

	Anthem Blue Access Platinum Blue Access EPO 5/25 0% 8F8K (EPO) (UCR=N/A)		Anthem Blue Access Platinum Blue Access EPO 20/40 0% 8FB7 (EPO) (UCR=N/A)		Anthem Blue Access Platinum Blue Access EPO 15/35 300 10% 8FBB (EPOc) (UCR=N/A)		Anthem Blue Access Platinum Blue Access EPO 5/25/50 500 10% 8FAN (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		10/50/90/200 ded T2-3		5/10%/10% IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		\$300/\$600 embedded		\$500/\$1,000 embedded	
Individual/Family OOP Limit	\$3,900/\$7,800		\$3,500/\$7,000		\$3,200/\$6,400 (incl ded)		\$3,000/\$6,000 (incl ded)	
Co-Insurance	0%		0%		10%		10%	
Office Visits								
Primary Care	\$5		\$20		\$15 ded waived		\$25 ded waived (\$5 ded waived Preferred Provider)	
Specialist	\$25		\$40		\$35 ded waived		\$50 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	Hospital-\$300; ASC-\$50		Hospital-\$500; ASC-\$100		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: No charge; X-ray: Office-\$50; OP-\$150		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	No charge		No charge		No charge		No charge	
Emergency Care								
Emergency Room	\$300		\$300		10% after ded		30% after ded	
Urgent Care	\$50		\$50		\$50 ded waived		\$75 ded waived	
Single	2 x	\$1,627.24	2 x	\$1,612.34	2 x	\$1,580.26	2 x	\$1,562.67
EE with Spouse	0 x	\$3,254.48	0 x	\$3,224.68	0 x	\$3,160.52	0 x	\$3,125.34
EE with Child(ren)	0 x	\$2,766.31	0 x	\$2,740.98	0 x	\$2,686.44	0 x	\$2,656.54
Family	0 x	\$4,637.63	0 x	\$4,595.17	0 x	\$4,503.74	0 x	\$4,453.61
Monthly Cost	2	\$3,254.48	2	\$3,224.68	2	\$3,160.52	2	\$3,125.34
Annual Cost		\$39,053.76		\$38,696.16		\$37,926.24		\$37,504.08

	Anthem Blue Access Gold Blue Access EPO 25/50 0% 8F8F (EPO) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 50/60 1100 10% 8AH4 (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 30/65 1500 20% 8F93 (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 15/40 1850 15% 8F89 (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		10/40/80/200 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)		\$8,700/\$17,400 (incl ded)	
Co-Insurance	0%		10%		20%		15%	
Office Visits								
Primary Care	\$25		\$50 ded waived		\$30 ded waived		\$15 ded waived	
Specialist	\$50		\$60 ded waived		\$65 ded waived		\$40 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit		10% after ded		20% after ded		15% after ded	
Mental Health Inpatient	\$500/admit		10% after ded		20% after ded		15% 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-\$300 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	\$850		\$750 after ded		\$500 after ded		\$750 after ded	
Urgent Care	\$75		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	2 x \$1,465.59		2 x \$1,395.77		2 x \$1,371.22		2 x \$1,363.84	
EE with Spouse	0 x \$2,931.18		0 x \$2,791.54		0 x \$2,742.44		0 x \$2,727.68	
EE with Child(ren)	0 x \$2,491.50		0 x \$2,372.81		0 x \$2,331.07		0 x \$2,318.53	
Family	0 x \$4,176.93		0 x \$3,977.94		0 x \$3,907.98		0 x \$3,886.94	
Monthly Cost	2 \$2,931.18		2 \$2,791.54		2 \$2,742.44		2 \$2,727.68	
Annual Cost	\$35,174.16		\$33,498.48		\$32,909.28		\$32,732.16	

