

	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	\$1,587.50	2 x	\$1,572.96	2 x	\$1,541.67	2 x	\$1,524.50
EE with Spouse	0 x	\$3,175.00	0 x	\$3,145.92	0 x	\$3,083.34	0 x	\$3,049.00
EE with Child(ren)	0 x	\$2,698.75	0 x	\$2,674.03	0 x	\$2,620.84	0 x	\$2,591.65
Family	0 x	\$4,524.38	0 x	\$4,482.94	0 x	\$4,393.76	0 x	\$4,344.83
Monthly Cost	2	\$3,175.00	2	\$3,145.92	2	\$3,083.34	2	\$3,049.00
Annual Cost		\$38,100.00		\$37,751.04		\$37,000.08		\$36,588.00

	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	\$1,429.80	2 x	\$1,361.68	2 x	\$1,337.73	2 x	\$1,330.53
EE with Spouse	0 x	\$2,859.60	0 x	\$2,723.36	0 x	\$2,675.46	0 x	\$2,661.06
EE with Child(ren)	0 x	\$2,430.66	0 x	\$2,314.86	0 x	\$2,274.14	0 x	\$2,261.90
Family	0 x	\$4,074.93	0 x	\$3,880.79	0 x	\$3,812.53	0 x	\$3,792.01
Monthly Cost	2	\$2,859.60	2	\$2,723.36	2	\$2,675.46	2	\$2,661.06
Annual Cost		\$34,315.20		\$32,680.32		\$32,105.52		\$31,932.72

	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	\$1,323.88	2 x	\$1,290.38	2 x	\$1,273.21	2 x	\$1,272.10
EE with Spouse	0 x	\$2,647.76	0 x	\$2,580.76	0 x	\$2,546.42	0 x	\$2,544.20
EE with Child(ren)	0 x	\$2,250.60	0 x	\$2,193.65	0 x	\$2,164.46	0 x	\$2,162.57
Family	0 x	\$3,773.06	0 x	\$3,677.58	0 x	\$3,628.65	0 x	\$3,625.49
Monthly Cost	2	\$2,647.76	2	\$2,580.76	2	\$2,546.42	2	\$2,544.20
Annual Cost		\$31,773.12		\$30,969.12		\$30,557.04		\$30,530.40

	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 \$1,198.86		2 x \$1,169.09		2 x \$1,168.68		2 x \$1,161.90	
EE with Spouse	0 x \$2,397.72		0 x \$2,338.18		0 x \$2,337.36		0 x \$2,323.80	
EE with Child(ren)	0 x \$2,038.06		0 x \$1,987.45		0 x \$1,986.76		0 x \$1,975.23	
Family	0 x \$3,416.75		0 x \$3,331.91		0 x \$3,330.74		0 x \$3,311.42	
Monthly Cost	2 \$2,397.72		2 \$2,338.18		2 \$2,337.36		2 \$2,323.80	
Annual Cost	\$28,772.64		\$28,058.16		\$28,048.32		\$27,885.60	

	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	\$1,118.28	2 x	\$1,083.12	2 x	\$1,080.35	2 x	\$1,060.55
EE with Spouse	0 x	\$2,236.56	0 x	\$2,166.24	0 x	\$2,160.70	0 x	\$2,121.10
EE with Child(ren)	0 x	\$1,901.08	0 x	\$1,841.30	0 x	\$1,836.60	0 x	\$1,802.94
Family	0 x	\$3,187.10	0 x	\$3,086.89	0 x	\$3,079.00	0 x	\$3,022.57
Monthly Cost	2	\$2,236.56	2	\$2,166.24	2	\$2,160.70	2	\$2,121.10
Annual Cost		\$26,838.72		\$25,994.88		\$25,928.40		\$25,453.20

	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 \$1,034.10		2 x \$1,019.01		2 x \$1,015.97		2 x \$1,012.09	
EE with Spouse	0 x \$2,068.20		0 x \$2,038.02		0 x \$2,031.94		0 x \$2,024.18	
EE with Child(ren)	0 x \$1,757.97		0 x \$1,732.32		0 x \$1,727.15		0 x \$1,720.55	
Family	0 x \$2,947.19		0 x \$2,904.18		0 x \$2,895.51		0 x \$2,884.46	
Monthly Cost	2 \$2,068.20		2 \$2,038.02		2 \$2,031.94		2 \$2,024.18	
Annual Cost	\$24,818.40		\$24,456.24		\$24,383.28		\$24,290.16	

Prepared For: **Anthem 2025 3rd qtr Blue Access New York City**  
New York County, NY 10001  
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**Health Plan Comparison Report (4L)**  
Effective Date: 07/01/2025      Prepared On: 05/05/2025  
Report ID: 39235184      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	\$1,003.37
EE with Spouse	0 x	\$2,006.74
EE with Child(ren)	0 x	\$1,705.73
Family	0 x	\$2,859.60
Monthly Cost	2	\$2,006.74
Annual Cost		\$24,080.88