Prepared For: **Anthem 2026 1st qtr Blue Access Albany**

Albany County, NY 12007

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

Health Plan Comparison Report (4L)

Effective Date: 01/01/2026 Prepared On: 10/22/2025

Report ID: 39277538 SIC: 8721

	Anthem Blue Access Platinum Blue Access EPO 5/25 0% 93AL (EPO) (UCR=N/A)		**Anthem Blue Access Platinum Blue Access EPO 20/40 0% 93DD (EPO) (UCR=N/A)**		**Anthem Blue Access Platinum Blue Access EPO 15/35 300 10% 93C9 (EPOc) (UCR=N/A)**		**Anthem Blue Access Guided Advantage Platinum Blue Access EPO 5/25/30/60 500 10% 93CG (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 $1,338.96		2 x $1,325.89		2 x $1,302.42		2 x $1,286.80	
EE with Spouse	0 x $2,677.92		0 x $2,651.78		0 x $2,604.84		0 x $2,573.60	
EE with Child(ren)	0 x $2,276.23		0 x $2,254.01		0 x $2,214.11		0 x $2,187.56	
Family	0 x $3,816.04		0 x $3,778.79		0 x $3,711.90		0 x $3,667.38	
Monthly Cost	2 $2,677.92		2 $2,651.78		2 $2,604.84		2 $2,573.60	
Annual Cost	$32,135.04		$31,821.36		$31,258.08		$30,883.20	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	Anthem Blue Access Gold Blue Access EPO 30/60 0% 93BA (EPO) (UCR=N/A)		**Anthem Blue Access Gold Blue Access EPO 50/60 1200 10% 93AC (EPOc) (UCR=N/A)**		**Anthem Blue Access Gold Blue Access EPO 15/40 1950 15% 93CN (EPOc) (UCR=N/A)**		**Anthem Blue Access Gold Blue Access EPO 25/50 1950 30% 939U (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 $1,200.06		2 x $1,143.73		2 x $1,118.87		2 x $1,107.76	
EE with Spouse	0 x $2,400.12		0 x $2,287.46		0 x $2,237.74		0 x $2,215.52	
EE with Child(ren)	0 x $2,040.10		0 x $1,944.34		0 x $1,902.08		0 x $1,883.19	
Family	0 x $3,420.17		0 x $3,259.63		0 x $3,188.78		0 x $3,157.12	
Monthly Cost	2 $2,400.12		2 $2,287.46		2 $2,237.74		2 $2,215.52	
Annual Cost	$28,801.44		$27,449.52		$26,852.88		$26,586.24	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	Anthem Blue Access Gold Blue Access EPO 30/65 1600 20% 93DF (EPOc) (UCR=N/A)		Anthem Blue Access Guided Advantage Gold Blue Access EPO 20/40/50/80 2000 20% 93A0 (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 20/50 1800 15% w/HSA PrevRx 93AF (HSA) (UCR=N/A)		Anthem Blue Access Virtual Access Plus Silver Blue Access EPO 60/125 0% 93C2 (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 $1,100.59		2 x $1,079.66		2 x $1,071.91		2 x $1,065.43	
EE with Spouse	0 x $2,201.18		0 x $2,159.32		0 x $2,143.82		0 x $2,130.86	
EE with Child(ren)	0 x $1,871.00		0 x $1,835.42		0 x $1,822.25		0 x $1,811.23	
Family	0 x $3,136.68		0 x $3,077.03		0 x $3,054.94		0 x $3,036.48	
Monthly Cost	2 $2,201.18		2 $2,159.32		2 $2,143.82		2 $2,130.86	
Annual Cost	$26,414.16		$25,911.84		$25,725.84		$25,570.32	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	Anthem Blue Access Silver Blue Access EPO 45/75 2650 30% 939Y (EPOc) (UCR=N/A)		**Anthem Blue Access Silver Blue Access EPO 40/80 3450 50% 93C5 (EPOc) (UCR=N/A)**		**Anthem Blue Access Silver Blue Access EPO 40/80 4000 40% 8TYL (EPOc) (UCR=N/A)**		**Anthem Blue Access Silver Blue Access EPO 35/80 4650 50% 93C3 (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 $984.59		2 x $976.84		2 x $959.38		2 x $954.52	
EE with Spouse	0 x $1,969.18		0 x $1,953.68		0 x $1,918.76		0 x $1,909.04	
EE with Child(ren)	0 x $1,673.80		0 x $1,660.63		0 x $1,630.95		0 x $1,622.68	
Family	0 x $2,806.08		0 x $2,783.99		0 x $2,734.23		0 x $2,720.38	
Monthly Cost	2 $1,969.18		2 $1,953.68		2 $1,918.76		2 $1,909.04	
Annual Cost	$23,630.16		$23,444.16		$23,025.12		$22,908.48	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	Anthem Blue Access Guided Advantage Silver Blue Access EPO 35/65/50/100 5000 50% 93C4 (EPOc) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 2750 40% w/HSA 8TYH (HSA) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 30/60 3300 30% w/HSA PrevRx 93CT (HSA) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 20/50 4100 30% w/HSA PrevRx 93AZ (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 $939.71		2 x $921.21		2 x $915.43		2 x $902.01	
EE with Spouse	0 x $1,879.42		0 x $1,842.42		0 x $1,830.86		0 x $1,804.02	
EE with Child(ren)	0 x $1,597.51		0 x $1,566.06		0 x $1,556.23		0 x $1,533.42	
Family	0 x $2,678.17		0 x $2,625.45		0 x $2,608.98		0 x $2,570.73	
Monthly Cost	2 $1,879.42		2 $1,842.42		2 $1,830.86		2 $1,804.02	
Annual Cost	$22,553.04		$22,109.04		$21,970.32		$21,648.24	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	Anthem Blue Access Guided Advantage Bronze Blue Access EPO 40/70/80/120 9200 50% 93AJ (EPO) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 5500 50% w/HSA 93B6 (HSA) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 25/75 6300 50% w/HSA 93AP (HSA) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 20/50 7500 50% w/HSA 93DA (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 $874.95		2 x $858.41		2 x $854.01		2 x $845.80	
EE with Spouse	0 x $1,749.90		0 x $1,716.82		0 x $1,708.02		0 x $1,691.60	
EE with Child(ren)	0 x $1,487.42		0 x $1,459.30		0 x $1,451.82		0 x $1,437.86	
Family	0 x $2,493.61		0 x $2,446.47		0 x $2,433.93		0 x $2,410.53	
Monthly Cost	2 $1,749.90		2 $1,716.82		2 $1,708.02		2 $1,691.60	
Annual Cost	$20,998.80		$20,601.84		$20,496.24		$20,299.20	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	Anthem Blue Access Bronze Blue Access EPO 10150 0% 93AW (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 $843.26	
EE with Spouse	0 x $1,686.52	
EE with Child(ren)	0 x $1,433.54	
Family	0 x $2,403.29	
Monthly Cost	2 $1,686.52	
Annual Cost	$20,238.24	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible