

	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 \$1,920.82		2 x \$1,902.08		2 x \$1,868.39		2 x \$1,846.00	
EE with Spouse	0 x \$3,841.64		0 x \$3,804.16		0 x \$3,736.78		0 x \$3,692.00	
EE with Child(ren)	0 x \$3,265.39		0 x \$3,233.54		0 x \$3,176.26		0 x \$3,138.20	
Family	0 x \$5,474.34		0 x \$5,420.93		0 x \$5,324.91		0 x \$5,261.10	
Monthly Cost	2 \$3,841.64		2 \$3,804.16		2 \$3,736.78		2 \$3,692.00	
Annual Cost	\$46,099.68		\$45,649.92		\$44,841.36		\$44,304.00	

	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 \$1,721.56		2 x \$1,640.76		2 x \$1,605.08		2 x \$1,589.16	
EE with Spouse	0 x \$3,443.12		0 x \$3,281.52		0 x \$3,210.16		0 x \$3,178.32	
EE with Child(ren)	0 x \$2,926.65		0 x \$2,789.29		0 x \$2,728.64		0 x \$2,701.57	
Family	0 x \$4,906.45		0 x \$4,676.17		0 x \$4,574.48		0 x \$4,529.11	
Monthly Cost	2 \$3,443.12		2 \$3,281.52		2 \$3,210.16		2 \$3,178.32	
Annual Cost	\$41,317.44		\$39,378.24		\$38,521.92		\$38,139.84	

	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 \$1,578.87		2 x \$1,548.84		2 x \$1,537.72		2 x \$1,528.43	
EE with Spouse	0 x \$3,157.74		0 x \$3,097.68		0 x \$3,075.44		0 x \$3,056.86	
EE with Child(ren)	0 x \$2,684.08		0 x \$2,633.03		0 x \$2,614.12		0 x \$2,598.33	
Family	0 x \$4,499.78		0 x \$4,414.19		0 x \$4,382.50		0 x \$4,356.03	
Monthly Cost	2 \$3,157.74		2 \$3,097.68		2 \$3,075.44		2 \$3,056.86	
Annual Cost	\$37,892.88		\$37,172.16		\$36,905.28		\$36,682.32	

	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	\$1,412.45	2 x	\$1,401.34	2 x	\$1,376.28	2 x	\$1,369.32
EE with Spouse	0 x	\$2,824.90	0 x	\$2,802.68	0 x	\$2,752.56	0 x	\$2,738.64
EE with Child(ren)	0 x	\$2,401.17	0 x	\$2,382.28	0 x	\$2,339.68	0 x	\$2,327.84
Family	0 x	\$4,025.48	0 x	\$3,993.82	0 x	\$3,922.40	0 x	\$3,902.56
Monthly Cost	2	\$2,824.90	2	\$2,802.68	2	\$2,752.56	2	\$2,738.64
Annual Cost		\$33,898.80		\$33,632.16		\$33,030.72		\$32,863.68

	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 \$1,348.08		2 x \$1,321.53		2 x \$1,313.24		2 x \$1,293.99	
EE with Spouse	0 x \$2,696.16		0 x \$2,643.06		0 x \$2,626.48		0 x \$2,587.98	
EE with Child(ren)	0 x \$2,291.74		0 x \$2,246.60		0 x \$2,232.51		0 x \$2,199.78	
Family	0 x \$3,842.03		0 x \$3,766.36		0 x \$3,742.73		0 x \$3,687.87	
Monthly Cost	2 \$2,696.16		2 \$2,643.06		2 \$2,626.48		2 \$2,587.98	
Annual Cost	\$32,353.92		\$31,716.72		\$31,517.76		\$31,055.76	

	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 \$1,255.16		2 x \$1,231.44		2 x \$1,225.13		2 x \$1,213.35	
EE with Spouse	0 x \$2,510.32		0 x \$2,462.88		0 x \$2,450.26		0 x \$2,426.70	
EE with Child(ren)	0 x \$2,133.77		0 x \$2,093.45		0 x \$2,082.72		0 x \$2,062.70	
Family	0 x \$3,577.21		0 x \$3,509.60		0 x \$3,491.62		0 x \$3,458.05	
Monthly Cost	2 \$2,510.32		2 \$2,462.88		2 \$2,450.26		2 \$2,426.70	
Annual Cost	\$30,123.84		\$29,554.56		\$29,403.12		\$29,120.40	

Prepared For: **Anthem 2026 1st qtr Blue Access Mid Hudson**

Orange County, NY 10910

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

Health Plan Comparison Report (4L)

Effective Date: 01/01/2026

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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	\$1,209.70
EE with Spouse	0 x	\$2,419.40
EE with Child(ren)	0 x	\$2,056.49
Family	0 x	\$3,447.65
Monthly Cost	2	\$2,419.40
Annual Cost		\$29,032.80

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible