171.79	
Monthly Cost	2 \$2,457.26		2 \$2,321.34		2 \$2,253.66		2 \$2,225.82	
Annual Cost	\$29,487.12		\$27,856.08		\$27,043.92		\$26,709.84	

	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	Hospital-50% after ded; ASC-\$300 after ded		Hospital-\$500 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: 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	\$1,106.22	2 x	\$1,098.15	2 x	\$1,002.62	2 x	\$994.40
EE with Spouse	0 x	\$2,212.44	0 x	\$2,196.30	0 x	\$2,005.24	0 x	\$1,988.80
EE with Child(ren)	0 x	\$1,880.57	0 x	\$1,866.86	0 x	\$1,704.45	0 x	\$1,690.48
Family	0 x	\$3,152.73	0 x	\$3,129.73	0 x	\$2,857.47	0 x	\$2,834.04
Monthly Cost	2	\$2,212.44	2	\$2,196.30	2	\$2,005.24	2	\$1,988.80
Annual Cost		\$26,549.28		\$26,355.60		\$24,062.88		\$23,865.60

Prepared For: **Anthem 2024 3rd qtr Blue Access New York City**

New York County, NY 10001

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Health Plan Comparison Report (4L)

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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	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	
Mental Health Outpatient	\$20 after ded	
Emergency Care		
Emergency Room	\$300 after ded	
Urgent Care	\$100 after ded	
Single	2 x	\$961.26
EE with Spouse	0 x	\$1,922.52
EE with Child(ren)	0 x	\$1,634.14
Family	0 x	\$2,739.59
Monthly Cost	2	\$1,922.52
Annual Cost		\$23,070.24

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