Nassau County, NY 11565

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

Health Plan Comparison Report (4L)

Effective Date: 04/01/2025 Prepared On: 02/11/2025

Report ID: 39214404

SIC: 0000

	Anthem Connection Platinum Connection EPO 20/40 0% 8F8X (EPO) (UCR=N/A)		Anthem Connection Platinum Connection EPO 5/25 200 10% 8AHB (EPOc) (UCR=N/A)		Anthem Connection Platinum Connection EPO 15/35 300 10% 8FAD (EPOc) (UCR=N/A)		Anthem Connection Platinum Connection EPO 5/25/50 500 10% 8AHM (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		10/50/90/150 ded T2-3		10/50/90/200 ded T2-3		5/10%/10% IntDed T2-3	
Cost Share Information				1				
Individual/Family Deductible	N/A		\$200/\$600 embedded		\$300/\$600 embedded		\$500/\$1,000 embedded	
Individual/Family OOP Limit	\$3,500/\$7,000		\$2,750/\$5,500 (incl ded)		\$3,200/\$6,400 (incl ded)		\$3,000/\$6,000 (incl ded)	
Co-Insurance	0%		10%		10%		10%	
Office Visits								
Primary Care	\$20		\$5 ded waived		\$15 ded waived		\$25 ded waived (\$5 ded waived Preferred Provider)	
Specialist	\$40		\$25 ded waived		\$35 ded waived		\$50 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit		\$500/admit after ded		10% after ded		10% after ded	
Mental Health Inpatient	\$500/admit		\$500/admit after ded		10% after ded		10% after ded	
Outpatient Services				1	1			
Outpatient Facility	Hospital-\$500; ASC-\$100		Hospital-\$500 after ded; ASC-\$50 ded waived		Hospital-10% after ded; ASC-\$50 after ded		Hospital-10% after ded; ASC-0% after ded	
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 ded waived; OP-10% after ded		Lab: Office-\$50 ded waived; OP-10% after ded; X-ray: Office-\$50 ded waived; OP-10% after ded	
Mental Health Outpatient Emergency Care	No charge		No charge		No charge		No charge	
Emergency Room Urgent Care	\$300 \$50		\$300 after ded \$50 ded waived		10% after ded \$50 ded waived		30% after ded \$75 ded waived	
Single	2 x \$1,527.69		2 x \$1,512.42		2 x \$1,497.30		2 x \$1,480.61	
EE with Spouse	0 x \$3,055.38		0 x \$3,024.84		0 x \$2,994.60		0 x \$2,961.22	
EE with Child(ren)	0 x \$2,597.07		0 x \$2,571.11		0 x \$2,545.41		0 x \$2,517.04	
Family	0 x \$4,353.92		0 x \$4,310.40		0 x \$4,267.31		0 x \$4,219.74	
Monthly Cost	2 \$3,055.38		2 \$3,024.84		2 \$2,994.60		2 \$2,961.22	
Annual Cost	\$36,664.56		\$36,298.08		\$35,935.20		\$35,534.64	

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	Anthem Connection Gold Connection EPO 25/50 0% 8FA4 (EPO) (UCR=N/A)		Anthem Connection Gold Connection EPO 50/60 1100 10% 8FBL (EPOc) (UCR=N/A)		Anthem Connection Gold Connection EPO 30/65 1500 20% 8AH7 (EPOc) (UCR=N/A)		Anthem Connection Gold Connection EPO 25/45 1850 25% 8FBD (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				-				
Drug Card	10/65/95/200 ded T2-3		10/45/85/150 ded T2-3		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,100/\$2,200 embedded		\$1,500/\$3000 embedded		\$1,850/\$3,700 embedded	
Individual/Family OOP Limit	\$8,700/\$17,400		\$7,000/\$14,000 (incl ded)		\$7,250/\$14,500 (incl ded)		\$7,250/\$14,500 (incl ded)	
Co-Insurance	0%		10%		20%		25%	
Office Visits								
Primary Care	\$25		\$50 ded waived		\$30 ded waived		\$25 ded waived	
Specialist	\$50		\$60 ded waived		\$65 ded waived		\$45 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit		10% after ded		20% after ded		25% after ded	
Mental Health Inpatient	\$500/admit		10% after ded		20% after ded		25% after ded	
Outpatient Services								
Outpatient Facility	Hospital-\$500; ASC-\$250		Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$250 after ded; ASC-\$150 after ded		Hospital-\$500 after ded; ASC-\$150 after ded	
Lab/X-Ray	Lab: No charge; X-ray: Office-\$50; OP-\$150		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	
Mental Health Outpatient	No charge		No charge		No charge		No charge	
Emergency Care								
Emergency Room Urgent Care	\$850 \$75		\$750 after ded \$75 ded waived		\$500 after ded \$75 ded waived		\$750 after ded \$75 ded waived	
Single	2 x \$1,388.58		2 x \$1,322.56		2 x \$1,299.23		2 x \$1,285.80	
EE with Spouse	0 x \$2,777.16		0 x \$2,645.12		0 x \$2,598.46		0 x \$2,571.60	
EE with Child(ren)	0 x \$2,360.59		0 x \$2,248.35		0 x \$2,208.69		0 x \$2,185.86	
Family	0 x \$3,957.45		0 x \$3,769.30		0 x \$3,702.81		0 x \$3,664.53	
Monthly Cost	2 \$2,777.16		2 \$2,645.12		2 \$2,598.46		2 \$2,571.60	
Annual Cost	\$33,325.92		\$31,741.44		\$31,181.52		\$30,859.20	

