

	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 \$1,792.96		2 x \$1,776.54		2 x \$1,741.20		2 x \$1,721.81	
EE with Spouse	0 x \$3,585.92		0 x \$3,553.08		0 x \$3,482.40		0 x \$3,443.62	
EE with Child(ren)	0 x \$3,048.03		0 x \$3,020.12		0 x \$2,960.04		0 x \$2,927.08	
Family	0 x \$5,109.94		0 x \$5,063.14		0 x \$4,962.42		0 x \$4,907.16	
Monthly Cost	2 \$3,585.92		2 \$3,553.08		2 \$3,482.40		2 \$3,443.62	
Annual Cost	\$43,031.04		\$42,636.96		\$41,788.80		\$41,323.44	

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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 \$1,614.85		2 x \$1,537.92		2 x \$1,510.87		2 x \$1,502.74	
EE with Spouse	0 x \$3,229.70		0 x \$3,075.84		0 x \$3,021.74		0 x \$3,005.48	
EE with Child(ren)	0 x \$2,745.25		0 x \$2,614.46		0 x \$2,568.48		0 x \$2,554.66	
Family	0 x \$4,602.32		0 x \$4,383.07		0 x \$4,305.98		0 x \$4,282.81	
Monthly Cost	2 \$3,229.70		2 \$3,075.84		2 \$3,021.74		2 \$3,005.48	
Annual Cost	\$38,756.40		\$36,910.08		\$36,260.88		\$36,065.76	

	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 \$1,495.23		2 x \$1,457.39		2 x \$1,438.00		2 x \$1,436.75	
EE with Spouse	0 x \$2,990.46		0 x \$2,914.78		0 x \$2,876.00		0 x \$2,873.50	
EE with Child(ren)	0 x \$2,541.89		0 x \$2,477.56		0 x \$2,444.60		0 x \$2,442.48	
Family	0 x \$4,261.41		0 x \$4,153.56		0 x \$4,098.30		0 x \$4,094.74	
Monthly Cost	2 \$2,990.46		2 \$2,914.78		2 \$2,876.00		2 \$2,873.50	
Annual Cost	\$35,885.52		\$34,977.36		\$34,512.00		\$34,482.00	

	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 \$1,354.03		2 x \$1,320.41		2 x \$1,319.94		2 x \$1,312.27	
EE with Spouse	0 x \$2,708.06		0 x \$2,640.82		0 x \$2,639.88		0 x \$2,624.54	
EE with Child(ren)	0 x \$2,301.85		0 x \$2,244.70		0 x \$2,243.90		0 x \$2,230.86	
Family	0 x \$3,858.99		0 x \$3,763.17		0 x \$3,761.83		0 x \$3,739.97	
Monthly Cost	2 \$2,708.06		2 \$2,640.82		2 \$2,639.88		2 \$2,624.54	
Annual Cost	\$32,496.72		\$31,689.84		\$31,678.56		\$31,494.48	

	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 \$1,263.02		2 x \$1,223.30		2 x \$1,220.17		2 x \$1,197.81	
EE with Spouse	0 x \$2,526.04		0 x \$2,446.60		0 x \$2,440.34		0 x \$2,395.62	
EE with Child(ren)	0 x \$2,147.13		0 x \$2,079.61		0 x \$2,074.29		0 x \$2,036.28	
Family	0 x \$3,599.61		0 x \$3,486.41		0 x \$3,477.48		0 x \$3,413.76	
Monthly Cost	2 \$2,526.04		2 \$2,446.60		2 \$2,440.34		2 \$2,395.62	
Annual Cost	\$30,312.48		\$29,359.20		\$29,284.08		\$28,747.44	

	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 \$1,167.94		2 x \$1,150.90		2 x \$1,147.46		2 x \$1,143.08	
EE with Spouse	0 x \$2,335.88		0 x \$2,301.80		0 x \$2,294.92		0 x \$2,286.16	
EE with Child(ren)	0 x \$1,985.50		0 x \$1,956.53		0 x \$1,950.68		0 x \$1,943.24	
Family	0 x \$3,328.63		0 x \$3,280.07		0 x \$3,270.26		0 x \$3,257.78	
Monthly Cost	2 \$2,335.88		2 \$2,301.80		2 \$2,294.92		2 \$2,286.16	
Annual Cost	\$28,030.56		\$27,621.60		\$27,539.04		\$27,433.92	

Prepared For: **Anthem 2025 3rd qtr Blue Access Mid Hudson**

Orange County, NY 10910

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

Health Plan Comparison Report (4L)

Effective Date: 07/01/2025

Prepared On: 05/05/2025

Report ID: 39235173

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 \$1,133.23
EE with Spouse	0 x \$2,266.46
EE with Child(ren)	0 x \$1,926.49
Family	0 x \$3,229.71
Monthly Cost	2 \$2,266.46
Annual Cost	\$27,197.52

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