

	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 \$1,661.48		2 x \$1,646.27		2 x \$1,613.52		2 x \$1,595.55	
EE with Spouse	0 x \$3,322.96		0 x \$3,292.54		0 x \$3,227.04		0 x \$3,191.10	
EE with Child(ren)	0 x \$2,824.52		0 x \$2,798.66		0 x \$2,742.98		0 x \$2,712.44	
Family	0 x \$4,735.22		0 x \$4,691.87		0 x \$4,598.53		0 x \$4,547.32	
Monthly Cost	2 \$3,322.96		2 \$3,292.54		2 \$3,227.04		2 \$3,191.10	
Annual Cost	\$39,875.52		\$39,510.48		\$38,724.48		\$38,293.20	

	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	\$1,496.44	2 x	\$1,425.14	2 x	\$1,400.08	2 x	\$1,392.54
EE with Spouse	0 x	\$2,992.88	0 x	\$2,850.28	0 x	\$2,800.16	0 x	\$2,785.08
EE with Child(ren)	0 x	\$2,543.95	0 x	\$2,422.74	0 x	\$2,380.14	0 x	\$2,367.32
Family	0 x	\$4,264.85	0 x	\$4,061.65	0 x	\$3,990.23	0 x	\$3,968.74
Monthly Cost	2	\$2,992.88	2	\$2,850.28	2	\$2,800.16	2	\$2,785.08
Annual Cost		\$35,914.56		\$34,203.36		\$33,601.92		\$33,420.96

	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	\$1,385.59	2 x	\$1,350.52	2 x	\$1,332.55	2 x	\$1,331.39
EE with Spouse	0 x	\$2,771.18	0 x	\$2,701.04	0 x	\$2,665.10	0 x	\$2,662.78
EE with Child(ren)	0 x	\$2,355.50	0 x	\$2,295.88	0 x	\$2,265.34	0 x	\$2,263.36
Family	0 x	\$3,948.93	0 x	\$3,848.98	0 x	\$3,797.77	0 x	\$3,794.46
Monthly Cost	2	\$2,771.18	2	\$2,701.04	2	\$2,665.10	2	\$2,662.78
Annual Cost		\$33,254.16		\$32,412.48		\$31,981.20		\$31,953.36

	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 \$1,254.74		2 x \$1,223.58		2 x \$1,223.15		2 x \$1,216.05	
EE with Spouse	0 x \$2,509.48		0 x \$2,447.16		0 x \$2,446.30		0 x \$2,432.10	
EE with Child(ren)	0 x \$2,133.06		0 x \$2,080.09		0 x \$2,079.36		0 x \$2,067.29	
Family	0 x \$3,576.01		0 x \$3,487.20		0 x \$3,485.98		0 x \$3,465.74	
Monthly Cost	2 \$2,509.48		2 \$2,447.16		2 \$2,446.30		2 \$2,432.10	
Annual Cost	\$30,113.76		\$29,365.92		\$29,355.60		\$29,185.20	

	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	\$1,170.40	2 x	\$1,133.59	2 x	\$1,130.70	2 x	\$1,109.98
EE with Spouse	0 x	\$2,340.80	0 x	\$2,267.18	0 x	\$2,261.40	0 x	\$2,219.96
EE with Child(ren)	0 x	\$1,989.68	0 x	\$1,927.10	0 x	\$1,922.19	0 x	\$1,886.97
Family	0 x	\$3,335.64	0 x	\$3,230.73	0 x	\$3,222.50	0 x	\$3,163.44
Monthly Cost	2	\$2,340.80	2	\$2,267.18	2	\$2,261.40	2	\$2,219.96
Annual Cost		\$28,089.60		\$27,206.16		\$27,136.80		\$26,639.52

	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 \$1,082.30		2 x \$1,066.50		2 x \$1,063.32		2 x \$1,059.26	
EE with Spouse	0 x \$2,164.60		0 x \$2,133.00		0 x \$2,126.64		0 x \$2,118.52	
EE with Child(ren)	0 x \$1,839.91		0 x \$1,813.05		0 x \$1,807.64		0 x \$1,800.74	
Family	0 x \$3,084.56		0 x \$3,039.53		0 x \$3,030.46		0 x \$3,018.89	
Monthly Cost	2 \$2,164.60		2 \$2,133.00		2 \$2,126.64		2 \$2,118.52	
Annual Cost	\$25,975.20		\$25,596.00		\$25,519.68		\$25,422.24	

Prepared For: **Anthem 2025 3rd qtr Blue Access Nassau Suffolk**  
Nassau County, NY 11565  
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**Health Plan Comparison Report (4L)**  
Effective Date: 07/01/2025      Prepared On: 05/05/2025  
Report ID: 39235168      SIC: 0000

	<b>Anthem Blue Access Bronze Blue Access EPO 9200 0% 8FC1 (EPOc) (UCR=N/A)</b>	
	<b>In-Network</b>	<b>Out-Network</b>
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	\$1,050.13
EE with Spouse	0 x	\$2,100.26
EE with Child(ren)	0 x	\$1,785.22
Family	0 x	\$2,992.87
Monthly Cost	2	\$2,100.26
Annual Cost		\$25,203.12