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	Anthem Connection Silver Connection EPO 60/125 0% 8FC6 (EPO) (UCR=N/A)		Anthem Connection Silver Connection EPO 45/75 2600 30% 8AH2 (EPOc) (UCR=N/A)		Anthem Connection Silver Connection EPO 40/80 3350 50% 8FBR (EPOc) (UCR=N/A)		Anthem Connection Silver Connection EPO 20/50 3300 30% w/HSA PrevRx 8FBE (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/65/95/100 ded T2-3		35/70/100/300 ded T2-3		25/75/90/200 ded T2-3		10/30%/30% IntDed	
Cost Share Information								
Individual/Family Deductible	N/A		\$2,600/\$5,200 embedded		\$3,350/\$6,700 embedded		\$3,300/\$6,600 embedded	
Individual/Family OOP Limit	\$9,200/\$18,400		\$9,200/\$18,400 (incl ded)		\$9,200/\$18,400 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	0%		30%		50%		30%	
Office Visits								
Primary Care	\$60		\$45 ded waived		\$40 ded waived		\$20 after ded	
Specialist	\$125		\$75 ded waived		\$80 ded waived		\$50 after ded	
Inpatient Services			<u> </u>					
Inpatient Hospital	\$2,800/admit		30% after ded		50% after ded		30% after ded	
Mental Health Inpatient	\$2,800/admit		30% after ded		50% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	Hospital-\$1,000; ASC- \$500		Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-50% after ded; ASC-\$300 after ded		30% 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: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 ded waived; OP-50% after ded		30% after ded	
Mental Health Outpatient	No charge		No charge		No charge		0% after ded	
Emergency Care								
Emergency Room Urgent Care	\$2,800 \$200		\$1,000 after ded \$75 ded waived		50% after ded \$80 ded waived		30% after ded \$100 after ded	
Single	2 x \$1,235.61		2 x \$1,164.36		2 x \$1,135.52		2 x \$1,049.28	
EE with Spouse	0 x \$2,471.22		0 x \$2,328.72		0 x \$2,271.04		0 x \$2,098.56	
EE with Child(ren)	0 x \$2,100.54		0 x \$1,979.41		0 x \$1,930.38		0 x \$1,783.78	
Family	0 x \$3,521.49		0 x \$3,318.43		0 x \$3,236.23		0 x \$2,990.45	
Monthly Cost	2 \$2,471.22		2 \$2,328.72		2 \$2,271.04		2 \$2,098.56	
Annual Cost	\$29,654.64		\$27,944.64		\$27,252.48		\$25,182.72	

