

	Anthem Blue Access Platinum Blue Access EPO 5/25 0% 8TZV (EPO) (UCR=N/A)		Anthem Blue Access Platinum Blue Access EPO 20/40 0% 8U3A (EPO) (UCR=N/A)		Anthem Blue Access Platinum Blue Access EPO 15/35 300 10% 8U00 (EPOc) (UCR=N/A)		Anthem Blue Access Guided Advantage Platinum Blue Access EPO 5/25/30/60 500 10% 8TZM (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		\$60 ded waived (\$30 ded waived Preferred Provider)	
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-\$150 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-\$60 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 \$1,641.14		2 x \$1,625.12		2 x \$1,596.34		2 x \$1,577.20	
EE with Spouse	0 x \$3,282.28		0 x \$3,250.24		0 x \$3,192.68		0 x \$3,154.40	
EE with Child(ren)	0 x \$2,789.94		0 x \$2,762.70		0 x \$2,713.78		0 x \$2,681.24	
Family	0 x \$4,677.25		0 x \$4,631.59		0 x \$4,549.57		0 x \$4,495.02	
Monthly Cost	2 \$3,282.28		2 \$3,250.24		2 \$3,192.68		2 \$3,154.40	
Annual Cost	\$39,387.36		\$39,002.88		\$38,312.16		\$37,852.80	

	Anthem Blue Access Gold Blue Access EPO 30/60 0% 8U2R (EPO) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 50/60 1200 10% 8TZN (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 15/40 1950 15% 8U3E (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 25/50 1950 30% 8U39 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/65/100/200 ded T2-3		10/50/90/150 ded T2-3		10/40/80/200 ded T2-3		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,200/\$2,400 embedded		\$1,950/\$3,900 embedded		\$1,950/\$3,900 embedded	
Individual/Family OOP Limit	\$9,150/\$18,300		\$7,000/\$14,000 (incl ded)		\$8,700/\$17,400 (incl ded)		\$7,500/\$15,000 (incl ded)	
Co-Insurance	0%		10%		15%		30%	
Office Visits								
Primary Care	\$30		\$50 ded waived		\$15 ded waived		\$25 ded waived	
Specialist	\$60		\$60 ded waived		\$40 ded waived		\$50 ded waived	
Inpatient Services								
Inpatient Hospital	\$600/admit		10% after ded		15% after ded		30% after ded	
Mental Health Inpatient	\$600/admit		10% after ded		15% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	Hospital-\$500; ASC-\$300		Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$500 after ded; ASC-\$200 after ded	
Lab/X-Ray	Lab: No charge; X-ray: Office-\$100; 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		\$750 after ded		\$750 after ded	
Urgent Care	\$90		\$100 ded waived		\$75 ded waived		\$80 ded waived	
Single	2 x \$1,470.89		2 x \$1,401.85		2 x \$1,371.37		2 x \$1,357.76	
EE with Spouse	0 x \$2,941.78		0 x \$2,803.70		0 x \$2,742.74		0 x \$2,715.52	
EE with Child(ren)	0 x \$2,500.51		0 x \$2,383.15		0 x \$2,331.33		0 x \$2,308.19	
Family	0 x \$4,192.04		0 x \$3,995.27		0 x \$3,908.40		0 x \$3,869.62	
Monthly Cost	2 \$2,941.78		2 \$2,803.70		2 \$2,742.74		2 \$2,715.52	
Annual Cost	\$35,301.36		\$33,644.40		\$32,912.88		\$32,586.24	