	Anthem Blue Access Gold Blue Access EPO 25/45 1850 25% 8FA3 (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 20/40/50 2000 20% 8FA8 (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 20/50 1700 15% w/HSA PrevRx 8FAC (HSA) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 60/125 0% 8FBP (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/90/200 ded T2-3		10/20%/20% IntDed T2-3		10/10%/10% IntDed		15/65/95/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,850/\$3,700 embedded		\$2,000/\$4,000 embedded		\$1,700/\$3,400 non-embedded		N/A	
Individual/Family OOP Limit	\$7,250/\$14,500 (incl ded)		\$7,000/\$14,000 (incl ded)		\$5,950/\$11,900 (incl ded)		\$9,200/\$18,400	
Co-Insurance	25%		20%		15%		0%	
Office Visits								
Primary Care	\$25 ded waived		\$40 ded waived (\$20 ded waived Preferred Provider)		\$20 after ded		\$60	
Specialist	\$45 ded waived		\$50 ded waived		\$50 after ded		\$125	
Inpatient Services								
Inpatient Hospital	25% after ded		20% after ded		15% after ded		\$2,800/admit	
Mental Health Inpatient	25% after ded		20% after ded		15% after ded		\$2,800/admit	
Outpatient Services								
Outpatient Facility	Hospital-\$500 after ded; ASC-\$150 after ded		Hospital-20% after ded; ASC-\$200 after ded		15% after ded		Hospital-\$1,000; ASC-\$500	
Lab/X-Ray	Lab: No charge; X-ray: Office-\$50 after ded; OP-\$150 after ded		Lab: Office-\$50 ded waived; OP-20% after ded; X-ray: Office-\$50 ded waived; OP-20% after ded		15% after ded		Lab: Office-\$125; OP-\$20; X-ray: \$150	
Mental Health Outpatient	No charge		No charge		0% after ded		No charge	
Emergency Care								
Emergency Room	\$750 after ded		40% after ded		15% after ded		\$2,800	
Urgent Care	\$75 ded waived		\$75 ded waived		\$100 after ded		\$200	
Single	2 x	\$1,357.03	2 x	\$1,322.68	2 x	\$1,305.08	2 x	\$1,303.95
EE with Spouse	0 x	\$2,714.06	0 x	\$2,645.36	0 x	\$2,610.16	0 x	\$2,607.90
EE with Child(ren)	0 x	\$2,306.95	0 x	\$2,248.56	0 x	\$2,218.64	0 x	\$2,216.72
Family	0 x	\$3,867.54	0 x	\$3,769.64	0 x	\$3,719.48	0 x	\$3,716.26
Monthly Cost	2	\$2,714.06	2	\$2,645.36	2	\$2,610.16	2	\$2,607.90
Annual Cost		\$32,568.72		\$31,744.32		\$31,321.92		\$31,294.80

