Nassau County, NY 11565

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

Health Plan Comparison Report (4L)

Effective Date: 04/01/2024 Prepared On: 01/26/2024

Report ID: 39049953

SIC: 0000

Prescription DrugsDrug Card10/35/Cost Share InformationIndividual/Family DeductibleIndividual/Family DeductibleN/AIndividual/Family OOP Limit\$3,000Co-Insurance0%Office VisitsIndividual/Family Care	In-Network Out-Netw 5/70/100 ded T2-3	In-Network In-Network 10/50/90/100 ded T2-3 In-Network	Out-Network	In-Network 10/35/70/100 ded T2-3 \$300/\$600 embedded	Out-Network	In-Network	Out-Network
Drug Card10/35/Cost Share InformationIndividual/Family DeductibleIndividual/Family DeductibleN/AIndividual/Family OOP Limit\$3,000Co-Insurance0%Office VisitsIndividual/Family Care		\$200/\$600 embedded \$2,500/\$5,000 (incl ded)		\$300/\$600 embedded			
Cost Share Information N/A Individual/Family Deductible N/A Individual/Family OOP Limit \$3,000 Co-Insurance 0% Office Visits 20		\$200/\$600 embedded \$2,500/\$5,000 (incl ded)		\$300/\$600 embedded			
Individual/Family Deductible N/A Individual/Family OOP Limit \$3,000 Co-Insurance 0% Office Visits Primary Care \$20)0/\$6,000	\$2,500/\$5,000 (incl ded)				N/A	
Individual/Family OOP Limit \$3,000 Co-Insurance 0% Office Visits Primary Care \$20	00/\$6,000	\$2,500/\$5,000 (incl ded)				N/A	
Co-Insurance 0% Office Visits Primary Care \$20	00/\$6,000						
Office Visits Primary Care \$20		10%		\$3,200/\$6,400 (incl ded)		\$8,500/\$17,000	
Office Visits Primary Care \$20				10%		0%	
	1	\$5 ded waived		\$15 ded waived		\$25	
		\$25 ded waived		\$35 ded waived		\$50	
Inpatient Services							
Inpatient Hospital \$500/a	/admit	\$500/admit after ded		10% after ded		\$500/admit	
Mental Health Inpatient \$500/a	/admit	\$500/admit after ded		10% after ded		\$500/admit	
Outpatient Services							
Outpatient Facility \$500		\$500 after ded		10% after ded		\$500	
	No charge; X-ray: ə-\$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 after ded; OP-10% after ded		Lab: No charge; X-ray: Office-\$50; OP-\$150	
Mental Health Outpatient \$20		\$5 ded waived		\$15 ded waived		\$25	
Emergency Care				1			
Emergency Room \$300		\$300 after ded		10% after ded		\$750	
Urgent Care \$50		\$75 ded waived		\$50 ded waived		\$50	
Single 2	2 x \$1,318.72	2 x \$1,307.63		2 x \$1,296.03		2 x \$1,197.81	
EE with Spouse 0	0 x \$2,637.44	0 x \$2,615.26		0 x \$2,592.06		0 x \$2,395.62	
()	0 x \$2,241.82	0 x \$2,222.97		0 x \$2,203.25		0 x \$2,036.28	
Family 0	0 x \$3,758.35	0 x \$3,726.75		0 x \$3,693.69		0 x \$3,413.76	
Monthly Cost	2 \$2,637.44	2 \$2,615.26		2 \$2,592.06		2 \$2,395.62	
Annual Cost	\$31,649.28	\$31,383.12		\$31,104.72		\$28,747.44	

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	Anthem Connect Gold Connection EPO 50/55 (EPOc) (UCR=N	1000 0% A7MP Gold Connection EPO	Anthem Connection Gold Connection EPO 25/45 1850 20% A7MF (EPOc) (UCR=N/A)		Anthem Connection Silver Connection EPO 60/125 0% A2TF (EPO) (UCR=N/A)		Anthem Connection Silver Connection EPO 40/70 2600 30% A2TB (EPOc) (UCR=N/A)	
	In-Network	Out-Network In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	
Prescription Drugs								
Drug Card	10/40/80/150 ded T2-3	10/50/90/150 ded T2-3		15/65/95		35/70/100/200 ded T2-3		
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000 embedded	\$1,850/\$3,700 embedded	b	N/A		\$2,600/\$5,200 embedded		
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)	\$6,500/\$13,000 (incl ded)	\$9,450/\$18,900		\$9,450/\$18,900 (incl ded)		
Co-Insurance	0%	20%		0%		30%		
Office Visits								
Primary Care	\$50 ded waived	\$25 ded waived		\$60		\$40 ded waived		
Specialist	\$55 ded waived	\$45 ded waived		\$125		\$70 ded waived		
Inpatient Services								
Inpatient Hospital	\$500/admit after ded	20% after ded		\$2,800/admit		30% after ded		
Mental Health Inpatient	\$500/admit after ded	20% after ded		\$2,800/admit		30% after ded		
Outpatient Services								
Outpatient Facility	\$300 after ded	\$500 after ded		\$1,000		\$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: Office-\$125; OP- \$20; X-ray: \$150		Lab: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded		
Mental Health Outpatient Emergency Care	\$50 ded waived	\$25 ded waived		\$60		\$40 ded waived		
Emergency Room Urgent Care	\$500 after ded \$60 ded waived	\$750 after ded \$60 ded waived		\$2,800 \$125		\$500 after ded \$75 ded waived		
Single	2 x \$1,160.16	2 x \$1,114.66		2 x \$1,062.45		2 x \$1,003.54		
EE with Spouse	0 x \$2,320.32	0 x \$2,229.32		0 x \$2,124.90		0 x \$2,007.08		
EE with Child(ren) Family	0 x \$1,972.27 0 x \$3,306.46	0 x \$1,894.92 0 x \$3,176.78		0 x \$1,806.17 0 x \$3,027.98		0 x \$1,706.02 0 x \$2,860.09		
Monthly Cost Annual Cost	2 \$2,320.32 \$27.843.84	2 \$2,229.32 \$26,751.84		2 \$2,124.90 \$25,498.80		2 \$2,007.08 \$24,084.96		

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	Anthem Connection Silver Connection EPO 20/50 3250 25% w/HSA A2TD (HSA) (UCR=N/A)		Anthem Connection Silver Connection EPO 40/80 3250 50% A2TC (EPOc) (UCR=N/A)		Anthem Connection Silver Connection EPO 50/100 4000 20% w/HSA A2TU (HSA) (UCR=N/A)		Anthem Connection Bronze Connection EPO 20/50 6100 50% w/HSA 9FT8 (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							I	
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)		\$7,800/\$15,600 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	25%		50%		20%		50%	
Office Visits								
Primary Care	\$20 after ded		\$40 ded waived		\$50 after ded		\$20 after ded	
Specialist	\$50 after ded		\$80 ded waived		\$100 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		\$50 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 \$974.28		2 x \$962.03		2 x \$944.63		2 x \$866.39	
EE with Spouse	0 x \$1,948.56		0 x \$1,924.06		0 x \$1,889.26		0 x \$1,732.78	
EE with Child(ren)	0 x \$1,656.28		0 x \$1,635.45		0 x \$1,605.87		0 x \$1,472.86	
Family	0 x \$2,776.70		0 x \$2,741.79		0 x \$2,692.20		0 x \$2,469.21	
Monthly Cost	2 \$1,948.56		2 \$1,924.06		2 \$1,889.26		2 \$1,732.78	
Annual Cost	\$23,382.72		\$23,088.72		\$22,671.12		\$20,793.36	