	Anthem Blue Access Gold Blue Access EPO 30/65 1600 20% 8U0X (EPOc) (UCR=N/A)		Anthem Blue Access Guided Advantage Gold Blue Access EPO 20/40/50/80 2000 20% 8U2S (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 20/50 1800 15% w/HSA PrevRx 8TZU (HSA) (UCR=N/A)		Anthem Blue Access Virtual Access Plus Silver Blue Access EPO 60/125 0% 8U3H (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/50%/200 ded T2-3		10/20%/30% IntDed T2-3		10/15%/15%% IntDed		15/75/100/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,600/\$3,200 embedded		\$2,000/\$4,000 embedded		\$1,800/\$3,600 non-embedded		N/A	
Individual/Family OOP Limit	\$7,500/\$15,000 (incl ded)		\$7,500/\$15,000 (incl ded)		\$6,100/\$12,200 (incl ded)		\$10,150/\$20,300	
Co-Insurance	20%		20%		15%		0%	
Office Visits								
Primary Care	\$30 ded waived		\$40 ded waived (\$20 ded waived Preferred Provider)		\$20 after ded		\$60 (No charge virtual visits)	
Specialist	\$65 ded waived		\$80 ded waived (\$50 ded waived Preferred Provider)		\$50 after ded		\$125	
Inpatient Services								
Inpatient Hospital	20% after ded		20% after ded		15% after ded		\$2,800/admit	
Mental Health Inpatient	20% after ded		20% after ded		15% after ded		\$2,800/admit	
Outpatient Services								
Outpatient Facility	Hospital-\$300 after ded; ASC-\$200 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-\$200 after ded		Lab: Office-\$80 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: \$200	
Mental Health Outpatient	No charge		No charge		0% after ded		No charge	
Emergency Care								
Emergency Room	\$500 after ded		40% after ded		15% after ded		\$2,800	
Urgent Care	\$85 ded waived		\$75 ded waived		\$100 after ded		\$200	
Single	2 x \$1,348.97		2 x \$1,323.32		2 x \$1,313.82		2 x \$1,305.88	
EE with Spouse	0 x \$2,697.94		0 x \$2,646.64		0 x \$2,627.64		0 x \$2,611.76	
EE with Child(ren)	0 x \$2,293.25		0 x \$2,249.64		0 x \$2,233.49		0 x \$2,220.00	
Family	0 x \$3,844.56		0 x \$3,771.46		0 x \$3,744.39		0 x \$3,721.76	
Monthly Cost	2 \$2,697.94		2 \$2,646.64		2 \$2,627.64		2 \$2,611.76	
Annual Cost	\$32,375.28		\$31,759.68		\$31,531.68		\$31,341.12	

	Anthem Blue Access Silver Blue Access EPO 45/75 2650 30% 8U2Z (EPOc) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 40/80 3450 50% 8TZX (EPOc) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 40/80 4000 40% 8U0E (EPOc) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 35/80 4650 50% 8U1J (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	35/75/50%/300 ded T2-3		25/75/90/200 ded T2-3		15/65/50%/200 ded T2-3		20/75/50%/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$2,650/\$5,300 embedded		\$3,450/\$6,900 embedded		\$4,000/\$8,000 embedded		\$4,650/\$9,300 embedded	
Individual/Family OOP Limit	\$9,950/\$19,900 (incl ded)		\$9,700/\$19,400 (incl ded)		\$9,800/\$19,600 (incl ded)		\$9,700/\$19,400 (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		\$80 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	\$100 ded waived		\$100 ded waived		\$125 ded waived		\$100 ded waived	
Single	2 x	\$1,206.79	2 x	\$1,197.29	2 x	\$1,175.89	2 x	\$1,169.93
EE with Spouse	0 x	\$2,413.58	0 x	\$2,394.58	0 x	\$2,351.78	0 x	\$2,339.86
EE with Child(ren)	0 x	\$2,051.54	0 x	\$2,035.39	0 x	\$1,999.01	0 x	\$1,988.88
Family	0 x	\$3,439.35	0 x	\$3,412.28	0 x	\$3,351.29	0 x	\$3,334.30
Monthly Cost	2	\$2,413.58	2	\$2,394.58	2	\$2,351.78	2	\$2,339.86
Annual Cost		\$28,962.96		\$28,734.96		\$28,221.36		\$28,078.32

