

	Anthem Connection Platinum Connection EPO 20/40 0% 8F8X (EPO) (UCR=N/A)		Anthem Connection Platinum Connection EPO 5/25 200 10% 8AHB (EPOc) (UCR=N/A)		Anthem Connection Platinum Connection EPO 15/35 300 10% 8FAD (EPOc) (UCR=N/A)		Anthem Connection Platinum Connection EPO 5/25/50 500 10% 8AHM (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		10/50/90/150 ded T2-3		10/50/90/200 ded T2-3		5/10%/10% IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$200/\$600 embedded		\$300/\$600 embedded		\$500/\$1,000 embedded	
Individual/Family OOP Limit	\$3,500/\$7,000		\$2,750/\$5,500 (incl ded)		\$3,200/\$6,400 (incl ded)		\$3,000/\$6,000 (incl ded)	
Co-Insurance	0%		10%		10%		10%	
Office Visits								
Primary Care	\$20		\$5 ded waived		\$15 ded waived		\$25 ded waived (\$5 ded waived Preferred Provider)	
Specialist	\$40		\$25 ded waived		\$35 ded waived		\$50 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit		\$500/admit after ded		10% after ded		10% after ded	
Mental Health Inpatient	\$500/admit		\$500/admit after ded		10% after ded		10% after ded	
Outpatient Services								
Outpatient Facility	Hospital-\$500; ASC-\$100		Hospital-\$500 after ded; ASC-\$50 ded waived		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: 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 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 after ded		10% after ded		30% after ded	
Urgent Care	\$50		\$50 ded waived		\$50 ded waived		\$75 ded waived	
Single	2 x	\$1,533.57	2 x	\$1,518.25	2 x	\$1,503.06	2 x	\$1,486.31
EE with Spouse	0 x	\$3,067.14	0 x	\$3,036.50	0 x	\$3,006.12	0 x	\$2,972.62
EE with Child(ren)	0 x	\$2,607.07	0 x	\$2,581.03	0 x	\$2,555.20	0 x	\$2,526.73
Family	0 x	\$4,370.67	0 x	\$4,327.01	0 x	\$4,283.72	0 x	\$4,235.98
Monthly Cost	2	\$3,067.14	2	\$3,036.50	2	\$3,006.12	2	\$2,972.62
Annual Cost		\$36,805.68		\$36,438.00		\$36,073.44		\$35,671.44

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

Prepared For: **Anthem 2025 4th qtr Connection NY 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: 39260871 SIC: 0000

	Anthem Connection Gold Connection EPO 25/50 0% 8FA4 (EPO) (UCR=N/A)		Anthem Connection Gold Connection EPO 50/60 1100 10% 8FBL (EPOc) (UCR=N/A)		Anthem Connection Gold Connection EPO 30/65 1500 20% 8AH7 (EPOc) (UCR=N/A)		Anthem Connection Gold Connection EPO 25/45 1850 25% 8FBD (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		10/50/90/200 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)		\$7,250/\$14,500 (incl ded)	
Co-Insurance	0%		10%		20%		25%	
Office Visits								
Primary Care	\$25		\$50 ded waived		\$30 ded waived		\$25 ded waived	
Specialist	\$50		\$60 ded waived		\$65 ded waived		\$45 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit		10% after ded		20% after ded		25% after ded	
Mental Health Inpatient	\$500/admit		10% after ded		20% after ded		25% 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-\$500 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	\$1,393.92	2 x	\$1,327.65	2 x	\$1,304.23	2 x	\$1,290.75
EE with Spouse	0 x	\$2,787.84	0 x	\$2,655.30	0 x	\$2,608.46	0 x	\$2,581.50
EE with Child(ren)	0 x	\$2,369.66	0 x	\$2,257.01	0 x	\$2,217.19	0 x	\$2,194.28
Family	0 x	\$3,972.67	0 x	\$3,783.80	0 x	\$3,717.06	0 x	\$3,678.64
Monthly Cost	2	\$2,787.84	2	\$2,655.30	2	\$2,608.46	2	\$2,581.50
Annual Cost		\$33,454.08		\$31,863.60		\$31,301.52		\$30,978.00

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

	Anthem Connection Silver Connection EPO 60/125 0% 8FC6 (EPO) (UCR=N/A)		Anthem Connection Silver Connection EPO 45/75 2600 30% 8AH2 (EPOc) (UCR=N/A)		Anthem Connection Silver Connection EPO 40/80 3350 50% 8FBR (EPOc) (UCR=N/A)		Anthem Connection Silver Connection EPO 20/50 3300 30% w/HSA PrevRx 8FBE (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/65/95/100 ded T2-3		35/70/100/300 ded T2-3		25/75/90/200 ded T2-3		10/30%/30% IntDed	
Cost Share Information								
Individual/Family Deductible	N/A		\$2,600/\$5,200 embedded		\$3,350/\$6,700 embedded		\$3,300/\$6,600 embedded	
Individual/Family OOP Limit	\$9,200/\$18,400		\$9,200/\$18,400 (incl ded)		\$9,200/\$18,400 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	0%		30%		50%		30%	
Office Visits								
Primary Care	\$60		\$45 ded waived		\$40 ded waived		\$20 after ded	
Specialist	\$125		\$75 ded waived		\$80 ded waived		\$50 after ded	
Inpatient Services								
Inpatient Hospital	\$2,800/admit		30% after ded		50% after ded		30% after ded	
Mental Health Inpatient	\$2,800/admit		30% after ded		50% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	Hospital-\$1,000; ASC-\$500		Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-50% after ded; ASC-\$300 after ded		30% after ded	
Lab/X-Ray	Lab: Office-\$125; OP-\$20; X-ray: \$150		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		30% after ded	
Mental Health Outpatient	No charge		No charge		No charge		0% after ded	
Emergency Care								
Emergency Room	\$2,800		\$1,000 after ded		50% after ded		30% after ded	
Urgent Care	\$200		\$75 ded waived		\$80 ded waived		\$100 after ded	
Single	2 x	\$1,240.37	2 x	\$1,168.84	2 x	\$1,139.89	2 x	\$1,053.32
EE with Spouse	0 x	\$2,480.74	0 x	\$2,337.68	0 x	\$2,279.78	0 x	\$2,106.64
EE with Child(ren)	0 x	\$2,108.63	0 x	\$1,987.03	0 x	\$1,937.81	0 x	\$1,790.64
Family	0 x	\$3,535.05	0 x	\$3,331.19	0 x	\$3,248.69	0 x	\$3,001.96
Monthly Cost	2	\$2,480.74	2	\$2,337.68	2	\$2,279.78	2	\$2,106.64
Annual Cost		\$29,768.88		\$28,052.16		\$27,357.36		\$25,279.68