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In-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkIn-NetworkIn-NetworkIn-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkIn-NetworkOut-NetworkIn-NetworkIn-NetworkOut-NetworkIn-NetworkIn-NetworkIn-NetworkIn-NetworkIn-NetworkIn-NetworkOut-NetworkIn-Netwo		Anthem Connection Silver Connection EPO 50/100 4100 30% w/HSA PrevRx 8FA7 (HSA) (UCR=N/A)		Anthem Connection Silver Connection EPO 20/50 4100 30% w/HSA PrevRx 8FBK (HSA) (UCR=N/A)		Anthem Connection Bronze Connection EPO 40/40/90 9000 50% 8FAM (EPOc) (UCR=N/A)		Anthem Connection Bronze Connection EPO 20/50 7300 50% w/HSA 8AHV (HSA) (UCR=N/A)	
Drug Card 10/65/0% InDud 10/50/90 InDud 25/5%/50% InDud T2-3 S7%/50% InDud S7%/50% InDud Cost Share Information		In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Cost ServicesIndex Add affer dedIndex Add Affer ded	Prescription Drugs								
Individual Family Deductible Individual Family OOP Link \$1,00\\$8,200 embedded \$3,000\\$16,000 (ind ded) \$3,000\\$16,000 embedded \$3,000\\$16,000 (ind ded) \$3,000\\$16,000 embedded \$3,000\\$16,000 (ind ded) \$3,000\\$16,000 embedded a	Drug Card	10/65/50% IntDed		10/50/90 IntDed		25/50%/50% IntDed T2-3		50%/50%/50% IntDed	
Individue/IF and Port Instruction Provide Instruction Provid Ins	Cost Share Information								
Contract on the contract on t	Individual/Family Deductible	\$4,100/\$8,200 embedded		\$4,100/\$8,200 embedded					
office Visitsvvv<	Individual/Family OOP Limit	\$7,800/\$15,600 (incl ded)		\$8,000/\$16,000 (incl ded)		\$9,200/\$18,400 (incl ded)		\$8,000/\$16,000 (incl ded)	
And the seriesSolution after dedSSD after ded <th< td=""><td></td><td>30%</td><td></td><td>30%</td><td></td><td>50%</td><td></td><td>50%</td><td></td></th<>		30%		30%		50%		50%	
Inpatient ServicesIndex	Primary Care	\$50 after ded		\$20 after ded		waived Preferred		\$20 after ded	
Inpatient Hospital30% after ded30% after ded50% after ded50% after dedMental Health Inpatient30% after ded30% after ded50% after ded50% after dedOutpatient Services 30% after ded30% after ded 30% after ded 50% after dedOutpatient Facility30% after ded 30% after ded 30% after ded 50% after dedSalva far ded 30% after ded 30% after ded 50% after ded 50% after dedLab/X-Ray 30% after ded 30% after ded 30% after ded 50% after dedMental Health Outpatient 0% after ded 0% after ded $No charge$ 0% after dedMental Health Outpatient 0% after ded 0% after ded $No charge$ 0% after dedUrgent Care 30% after ded 30% after ded 50% after ded 50% after dedSingle $2 \times $1,030.34$ $2 \times $1,030.05$ $2 \times $1,004.32$ $2 \times 989.62 Ewith Spouse $0 \times $2,060.88$ $0 \times $2,080.10$ $0 \times $1,707.34$ $0 \times $1,682.35$ Ewith Child(ren) $0 \times $1,751.58$ $0 \times $2,935.64$ $0 \times $2,086.64$ $0 \times $1,682.35$ Monthly Cost 2 $2,2,060.68$ 2 $2,2,060.10$ 2 $2,208.64$ 2 Monthly Cost 2 $2,060.68$ 2 $2,060.10$ 2 $2,086.64$ 2 2		\$100 after ded		\$50 after ded		\$90 after ded		\$50 after ded	
Mental Health Inpatient30% after ded30% after ded30% after ded50% after ded50% after ded50% after dedOutpatient Facility30% after ded30% after ded30% after ded30% after ded30% after ded50% after ded; ASC-\$500 after ded; ASC-\$500 after ded; ASC-\$500 after ded; ASC-\$500 after ded; ASC-\$500 after ded; OP-50% after ded; S100 after ded S100 after ded S100 after ded S100 after ded; OP-50% after ded; S100 after ded; 	Inpatient Services				1				
Outpatient ServicesImage: Constraint of the se	Inpatient Hospital	30% after ded		30% after ded		50% after ded		50% after ded	
Outpatient Facility 30% after ded 30% after ded 30% after ded 30% after ded $ASC.\$500$ after ded; $ASC.\$500$ after ded; $OP-50\%$ after ded; $OP-5$	Mental Health Inpatient	30% after ded		30% after ded		50% after ded		50% after ded	
Lab/X-Ray30% after ded30% after ded30% after ded30% after dedASC-\$500 after ded50% after dedLab/X-Ray30% after ded 30% after ded 0% af	Outpatient Services								
Mental Health Outpatient 0% after ded </td <td>Outpatient Facility</td> <td>30% after ded</td> <td></td> <td>30% after ded</td> <td></td> <td></td> <td></td> <td>50% after ded</td> <td></td>	Outpatient Facility	30% after ded		30% after ded				50% after ded	
Emergency Care 30% after ded \$100 after ded 30% after ded \$100 after ded 30% after ded \$100 after ded 50% after ded 50% after ded <	Lab/X-Ray	30% after ded		30% after ded		OP-50% after ded; X-ray: Office-\$75 after ded;		50% after ded	
Emergency Room Urgent Care30% after ded \$100 after ded30% after ded \$100 after ded50% after ded \$10	•	0% after ded		0% after ded		No charge		0% after ded	
Urgent Care\$100 after ded\$100 after ded\$2 x\$\$100 after ded\$2 x\$\$989.62\$2 x\$\$989.62\$2 x\$\$989.62\$2 x\$\$100 x\$\$2,080.64\$0 x\$\$1,979.24\$2 x\$\$1,077.34\$0 x\$\$1,682.35\$2 x\$1,682.35\$2 x\$2,080.42\$2 x\$2 x									
EE with Spouse 0 x \$2,060.68 0 x \$2,060.10 0 x \$2,008.64 0 x \$1,979.24 EE with Child(ren) 0 x \$1,751.58 0 x \$1,751.09 0 x \$1,707.34 0 x \$1,682.35 Family 0 x \$2,936.47 0 x \$2,935.64 0 x \$2,862.31 0 x \$2,820.42 Monthly Cost 2 \$2,060.68 2 \$2,060.10 2 \$2,008.64 2 \$1,979.24		\$100 after ded		\$100 after ded		\$100 ded waived		\$100 after ded	
EE with Child(ren) 0 x \$1,751.58 0 x \$1,751.09 0 x \$1,707.34 0 x \$1,682.35 Family 0 x \$2,936.47 0 x \$2,935.64 0 x \$2,862.31 0 x \$2,820.42 Monthly Cost 2 \$2,060.68 2 \$2,060.10 2 \$2,008.64 2 \$1,979.24									
Family 0 x \$2,936.47 0 x \$2,935.64 0 x \$2,862.31 0 x \$2,820.42 Monthly Cost 2 \$2,060.68 2 \$2,060.10 2 \$2,008.64 2 \$1,979.24	EE with Spouse	. ,		. ,					
Monthly Cost 2 \$2,060.68 2 \$2,060.10 2 \$2,008.64 2 \$1,979.24	EE with Child(ren)								
	Family	0 x \$2,936.47		0 x \$2,935.64		0 x \$2,862.31		0 x \$2,820.42	
Annual Cost \$24,728.16 \$24,721.20 \$24,103.68 \$23,750.88		. ,							
	Annual Cost	\$24,728.16		\$24,721.20		\$24,103.68		\$23,750.88	

