

Prepared For: **Anthem 2024 1st qtr Albany**

Albany County, NY 12007

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

Health Plan Comparison Report (4L)

Effective Date: 01/01/2024

Prepared On: 10/17/2023

Report ID: 38973853

SIC: 0000

	Anthem PPO/EPO Platinum EPO 5/25 0% 9B6V (EPO) (UCR=N/A)		Anthem PPO/EPO Platinum EPO 20/40 0% 9B6L (EPO) (UCR=N/A)		Anthem PPO/EPO Gold EPO 50/55 1000 10% 9B6N (EPOc) (UCR=N/A)		Anthem PPO/EPO Gold EPO 15/35 1750 10% 9B6Y (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		10/40/80/150 ded T2-3		10/40/80/150 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		\$1,000/\$2,000 embedded		\$1,750/\$3,500 embedded	
Individual/Family OOP Limit	\$3,700/\$7,400		\$3,000/\$6,000		\$7,000/\$14,000 (incl ded)		\$8,700/\$17,400 (incl ded)	
Co-Insurance	0%		0%		10%		10%	
Office Visits								
Primary Care	\$5		\$20		\$50 ded waived		\$15 ded waived	
Specialist	\$25		\$40		\$55 ded waived		\$35 ded waived	
Inpatient Services								
Inpatient Hospital	\$400/admit		\$500/admit		10% after ded		10% after ded	
Mental Health Inpatient	\$400/admit		\$500/admit		10% after ded		10% after ded	
Outpatient Services								
Outpatient Facility	\$300		\$500		\$300 after ded		\$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 after ded; OP- \$150 after ded		Lab: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded	
Mental Health Outpatient	\$5		\$20		\$50 ded waived		\$15 ded waived	
Emergency Care								
Emergency Room	\$300		\$300		\$500 after ded		\$750 after ded	
Urgent Care	\$75		\$50		\$60 ded waived		\$60 ded waived	
Single	2 x	\$1,151.36	2 x	\$1,141.69	2 x	\$989.23	2 x	\$972.38
EE with Spouse	0 x	\$2,302.72	0 x	\$2,283.38	0 x	\$1,978.46	0 x	\$1,944.76
EE with Child(ren)	0 x	\$1,957.31	0 x	\$1,940.87	0 x	\$1,681.69	0 x	\$1,653.05
Family	0 x	\$3,281.38	0 x	\$3,253.82	0 x	\$2,819.31	0 x	\$2,771.28
Monthly Cost	2	\$2,302.72	2	\$2,283.38	2	\$1,978.46	2	\$1,944.76
Annual Cost		\$27,632.64		\$27,400.56		\$23,741.52		\$23,337.12

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	Anthem PPO/EPO Gold EPO 20/50 1600 10% w/HSA WH 9B6G (HSA) (UCR=N/A)		Anthem PPO/EPO Gold EPO 25/45 1850 20% A7N1 (EPOc) (UCR=N/A)		Anthem PPO/EPO Gold EPO 20/50 1600 10% w/HSA A7MZ (HSA) (UCR=N/A)		Anthem PPO/EPO Silver EPO 40/70 2600 30% A2TX (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		10/50/90/150 ded T2-3		10/40/80 IntDed		35/70/100/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,600/\$3,200 non-embedded		\$1,850/\$3,700 embedded		\$1,600/\$3,200 non-embedded		\$2,600/\$5,200 embedded	
Individual/Family OOP Limit	\$5,100/\$10,200 (incl ded)		\$6,500/\$13,000 (incl ded)		\$5,100/\$10,200 (incl ded)		\$9,450/\$18,900 (incl ded)	
Co-Insurance	10%		20%		10%		30%	
Office Visits								
Primary Care	\$20 after ded		\$25 ded waived		\$20 after ded		\$40 ded waived	
Specialist	\$50 after ded		\$45 ded waived		\$50 after ded		\$70 ded waived	
Inpatient Services								
Inpatient Hospital	\$1,000/admit after ded		20% after ded		\$1,000/admit after ded		30% after ded	
Mental Health Inpatient	\$1,000/admit after ded		20% after ded		\$1,000/admit after ded		30% after ded	
Outpatient Services								
Outpatient Facility	\$500 after ded		\$250 after ded		\$500 after ded		\$300 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: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded	
Mental Health Outpatient	\$20 after ded		\$25 ded waived		\$20 after ded		\$40 ded waived	
Emergency Care								
Emergency Room	\$500 after ded		\$750 after ded		\$500 after ded		\$500 after ded	
Urgent Care	\$100 after ded		\$60 ded waived		\$100 after ded		\$75 ded waived	
Single	2 x \$969.51		2 x \$965.40		2 x \$950.18		2 x \$869.40	
EE with Spouse	0 x \$1,939.02		0 x \$1,930.80		0 x \$1,900.36		0 x \$1,738.80	
EE with Child(ren)	0 x \$1,648.17		0 x \$1,641.18		0 x \$1,615.31		0 x \$1,477.98	
Family	0 x \$2,763.10		0 x \$2,751.39		0 x \$2,708.01		0 x \$2,477.79	
Monthly Cost	2 \$1,939.02		2 \$1,930.80		2 \$1,900.36		2 \$1,738.80	
Annual Cost	\$23,268.24		\$23,169.60		\$22,804.32		\$20,865.60	

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	Anthem PPO/EPO Silver EPO 20/50 3250 25% w/HSA A2U2 (HSA) (UCR=N/A)		Anthem PPO/EPO Silver EPO 40/80 3250 50% 9B67 (EPOc) (UCR=N/A)		Anthem PPO/EPO Silver EPO 20/50 4000 30% w/HSA 9B6P (HSA) (UCR=N/A)		Anthem PPO/EPO Bronze EPO 20/50 6100 50% w/HSA 9B6Q (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)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	25%		50%		30%		50%	
Office Visits								
Primary Care	\$20 after ded		\$40 ded waived		\$20 after ded		\$20 after ded	
Specialist	\$50 after ded		\$80 ded waived		\$50 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	\$500 after ded		50% after ded		\$500 after ded		\$500 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		\$20 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 \$844.14		2 x \$833.70		2 x \$822.60		2 x \$751.11	
EE with Spouse	0 x \$1,688.28		0 x \$1,667.40		0 x \$1,645.20		0 x \$1,502.22	
EE with Child(ren)	0 x \$1,435.04		0 x \$1,417.29		0 x \$1,398.42		0 x \$1,276.89	
Family	0 x \$2,405.80		0 x \$2,376.05		0 x \$2,344.41		0 x \$2,140.66	
Monthly Cost	2 \$1,688.28		2 \$1,667.40		2 \$1,645.20		2 \$1,502.22	
Annual Cost	\$20,259.36		\$20,008.80		\$19,742.40		\$18,026.64	

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