Prepared For: **Anthem 2025 4th qtr Blue Access Mid Hudson**

Orange County, NY 10910

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: 39260866 SIC: 0000

	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 $1,837.85		2 x $1,821.02		2 x $1,784.79		2 x $1,764.92	
EE with Spouse	0 x $3,675.70		0 x $3,642.04		0 x $3,569.58		0 x $3,529.84	
EE with Child(ren)	0 x $3,124.35		0 x $3,095.73		0 x $3,034.14		0 x $3,000.36	
Family	0 x $5,237.87		0 x $5,189.91		0 x $5,086.65		0 x $5,030.02	
Monthly Cost	2 $3,675.70		2 $3,642.04		2 $3,569.58		2 $3,529.84	
Annual Cost	$44,108.40		$43,704.48		$42,834.96		$42,358.08	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	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 $1,655.28		2 x $1,576.42		2 x $1,548.69		2 x $1,540.35	
EE with Spouse	0 x $3,310.56		0 x $3,152.84		0 x $3,097.38		0 x $3,080.70	
EE with Child(ren)	0 x $2,813.98		0 x $2,679.91		0 x $2,632.77		0 x $2,618.60	
Family	0 x $4,717.55		0 x $4,492.80		0 x $4,413.77		0 x $4,390.00	
Monthly Cost	2 $3,310.56		2 $3,152.84		2 $3,097.38		2 $3,080.70	
Annual Cost	$39,726.72		$37,834.08		$37,168.56		$36,968.40	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	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 $1,532.66		2 x $1,493.87		2 x $1,474.00		2 x $1,472.71	
EE with Spouse	0 x $3,065.32		0 x $2,987.74		0 x $2,948.00		0 x $2,945.42	
EE with Child(ren)	0 x $2,605.52		0 x $2,539.58		0 x $2,505.80		0 x $2,503.61	
Family	0 x $4,368.08		0 x $4,257.53		0 x $4,200.90		0 x $4,197.22	
Monthly Cost	2 $3,065.32		2 $2,987.74		2 $2,948.00		2 $2,945.42	
Annual Cost	$36,783.84		$35,852.88		$35,376.00		$35,345.04	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	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 $1,387.92		2 x $1,353.46		2 x $1,352.98		2 x $1,345.13	
EE with Spouse	0 x $2,775.84		0 x $2,706.92		0 x $2,705.96		0 x $2,690.26	
EE with Child(ren)	0 x $2,359.46		0 x $2,300.88		0 x $2,300.07		0 x $2,286.72	
Family	0 x $3,955.57		0 x $3,857.36		0 x $3,855.99		0 x $3,833.62	
Monthly Cost	2 $2,775.84		2 $2,706.92		2 $2,705.96		2 $2,690.26	
Annual Cost	$33,310.08		$32,483.04		$32,471.52		$32,283.12	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	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 $1,294.63		2 x $1,253.92		2 x $1,250.72		2 x $1,227.80	
EE with Spouse	0 x $2,589.26		0 x $2,507.84		0 x $2,501.44		0 x $2,455.60	
EE with Child(ren)	0 x $2,200.87		0 x $2,131.66		0 x $2,126.22		0 x $2,087.26	
Family	0 x $3,689.70		0 x $3,573.67		0 x $3,564.55		0 x $3,499.23	
Monthly Cost	2 $2,589.26		2 $2,507.84		2 $2,501.44		2 $2,455.60	
Annual Cost	$31,071.12		$30,094.08		$30,017.28		$29,467.20	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	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 $1,197.18		2 x $1,179.71		2 x $1,176.18		2 x $1,171.70	
EE with Spouse	0 x $2,394.36		0 x $2,359.42		0 x $2,352.36		0 x $2,343.40	
EE with Child(ren)	0 x $2,035.21		0 x $2,005.51		0 x $1,999.51		0 x $1,991.89	
Family	0 x $3,411.96		0 x $3,362.17		0 x $3,352.11		0 x $3,339.35	
Monthly Cost	2 $2,394.36		2 $2,359.42		2 $2,352.36		2 $2,343.40	
Annual Cost	$28,732.32		$28,313.04		$28,228.32		$28,120.80	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	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	$1,161.60
EE with Spouse	0 x	$2,323.20
EE with Child(ren)	0 x	$1,974.72
Family	0 x	$3,310.56
Monthly Cost	2	$2,323.20
Annual Cost		$27,878.40