	Anthem Blue Access Silver Blue Access EPO 45/75 2600 30% 8FCC (EPOc) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 40/80 3350 50% 8FBU (EPOc) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 40/80 4000 40% 8FB2 (EPOc) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 35/75 4650 50% 8AHY (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	35/70/100/300 ded T2-3		25/75/90/200 ded T2-3		15/65/95/200 ded T2-3		25/75/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$2,600/\$5,200 embedded		\$3,350/\$6,700 embedded		\$4,000/\$8,000 embedded		\$4,650/\$9,300 embedded	
Individual/Family OOP Limit	\$9,200/\$18,400 (incl ded)		\$9,200/\$18,400 (incl ded)		\$9,200/\$18,400 (incl ded)		\$9,200/\$18,400 (incl ded)	
Co-Insurance	30%		50%		40%		50%	
Office Visits								
Primary Care	\$45 ded waived		\$40 ded waived		\$40 ded waived		\$35 ded waived	
Specialist	\$75 ded waived		\$80 ded waived		\$80 ded waived		\$75 ded waived	
Inpatient Services								
Inpatient Hospital	30% after ded		50% after ded		40% after ded		50% after ded	
Mental Health Inpatient	30% after ded		50% after ded		40% after ded		50% after ded	
Outpatient Services								
Outpatient Facility	Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-50% after ded; ASC-\$300 after ded		Hospital-40% after ded; ASC-\$500 after ded		Hospital-50% after ded; ASC-\$300 after ded	
Lab/X-Ray	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		Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 ded waived; OP-40% after ded		Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 ded waived; OP-50% after ded	
Mental Health Outpatient	No charge		No charge		No charge		No charge	
Emergency Care								
Emergency Room	\$1,000 after ded		50% after ded		50% after ded		50% after ded	
Urgent Care	\$75 ded waived		\$80 ded waived		\$90 ded waived		\$80 ded waived	
Single	2 x \$1,228.87		2 x \$1,198.36		2 x \$1,197.94		2 x \$1,190.98	
EE with Spouse	0 x \$2,457.74		0 x \$2,396.72		0 x \$2,395.88		0 x \$2,381.96	
EE with Child(ren)	0 x \$2,089.08		0 x \$2,037.21		0 x \$2,036.50		0 x \$2,024.67	
Family	0 x \$3,502.28		0 x \$3,415.33		0 x \$3,414.13		0 x \$3,394.29	
Monthly Cost	2 \$2,457.74		2 \$2,396.72		2 \$2,395.88		2 \$2,381.96	
Annual Cost	\$29,492.88		\$28,760.64		\$28,750.56		\$28,583.52	

	Anthem Blue Access Silver Blue Access EPO 35/65/90 5000 40% 8FAR (EPOc) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 2750 40% w/HSA 8FB1 (HSA) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 20/50 3300 30% w/HSA PrevRx 8FBS (HSA) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 20/50 4100 30% w/HSA PrevRx 8F8B (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/40%/40% IntDed T2-3		10/50/95 IntDed		10/30%/30% IntDed		10/50/90 IntDed	
Cost Share Information								
Individual/Family Deductible	\$5,000/\$10,000 embedded		\$2,750/\$5,500 embedded		\$3,300/\$6,600 embedded		\$4,100/\$8,200 embedded	
Individual/Family OOP Limit	\$9,000/\$18,000 (incl ded)		\$8,250/\$16,500 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	40%		40%		30%		30%	
Office Visits								
Primary Care	\$65 ded waived (\$35 ded waived Preferred Provider)		40% after ded		\$20 after ded		\$20 after ded	
Specialist	\$90 ded waived		40% after ded		\$50 after ded		\$50 after ded	
Inpatient Services								
Inpatient Hospital	40% after ded		40% after ded		30% after ded		30% after ded	
Mental Health Inpatient	40% after ded		40% after ded		30% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	Hospital-40% after ded; ASC-\$300 after ded		40% after ded		30% after ded		30% after ded	
Lab/X-Ray	Lab: Office-\$90 ded waived; OP-40% after ded; X-ray: Office-\$90 ded waived; OP-40% after ded		40% after ded		30% after ded		30% after ded	
Mental Health Outpatient	No charge		0% after ded		0% after ded		0% after ded	
Emergency Care								
Emergency Room	50% after ded		50% after ded		30% after ded		30% after ded	
Urgent Care	\$85 ded waived		40% after ded		\$100 after ded		\$100 after ded	
Single	2 x	\$1,146.28	2 x	\$1,110.23	2 x	\$1,107.39	2 x	\$1,087.10
EE with Spouse	0 x	\$2,292.56	0 x	\$2,220.46	0 x	\$2,214.78	0 x	\$2,174.20
EE with Child(ren)	0 x	\$1,948.68	0 x	\$1,887.39	0 x	\$1,882.56	0 x	\$1,848.07
Family	0 x	\$3,266.90	0 x	\$3,164.16	0 x	\$3,156.06	0 x	\$3,098.24
Monthly Cost	2	\$2,292.56	2	\$2,220.46	2	\$2,214.78	2	\$2,174.20
Annual Cost		\$27,510.72		\$26,645.52		\$26,577.36		\$26,090.40

