

	Anthem PPO/EPO Platinum EPO 5/25 0% 9Y79 (EPO) (UCR=N/A)		Anthem PPO/EPO Platinum EPO 20/40 0% 9TUE (EPO) (UCR=N/A)		Anthem PPO/EPO Gold EPO 25/50 0% A7MW (EPO) (UCR=N/A)		Anthem PPO/EPO Gold EPO 50/55 1000 10% 9TUF (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/35/70/100 ded T2-3		10/35/70/100 ded T2-3		10/65/90/150 ded T2-3		10/40/80/150 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		N/A		N/A		\$1,000/\$2,000 embedded	
Individual/Family OOP Limit	\$3,700/\$7,400		\$3,000/\$6,000		\$8,700/\$17,400		\$7,000/\$14,000 (incl ded)	
Co-Insurance	0%		0%		0%		10%	
<b>Office Visits</b>								
Primary Care	\$5		\$20		\$25		\$50 ded waived	
Specialist	\$25		\$40		\$50		\$55 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$400/admit		\$500/admit		\$500/admit		10% after ded	
Mental Health Inpatient	\$400/admit		\$500/admit		\$500/admit		10% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$300		\$500		\$500		\$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; OP-\$150		Lab: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded	
Mental Health Outpatient	\$5		\$20		\$25		\$50 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$300		\$300		\$750		\$500 after ded	
Urgent Care	\$75		\$50		\$50		\$60 ded waived	
Single	2 x \$1,568.99		2 x \$1,555.82		2 x \$1,412.87		2 x \$1,348.05	
EE with Spouse	0 x \$3,137.98		0 x \$3,111.64		0 x \$2,825.74		0 x \$2,696.10	
EE with Child(ren)	0 x \$2,667.28		0 x \$2,644.89		0 x \$2,401.88		0 x \$2,291.69	
Family	0 x \$4,471.62		0 x \$4,434.09		0 x \$4,026.68		0 x \$3,841.94	
Monthly Cost	2 \$3,137.98		2 \$3,111.64		2 \$2,825.74		2 \$2,696.10	
Annual Cost	\$37,655.76		\$37,339.68		\$33,908.88		\$32,353.20	

	Anthem PPO/EPO Gold EPO 25/40 1500 20% 9TTY (EPOc) (UCR=N/A)		Anthem PPO/EPO Gold EPO 15/35 1750 10% A7MD (EPOc) (UCR=N/A)		Anthem PPO/EPO Gold EPO 20/50 1600 10% w/HSA WH A7MK (HSA) (UCR=N/A)		Anthem PPO/EPO Gold EPO 25/45 1850 20% A7MV (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/40/80/150 ded T2-3		10/40/80/150 ded T2-3		10/40/80 IntDed		10/50/90/150 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,500/\$3000 embedded		\$1,750/\$3,500 embedded		\$1,600/\$3,200 non-embedded		\$1,850/\$3,700 embedded	
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)		\$8,700/\$17,400 (incl ded)		\$5,100/\$10,200 (incl ded)		\$6,500/\$13,000 (incl ded)	
Co-Insurance	20%		10%		10%		20%	
<b>Office Visits</b>								
Primary Care	\$25 ded waived		\$15 ded waived		\$20 after ded		\$25 ded waived	
Specialist	\$40 ded waived		\$35 ded waived		\$50 after ded		\$45 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	20% after ded		10% after ded		\$1,000/admit after ded		20% after ded	
Mental Health Inpatient	20% after ded		10% after ded		\$1,000/admit after ded		20% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$250 after ded		\$300 after ded		\$500 after ded		\$250 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: \$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	\$25 ded waived		\$15 ded waived		\$20 after ded		\$25 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$500 after ded		\$750 after ded		\$500 after ded		\$750 after ded	
Urgent Care	\$60 ded waived		\$60 ded waived		\$100 after ded		\$60 ded waived	
Single	2 x \$1,329.66		2 x \$1,325.10		2 x \$1,321.19		2 x \$1,315.58	
EE with Spouse	0 x \$2,659.32		0 x \$2,650.20		0 x \$2,642.38		0 x \$2,631.16	
EE with Child(ren)	0 x \$2,260.42		0 x \$2,252.67		0 x \$2,246.02		0 x \$2,236.49	
Family	0 x \$3,789.53		0 x \$3,776.54		0 x \$3,765.39		0 x \$3,749.40	
Monthly Cost	2 \$2,659.32		2 \$2,650.20		2 \$2,642.38		2 \$2,631.16	
Annual Cost	\$31,911.84		\$31,802.40		\$31,708.56		\$31,573.92	