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	Anthem Con Bronze Connection EPO 20 8FAU (HSA) (I	0/50 6100 50% w/HSA	Anthem Connection Bronze Connection EPO 9200 0% 8AH3 (EPOc) (UCR=N/A)			
	In-Network	Out-Network	In-Network	Out-Network		
Prescription Drugs						
Drug Card	50%/50%/50% IntDed		0%/0%/0% IntDed			
Cost Share Information						
ndividual/Family Deductible	\$6,100/\$12,200 embedded		\$9,200/\$18,400 embedded			
ndividual/Family OOP Limit	\$8,000/\$16,000 (incl ded)		\$9,200/\$18,400 (incl ded)			
Co-Insurance Office Visits	50%		0%			
Primary Care	\$20 after ded		0% after ded			
Specialist Inpatient Services	\$50 after ded		0% after ded			
npatient Hospital	50% after ded		0% after ded			
Mental Health Inpatient	50% after ded		0% after ded			
Outpatient Services						
Outpatient Facility	50% after ded		0% after ded			
Lab/X-Ray	50% after ded		0% after ded			
Mental Health Outpatient Emergency Care	0% after ded		0% after ded			
Emergency Room	50% after ded		0% after ded			
Urgent Care	\$100 after ded		0% after ded			
Single	2 x \$986.65		2 x \$974.49			
EE with Spouse	0 x \$1,973.30		0 x \$1,948.98			
EE with Child(ren)	0 x \$1,677.31		0 x \$1,656.63			
Family	0 x \$2,811.95		0 x \$2,777.30			
Monthly Cost	2 \$1,973.30		2 \$1,948.98			
Annual Cost	\$23,679.60		\$23,387.76			

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