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Drug Card 50%/50%/50% IntDed 50%/50%/50% IntDed Cost Share Information 50%/50%/50% IntDed Individual/Family Deductible \$7,000/\$14,000 \$8,450/\$16,900 embedded \$9,100/\$18,200 (incl ded) \$9,100/\$18,200 (incl ded) Co-Insurance 50% 50% Office Visits 50 Primary Care \$20 after ded Specialist \$50 after ded Specialist \$500/admit after ded Inpatient Services 50% Uppatient Services 500/admit after ded Outpatient Facility \$500/admit after ded Lab/X-Ray \$500 after ded S20 after ded \$20 after ded S20 after ded \$500/admit after ded Outpatient Facility \$500/admit after ded Lab/X-Ray \$500 after ded Wental Health Outpatient \$20 after ded S20 after ded \$20 after ded S100 after ded \$20 after ded S100 after ded \$300 after ded <th></th> <th>Anthem Con Bronze Connection EPO 2 9FSU (HSA) (</th> <th>0/50 7000 50% w/HSA</th> <th colspan="3">Anthem Connection Bronze Connection EPO 20/50 8450 50% 9FT0 (EPOc) (UCR=N/A)</th>		Anthem Con Bronze Connection EPO 2 9FSU (HSA) (0/50 7000 50% w/HSA	Anthem Connection Bronze Connection EPO 20/50 8450 50% 9FT0 (EPOc) (UCR=N/A)		
Cost Share Information Individual/Family Deductible \$7,000/\$14,000 \$8,450/\$16,900 Individual/Family DOP Limit \$8,000/\$16,000 (incl ded) \$9,100/\$18,200 (incl ded) Co-Insurance 50% 50% Office Visits 50% 50% Primary Care \$20 after ded \$50 after ded Specialist \$50 after ded \$50 after ded Inpatient Services Inpatient Services Inpatient Services Outpatient Facility \$500/admit after ded \$500/admit after ded Lab/X-Ray \$500 after ded \$500 after ded Outpatient Facility \$500 after ded \$500 after ded Lab/X-Ray \$20 after ded \$20 after ded Mental Health Outpatient \$20 after ded \$20 after ded S20 after ded \$20 after ded \$20 after ded Lab/X-Ray \$300 after ded \$20 after ded Mental Health Outpatient \$20 after ded \$20 after ded Emergency Care \$300 after ded \$300 after ded Single 2 x \$859.30 2 x \$830.55 Ewith Spouse 0 x \$1,718.60 0 x \$1,661.10 Ewith Spouse 0 x \$1,718.60 0 x \$1,661.10 Ewith Spouse 2 \$1,718.		In-Network	Out-Network	In-Network	Out-Network	
Cost Share InformationImage: Cost Share InformationImage: Cost Share InformationIndividual/Family Deductible\$7,000/\$14,000 embedded\$8,450/\$16,900 embeddedIndividual/Family OOP Limit\$8,000/\$16,000 (incl ded)\$9,100/\$18,200 (incl ded)Co-Insurance50%50%Office Visits50%Impatient Services500/admit after dedInpatient Hospital\$500/admit after dedS500/admit after ded\$500/admit after dedOutpatient Facility\$500 after ded, X-ray: Office-\$50 after dedColtatient Facility\$20 after ded, Y-ray: Office-\$50 after dedS20 after ded\$20 after dedLab/X-Ray\$20 after dedWental Health Outpatient\$20 after ded, P- \$150 after dedS100 after ded\$20 after dedEmergency Care\$300 after dedS100 after ded\$100 after dedS100 after ded\$1,718.60S100 after ded\$1,661.10Et with Spouse $0 \times $1,718.60$ $0 \times $1,411.94$ $0 \times $2,367.07$ $0 \times $2,367.07$ Monthly Cost $2 $ \$1,718.60 $2 $ \$1,661.10	Prescription Drugs					
Individual/Family Deductible Individual/Family OOP Limit $$7,000$ $(1,000$ $(1,000)$ embedded S8,000 $(1,000)$ $(1,000)$ S8,000 $(1,000)$ $(1,000)$ S9,100 $(1,000)$ $(1,000)$ S9,100 $(1,000)$ $(1,000)$ S9,100 $(1,000)$ S9,100 $(1,000)$ $(1,000)$ S9,100 $(1,000)$ <	Drug Card	50%/50%/50% IntDed		50%/50%/50% IntDed		
embeddedembeddedIndividual/Family OOP Limit $\$$,000/\$16,000 (incl ded) $\$$,100/\$18,200 (incl ded)Co-Insurance 50% 50% Office Visits $\$$ $$0\%$ Primary Care $\$$ 20 after ded $\$$ 20 after dedSpecialist $\$$ 50 after ded $\$$ 50 after dedInpatient Services $$500/admit after ded$ $\$$ 500/admit after dedInpatient Hospital $\$$ 500/admit after ded $\$$ 500/admit after dedMental Health Inpatient $\$$ 500/admit after ded $\$$ 500/admit after dedOutpatient Services $$500$ after dedLab: \$25 after ded; X-ray: Office-\$50 after ded; CP- \$150 after dedLab/X-Ray $\$$ 500 after dedLab: \$25 after ded; OP- \$150 after dedMental Health Outpatient $\$$ 20 after ded $\$$ 20 after dedLab/X-Ray $\$$ 300 after ded $\$$ 300 after dedSingle $2x$ $\$$ 859.30 $2x$ $\$$ 830.55Emergency Care $0x$ $\$$ 1,460.81 $0x$ $\$$ 1,411.94Emergency Room $0x$ $\$$ 1,460.81 $0x$ $\$$ 1,411.94Individual(ren) $0x$ $\$$ 1,460.81 $0x$ $\$$ 2,367.07Monthly Cost 2 $\$$ 1,718.60 2 $\$$ 1,661.10	Cost Share Information					
Co-Insurance50%50%Office Visits $$20 after ded \\ $50 after ded \\ $500/admit after ded \\ $20 after ded \\ $20 after ded \\ $100 $	Individual/Family Deductible					
Office VisitsSecond State (Second State)Second State (Second State)Primary Care\$20 after ded\$20 after dedSpecialist\$50 after ded\$50 after dedInpatient ServicesImpatient Hospital\$500/admit after dedMental Health Inpatient\$500/admit after ded\$500/admit after dedOutpatient ServicesImpatient ServicesImpatient ServicesOutpatient ServicesImpatient ServicesImpatient ServicesOutpatient Facility\$500 after ded\$20 after dedLab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after dedSton after dedMental Health Outpatient\$20 after ded\$20 after dedEmergency CareImpatient ded\$300 after dedSingle $2 \times$ \$859.30 $2 \times$ \$830.55EE with Spouse $0 \times$ \$1,718.60 $0 \times$ \$1,661.10EI with Child(ren) $0 \times$ \$2,2449.01 $0 \times$ \$2,367.07Monthly Cost 2 \$1,718.60 2 \$1,661.10	Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)		\$9,100/\$18,200 (incl ded)		
Primary Care Specialist\$20 after ded \$50 after ded\$20 after ded \$50 after dedInpatient ServicesInpatient Hospital\$500/admit after ded\$500/admit after dedMental Health Inpatient\$500/admit after ded\$500/admit after dedOutpatient ServicesOutpatient ServicesOutpatient ServicesOutpatient Facility Lab/X-Ray\$500 after ded Lab: \$25 after ded; X-ray: Office-\$50 after ded, OP- \$150 after dedMental Health Outpatient Emergency Care\$20 after dedSingle E with Spouse2 x\$859.30Single E with Child(ren)2 x\$859.30Q x E with Child(ren)0 x\$1,460.81 0 xMonthly Cost2\$1,718.60Q tothly Cost2\$1,661.10Q tothly Cost2\$1,661.10Q tothly Cost2\$1,661.10Q Sondenty Cost2 <td>Co-Insurance</td> <td>50%</td> <td></td> <td>50%</td> <td></td>	Co-Insurance	50%		50%		