	Anthem PPO/EPO Gold EPO 20/50 1600 10% w/HSA A7ME (HSA) (UCR=N/A)		Anthem PPO/EPO Silver EPO 40/70 2600 30% A2TA (EPOc) (UCR=N/A)		Anthem PPO/EPO Silver EPO 20/50 3250 25% w/HSA A2TM (HSA) (UCR=N/A)		Anthem PPO/EPO Silver EPO 40/80 3250 50% A2TG (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/40/80 IntDed		35/70/100/200 ded T2-3		10/50/90 IntDed		25/75/90/200 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,600/\$3,200 non-embedded		\$2,600/\$5,200 embedded		\$3,250/\$6,500 embedded		\$3,250/\$6,500 embedded	
Individual/Family OOP Limit	\$5,100/\$10,200 (incl ded)		\$9,450/\$18,900 (incl ded)		\$8,000/\$16,000 (incl ded)		\$9,450/\$18,900 (incl ded)	
Co-Insurance	10%		30%		25%		50%	
<b>Office Visits</b>								
Primary Care	\$20 after ded		\$40 ded waived		\$20 after ded		\$40 ded waived	
Specialist	\$50 after ded		\$70 ded waived		\$50 after ded		\$80 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$1,000/admit after ded		30% after ded		\$1,500/admit after ded		50% after ded	
Mental Health Inpatient	\$1,000/admit after ded		30% after ded		\$1,500/admit after ded		50% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$500 after ded		\$300 after ded		\$500 after ded		50% 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: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 after ded; OP-50% after ded	
Mental Health Outpatient	\$20 after ded		\$40 ded waived		\$20 after ded		\$40 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$500 after ded		\$500 after ded		\$500 after ded		50% after ded	
Urgent Care	\$100 after ded		\$75 ded waived		\$100 after ded		\$80 ded waived	
Single	2 x \$1,294.84		2 x \$1,184.76		2 x \$1,150.33		2 x \$1,136.12	
EE with Spouse	0 x \$2,589.68		0 x \$2,369.52		0 x \$2,300.66		0 x \$2,272.24	
EE with Child(ren)	0 x \$2,201.23		0 x \$2,014.09		0 x \$1,955.56		0 x \$1,931.40	
Family	0 x \$3,690.29		0 x \$3,376.57		0 x \$3,278.44		0 x \$3,237.94	
Monthly Cost	2 \$2,589.68		2 \$2,369.52		2 \$2,300.66		2 \$2,272.24	
Annual Cost	\$31,076.16		\$28,434.24		\$27,607.92		\$27,266.88	

Prepared For: **Anthem 2024 1st qtr PPO EPO Mid Hudson**

Orange County, NY 10910

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: 38974097

SIC: 0000

	Anthem PPO/EPO Silver EPO 20/50 4000 30% w/HSA A2TN (HSA) (UCR=N/A)		Anthem PPO/EPO Bronze EPO 20/50 6100 50% w/HSA 9FT4 (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>				
Drug Card	10/50/90 IntDed		50%/50%/50% IntDed	
<b>Cost Share Information</b>				
Individual/Family Deductible	\$4,000/\$8,000 embedded		\$6,100/\$12,200 embedded	
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	30%		50%	
<b>Office Visits</b>				
Primary Care	\$20 after ded		\$20 after ded	
Specialist	\$50 after ded		\$50 after ded	
<b>Inpatient Services</b>				
Inpatient Hospital	\$1,500/admit after ded		\$1,000/admit after ded	
Mental Health Inpatient	\$1,500/admit after ded		\$1,000/admit after ded	
<b>Outpatient Services</b>				
Outpatient Facility	\$500 after ded		\$500 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	
<b>Emergency Care</b>				
Emergency Room	\$500 after ded		\$500 after ded	
Urgent Care	\$100 after ded		\$100 after ded	
Single	2 x \$1,120.99		2 x \$1,023.56	
EE with Spouse	0 x \$2,241.98		0 x \$2,047.12	
EE with Child(ren)	0 x \$1,905.68		0 x \$1,740.05	
Family	0 x \$3,194.82		0 x \$2,917.15	
Monthly Cost	2 \$2,241.98		2 \$2,047.12	
Annual Cost	\$26,903.76		\$24,565.44	

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