	Anthem Blue Access Bronze Blue Access EPO 40/40/90 9000 50% 8FBG (EPO) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 20/50 7300 50% w/HSA 8FBA (HSA) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 20/50 6100 50% w/HSA 8F87 (HSA) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 5250 50% w/HSA 8F86 (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	25/50%/50% IntDed T2-3		50%/50%/50% IntDed		50%/50%/50% IntDed		10/50%/50% IntDed	
Cost Share Information								
Individual/Family Deductible	\$9,000/\$18,000 embedded		\$7,300/\$14,600 embedded		\$6,100/\$12,200 embedded		\$5,250/\$10,500 embedded	
Individual/Family OOP Limit	\$9,200/\$18,400 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	50%		50%		50%		50%	
Office Visits								
Primary Care	\$40 after ded (\$40 ded waived Preferred Provider)		\$20 after ded		\$20 after ded		50% after ded	
Specialist	\$90 after ded		\$50 after ded		\$50 after ded		50% after ded	
Inpatient Services								
Inpatient Hospital	50% after ded		50% after ded		50% after ded		50% after ded	
Mental Health Inpatient	50% after ded		50% after ded		50% after ded		50% after ded	
Outpatient Services								
Outpatient Facility	Hospital-50% after ded; ASC-\$500 after ded		50% after ded		50% after ded		50% after ded	
Lab/X-Ray	Lab: Office-\$40 after ded; OP-50% after ded; X-ray: Office-\$75 after ded; OP-50% after ded		50% after ded		50% after ded		50% after ded	
Mental Health Outpatient	No charge		0% after ded		0% after ded		0% after ded	
Emergency Care								
Emergency Room	50% after ded		50% after ded		50% after ded		50% after ded	
Urgent Care	\$100 ded waived		\$100 after ded		\$100 after ded		50% after ded	
Single	2 x	\$1,059.99	2 x	\$1,044.52	2 x	\$1,041.40	2 x	\$1,037.43
EE with Spouse	0 x	\$2,119.98	0 x	\$2,089.04	0 x	\$2,082.80	0 x	\$2,074.86
EE with Child(ren)	0 x	\$1,801.98	0 x	\$1,775.68	0 x	\$1,770.38	0 x	\$1,763.63
Family	0 x	\$3,020.97	0 x	\$2,976.88	0 x	\$2,967.99	0 x	\$2,956.68
Monthly Cost	2	\$2,119.98	2	\$2,089.04	2	\$2,082.80	2	\$2,074.86
Annual Cost		\$25,439.76		\$25,068.48		\$24,993.60		\$24,898.32

Prepared For: **Anthem 2025 4th qtr Blue Access New York City**
New York County, NY 10001
Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)
Effective Date: 10/01/2025 Prepared On: 08/21/2025
Report ID: 39260863 SIC: 0000

	Anthem Blue Access Bronze Blue Access EPO 9200 0% 8FC1 (EPOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	0%/0%/0% IntDed	
Cost Share Information		
Individual/Family Deductible	\$9,200/\$18,400 embedded	
Individual/Family OOP Limit	\$9,200/\$18,400 (incl ded)	
Co-Insurance	0%	
Office Visits		
Primary Care	0% after ded	
Specialist	0% after ded	
Inpatient Services		
Inpatient Hospital	0% after ded	
Mental Health Inpatient	0% after ded	
Outpatient Services		
Outpatient Facility	0% after ded	
Lab/X-Ray	0% after ded	
Mental Health Outpatient	0% after ded	
Emergency Care		
Emergency Room	0% after ded	
Urgent Care	0% after ded	
Single	2 x	\$1,028.48
EE with Spouse	0 x	\$2,056.96
EE with Child(ren)	0 x	\$1,748.42
Family	0 x	\$2,931.17
Monthly Cost	2	\$2,056.96
Annual Cost		\$24,683.52