

	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 \$1,580.67		2 x \$1,567.35		2 x \$1,540.42		2 x \$1,423.27	
EE with Spouse	0 x \$3,161.34		0 x \$3,134.70		0 x \$3,080.84		0 x \$2,846.54	
EE with Child(ren)	0 x \$2,687.14		0 x \$2,664.50		0 x \$2,618.71		0 x \$2,419.56	
Family	0 x \$4,504.91		0 x \$4,466.95		0 x \$4,390.20		0 x \$4,056.32	
Monthly Cost	2 \$3,161.34		2 \$3,134.70		2 \$3,080.84		2 \$2,846.54	
Annual Cost	\$37,936.08		\$37,616.40		\$36,970.08		\$34,158.48	

	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 \$1,379.45		2 x \$1,334.91		2 x \$1,325.46		2 x \$1,304.55	
EE with Spouse	0 x \$2,758.90		0 x \$2,669.82		0 x \$2,650.92		0 x \$2,609.10	
EE with Child(ren)	0 x \$2,345.07		0 x \$2,269.35		0 x \$2,253.28		0 x \$2,217.74	
Family	0 x \$3,931.43		0 x \$3,804.49		0 x \$3,777.56		0 x \$3,717.97	
Monthly Cost	2 \$2,758.90		2 \$2,669.82		2 \$2,650.92		2 \$2,609.10	
Annual Cost	\$33,106.80		\$32,037.84		\$31,811.04		\$31,309.20	

	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 \$1,263.59		2 x \$1,193.70		2 x \$1,158.90		2 x \$1,144.58	
EE with Spouse	0 x \$2,527.18		0 x \$2,387.40		0 x \$2,317.80		0 x \$2,289.16	
EE with Child(ren)	0 x \$2,148.10		0 x \$2,029.29		0 x \$1,970.13		0 x \$1,945.79	
Family	0 x \$3,601.23		0 x \$3,402.05		0 x \$3,302.87		0 x \$3,262.05	
Monthly Cost	2 \$2,527.18		2 \$2,387.40		2 \$2,317.80		2 \$2,289.16	
Annual Cost	\$30,326.16		\$28,648.80		\$27,813.60		\$27,469.92	

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

	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	\$1,137.70	2 x	\$1,129.39	2 x	\$1,031.15	2 x	\$1,022.70
EE with Spouse	0 x	\$2,275.40	0 x	\$2,258.78	0 x	\$2,062.30	0 x	\$2,045.40
EE with Child(ren)	0 x	\$1,934.09	0 x	\$1,919.96	0 x	\$1,752.96	0 x	\$1,738.59
Family	0 x	\$3,242.45	0 x	\$3,218.76	0 x	\$2,938.78	0 x	\$2,914.70
Monthly Cost	2	\$2,275.40	2	\$2,258.78	2	\$2,062.30	2	\$2,045.40
Annual Cost		\$27,304.80		\$27,105.36		\$24,747.60		\$24,544.80

Prepared For: **Anthem 2024 4th qtr Blue Access New York City**

New York County, NY 10001

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Health Plan Comparison Report (4L)

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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	\$988.61
EE with Spouse	0 x	\$1,977.22
EE with Child(ren)	0 x	\$1,680.64
Family	0 x	\$2,817.54
Monthly Cost	2	\$1,977.22
Annual Cost		\$23,726.64