Specialist\$50 after ded\$50 after dedInpatient Services $$500/admit after ded$ \$500/admit after dedInpatient Hospital\$500/admit after ded\$500/admit after dedMental Health Inpatient\$500/admit after ded\$500/admit after dedOutpatient Services $$500$ after dedLab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after dedLab/X-RayLab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after ded\$20 after dedLab/X-Ray\$20 after ded\$20 after dedLab: \$25 after ded; OP- \$150 after ded\$20 after dedEmergency Care\$300 after dedEmergency Room Urgent Care\$300 after ded\$100 after ded\$300 after ded\$100 after ded\$100 after dedSingle $2 \times$ \$1,718.60 $2 \times$ \$1,661.10Et with Spouse $0 \times$ \$1,460.81 $0 \times$ \$1,661.10Et with Child(ren) $0 \times$ \$2,449.01 $0 \times$ \$2,367.07Monthly Cost 2 \$1,718.60 2 \$1,661.10	Office Visits					
Inpatient Services\$500/admit after ded\$500/admit after dedInpatient Hospital\$500/admit after ded\$500/admit after dedMental Health Inpatient\$500/admit after ded\$500/admit after dedOutpatient ServicesOutpatient Facility Lab/X-Ray\$500 after ded Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after dedMental Health Outpatient Emergency Care\$20 after dedEmergency Room Urgent Care\$300 after ded \$100 after dedSingle Et with Spouse Et with Child(ren) Family2 x0 x\$1,460.81 0 x0 x0 x\$2,449.010 x\$2,367.07Monthly Cost2 \$1,718.602 \$1,061.10	Primary Care	\$20 after ded		\$20 after ded		
Inpatient Hospital\$500/admit after ded\$500/admit after ded\$500/admit after dedMental Health Inpatient\$500/admit after ded\$500/admit after dedOutpatient Services $$500$ after ded Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after ded\$500 after ded Lab: \$25 after ded; OP- \$150 after ded\$20 after ded \$20 after dedMental Health Outpatient Emergency Care\$20 after ded \$100 after ded\$20 after ded \$100 after dedSingle E with Spouse $2 \times$ $0 \times$ \$1,718.60\$2 \times $0 \times$ \$1,460.81 $2 \times$ $0 \times$ $3 \times$ $3,1,411.94SingleFamily2 \times0 \times3,2,449.012 \times0 \times3,2,67.07Monthly Cost2 \times2 \times1,718.602 \times2 \times1,718.60$	Specialist	\$50 after ded		\$50 after ded		
Mental Health Inpatient $\$500/admit after ded$ $\$500/admit after ded$ Outpatient Services $\$500$ after ded Lab: $\$25$ after ded; X-ray: Office- $\$50$ after ded; OP- $\$150$ after ded $\$500$ after ded Lab: $\$25$ after ded; OP- $\$150$ after dedMental Health Outpatient $\$20$ after ded $\$20$ after ded $\$20$ after dedEmergency Care $\$20$ after ded $\$20$ after ded $\$20$ after dedSingle $2 \times$ $\$100$ after ded $\$300$ after ded $\$300$ after dedUrgent Care $2 \times$ $\$100$ after ded $\$2 \times$ $\$100$ after ded $\$30.55$ $0 \times$ $\$1.718.602 \times8 \times0 \times\$1.411.94Single2 \times\$1.410.812 \times0 \times\$1.411.940 \times0 \times\$2.449.012 \times0 \times\$2.460.10Monthly Cost2\$1.718.602\$1.718.602\$1.661.10$	Inpatient Services					