	Anthem Connection Silver Connection EPO 50/100 4100 30% w/HSA PrevRx 8FA7 (HSA) (UCR=N/A)		Anthem Connection Silver Connection EPO 20/50 4100 30% w/HSA PrevRx 8FBK (HSA) (UCR=N/A)		Anthem Connection Bronze Connection EPO 40/40/90 9000 50% 8FAM (EPOc) (UCR=N/A)		Anthem Connection Bronze Connection EPO 20/50 7300 50% w/HSA 8AHV (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/65/50% IntDed		10/50/90 IntDed		25/50%/50% IntDed T2-3		50%/50%/50% IntDed	
Cost Share Information								
Individual/Family Deductible	\$4,100/\$8,200 embedded		\$4,100/\$8,200 embedded		\$9,000/\$18,000 embedded		\$7,300/\$14,600 embedded	
Individual/Family OOP Limit	\$7,800/\$15,600 (incl ded)		\$8,000/\$16,000 (incl ded)		\$9,200/\$18,400 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	30%		30%		50%		50%	
Office Visits								
Primary Care	\$50 after ded		\$20 after ded		\$40 after ded (\$40 ded waived Preferred Provider)		\$20 after ded	
Specialist	\$100 after ded		\$50 after ded		\$90 after ded		\$50 after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		30% after ded		50% after ded		50% after ded	
Mental Health Inpatient	30% after ded		30% after ded		50% after ded		50% after ded	
Outpatient Services								
Outpatient Facility	30% after ded		30% after ded		Hospital-50% after ded; ASC-\$500 after ded		50% after ded	
Lab/X-Ray	30% after ded		30% after ded		Lab: Office-\$40 after ded; OP-50% after ded; X-ray: Office-\$75 after ded; OP-50% after ded		50% after ded	
Mental Health Outpatient	0% after ded		0% after ded		No charge		0% after ded	
Emergency Care								
Emergency Room	30% after ded		30% after ded		50% after ded		50% after ded	
Urgent Care	\$100 after ded		\$100 after ded		\$100 ded waived		\$100 after ded	
Single	2 x \$1,034.30		2 x \$1,034.02		2 x \$1,008.19		2 x \$993.43	
EE with Spouse	0 x \$2,068.60		0 x \$2,068.04		0 x \$2,016.38		0 x \$1,986.86	
EE with Child(ren)	0 x \$1,758.31		0 x \$1,757.83		0 x \$1,713.92		0 x \$1,688.83	
Family	0 x \$2,947.76		0 x \$2,946.96		0 x \$2,873.34		0 x \$2,831.28	
Monthly Cost	2 \$2,068.60		2 \$2,068.04		2 \$2,016.38		2 \$1,986.86	
Annual Cost	\$24,823.20		\$24,816.48		\$24,196.56		\$23,842.32	

Prepared For: **Anthem 2025 4th qtr Connection NY 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: 39260871 SIC: 0000

	Anthem Connection Bronze Connection EPO 20/50 6100 50% w/HSA 8FAU (HSA) (UCR=N/A)		Anthem Connection Bronze Connection EPO 9200 0% 8AH3 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	50%/50%/50% IntDed		0%/0%/0% IntDed	
Cost Share Information				
Individual/Family Deductible	\$6,100/\$12,200 embedded		\$9,200/\$18,400 embedded	
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)		\$9,200/\$18,400 (incl ded)	
Co-Insurance	50%		0%	
Office Visits				
Primary Care	\$20 after ded		0% after ded	
Specialist	\$50 after ded		0% after ded	
Inpatient Services				
Inpatient Hospital	50% after ded		0% after ded	
Mental Health Inpatient	50% after ded		0% after ded	
Outpatient Services				
Outpatient Facility	50% after ded		0% after ded	
Lab/X-Ray	50% after ded		0% after ded	
Mental Health Outpatient	0% after ded		0% after ded	
Emergency Care				
Emergency Room	50% after ded		0% after ded	
Urgent Care	\$100 after ded		0% after ded	
Single	2 x \$990.45		2 x \$978.25	
EE with Spouse	0 x \$1,980.90		0 x \$1,956.50	
EE with Child(ren)	0 x \$1,683.77		0 x \$1,663.03	
Family	0 x \$2,822.78		0 x \$2,788.01	
Monthly Cost	2 \$1,980.90		2 \$1,956.50	
Annual Cost	\$23,770.80		\$23,478.00	

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