	Anthem Blue Access Guided Advantage Silver Blue Access EPO 35/65/50/100 5000 50% 8U14 (EPOc) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 2750 40% w/HSA 8U2A (HSA) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 30/60 3300 30% w/HSA PrevRx 8U1F (HSA) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 20/50 4100 30% w/HSA PrevRx 8U1E (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/50%/50% IntDed T2-3		10/50/50% IntDed		10/30%/50% 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	\$9,500/\$19,000 (incl ded)		\$8,450/\$16,900 (incl ded)		\$8,450/\$16,900 (incl ded)		\$8,450/\$16,900 (incl ded)	
Co-Insurance	50%		40%		30%		30%	
Office Visits								
Primary Care	\$65 ded waived (\$35 ded waived Preferred Provider)		40% after ded		\$30 after ded		\$20 after ded	
Specialist	\$100 ded waived (\$50 ded waived Preferred Provider)		40% after ded		\$60 after ded		\$50 after ded	
Inpatient Services								
Inpatient Hospital	50% after ded		40% after ded		30% after ded		30% after ded	
Mental Health Inpatient	50% after ded		40% after ded		30% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	Hospital-50% after ded; ASC-\$300 after ded		40% after ded		30% after ded		30% after ded	
Lab/X-Ray	Lab: Office-\$100 ded waived; OP-50% after ded; X-ray: Office-\$50 ded waived; OP-50% 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 \$1,151.79		2 x \$1,129.11		2 x \$1,122.02		2 x \$1,105.57	
EE with Spouse	0 x \$2,303.58		0 x \$2,258.22		0 x \$2,244.04		0 x \$2,211.14	
EE with Child(ren)	0 x \$1,958.04		0 x \$1,919.49		0 x \$1,907.43		0 x \$1,879.47	
Family	0 x \$3,282.60		0 x \$3,217.96		0 x \$3,197.76		0 x \$3,150.87	
Monthly Cost	2 \$2,303.58		2 \$2,258.22		2 \$2,244.04		2 \$2,211.14	
Annual Cost	\$27,642.96		\$27,098.64		\$26,928.48		\$26,533.68	

	Anthem Blue Access Guided Advantage Bronze Blue Access EPO 40/70/80/120 9200 50% 8TZ9 (EPO) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 5500 50% w/HSA 8U0L (HSA) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 25/75 6300 50% w/HSA 8U0G (HSA) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 20/50 7500 50% w/HSA 8U2C (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		10/50%/50% IntDed		50%/50%/50% IntDed		50%/50%/50% IntDed	
Cost Share Information								
Individual/Family Deductible	\$9,200/\$18,400 embedded		\$5,500/\$11,000 embedded		\$6,300/\$12,600 embedded		\$7,500/\$15,000 embedded	
Individual/Family OOP Limit	\$10,150/\$20,300 (incl ded)		\$8,450/\$16,900 (incl ded)		\$8,450/\$16,900 (incl ded)		\$8,450/\$16,900 (incl ded)	
Co-Insurance	50%		50%		50%		50%	
Office Visits								
Primary Care	\$70 ded waived (\$40 ded waived Preferred Provider)		50% after ded		\$25 after ded		\$20 after ded	
Specialist	\$120 ded waived (\$80 ded waived Preferred Provider)		50% after ded		\$75 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-\$120 ded waived; OP-50% after ded; X-ray: Office-\$75 ded waived; 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		50% after ded		\$100 after ded		\$100 after ded	
Single	2 x	\$1,072.40	2 x	\$1,052.13	2 x	\$1,046.74	2 x	\$1,036.68
EE with Spouse	0 x	\$2,144.80	0 x	\$2,104.26	0 x	\$2,093.48	0 x	\$2,073.36
EE with Child(ren)	0 x	\$1,823.08	0 x	\$1,788.62	0 x	\$1,779.46	0 x	\$1,762.36
Family	0 x	\$3,056.34	0 x	\$2,998.57	0 x	\$2,983.21	0 x	\$2,954.54
Monthly Cost	2	\$2,144.80	2	\$2,104.26	2	\$2,093.48	2	\$2,073.36
Annual Cost		\$25,737.60		\$25,251.12		\$25,121.76		\$24,880.32

Prepared For: **Anthem 2026 1st qtr Blue Access New York City**

New York County, NY 10001

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

Health Plan Comparison Report (4L)

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SIC: 0000

Anthem Blue Access Bronze Blue Access EPO 10150 0% 8U2M (EPOc) (UCR=N/A)		
	In-Network	Out-Network
Prescription Drugs		
Drug Card	0%/0%/0% IntDed	
Cost Share Information		
Individual/Family Deductible	\$10,150/\$20,300 embedded	
Individual/Family OOP Limit	\$10,150/\$20,300 (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	\$1,033.56
EE with Spouse	0 x	\$2,067.12
EE with Child(ren)	0 x	\$1,757.05
Family	0 x	\$2,945.65
Monthly Cost	2	\$2,067.12
Annual Cost		\$24,805.44