Outpatient ServicesOutpatient Facility Lab/X-Ray $$500 \text{ after ded}$ Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after ded $$500 \text{ after ded}$ Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after dedMental Health Outpatient Emergency Care\$20 after ded\$20 after dedEmergency Room Urgent Care\$300 after ded \$100 after ded\$300 after dedSingle E vith Spouse $2 \times$ $0 \times$ \$1,718.60 $2 \times$ $0 \times$ \$1,661.10Single E with Child(ren) Family $2 \times$ $0 \times$ $2 \times$ $1,718.600 \times0 \times2 \times1,661.10Monthly Cost2 \times2 \times1,718.602 \times0 \times2 \times1,718.60$	Inpatient Hospital	\$500/admit after ded		\$500/admit after ded		
Outpatient Facility Lab/X-Ray $\$500$ after ded Lab: $\$25$ after ded; X-ray: Office- $\$50$ after ded; OP- $\$150$ after ded $\$500$ after ded; X-ray: Office- $\$50$ after ded; OP- $\$150$ after dedMental Health Outpatient Emergency Care $\$20$ after ded $\$20$ after dedEmergency Room Urgent Care $\$300$ after ded $\$100$ after ded $\$300$ after ded $\$100$ after dedSingle E with Spouse $2 \times$ $0 \times$ $\$1,718.602 \times0 \times\$1,410.81Ewith Child(ren)Family0 \times1 \times2 \$1,718.600 \times1 \times1,800Monthly Cost221,718.600 \times1,718.60$	Mental Health Inpatient	\$500/admit after ded		\$500/admit after ded		
Lab: $\$25$ after ded; X-ray: Office- $\$50$ after ded; OP- $\$150$ after dedLab: $\$25$ after ded; OP- $\$150$ after dedLab: $\$25$ after ded; OP- $\$150$ after dedMental Health Outpatient $\$20$ after ded $\$20$ after dedEmergency Care $\$20$ after ded $\$20$ after dedEmergency Room Urgent Care $\$300$ after ded $\$300$ after dedSingle $2 \times$ $0 \times$ $\$1,718.602 \times0 \times\$1,460.81\$30.550 \times\$1,411.94Ewith Child(ren)Family0 \times1 \times0 \times\$2,449.010 \times1 \times1,661.10Monthly Cost2\$1,718.6021,718.60$	Outpatient Services					
Emergency Care \$300 after ded \$100 after ded \$300 after ded \$100 af		Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP-		Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP-		
Emergency Room Urgent Care \$300 after ded \$100 after ded \$300 after ded \$100 after ded \$300 after ded \$100 after ded Single 2 x \$859.30 2 x \$830.55 EE with Spouse 0 x \$1,718.60 0 x \$1,661.10 EE with Child(ren) 0 x \$1,460.81 0 x \$1,411.94 Family 0 x \$2,449.01 0 x \$2,367.07 Monthly Cost 2 \$1,718.60 2 \$1,661.10	Mental Health Outpatient	\$20 after ded		\$20 after ded		
Urgent Care \$100 after ded \$100 after ded Single 2 x \$859.30 2 x \$830.55 EE with Spouse 0 x \$1,718.60 0 x \$1,661.10 EE with Child(ren) 0 x \$1,460.81 0 x \$1,411.94 Family 0 x \$2,449.01 0 x \$2,367.07 Monthly Cost 2 \$1,718.60 2 \$1,661.10	Emergency Care					
EE with Spouse 0 x \$1,718.60 0 x \$1,661.10 EE with Child(ren) 0 x \$1,460.81 0 x \$1,411.94 Family 0 x \$2,449.01 0 x \$2,367.07 Monthly Cost 2 \$1,718.60 2 \$1,661.10	• •			1		
EE with Child(ren) 0 x \$1,460.81 0 x \$1,411.94 Family 0 x \$2,449.01 0 x \$2,367.07 Monthly Cost 2 \$1,718.60 2 \$1,661.10	Single	2 x \$859.30		2 x \$830.55		
Family 0 x \$2,449.01 0 x \$2,367.07 Monthly Cost 2 \$1,718.60 2 \$1,661.10	EE with Spouse	0 x \$1,718.60		0 x \$1,661.10		
Monthly Cost 2 \$1,718.60 2 \$1,661.10	EE with Child(ren)	0 x \$1,460.81		0 x \$1,411.94		
	Family	0 x \$2,449.01		0 x \$2,367.07		
	Monthly Cost	2 \$1.718.60		2 \$1.661.10		
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