Prepared For: **Anthem 2026 1st qtr Connections New York City**

New York County, NY 10001

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

Health Plan Comparison Report (4L)

Effective Date: 01/01/2026 Prepared On: 10/23/2025

Report ID: 39277825 SIC: 0000

	Anthem Connection Platinum Connection EPO 20/40 0% 8U0B (EPO) (UCR=N/A)		Anthem Connection Platinum Connection EPO 5/25 200 10% 8U23 (EPOc) (UCR=N/A)		Anthem Connection Platinum Connection EPO 15/35 300 10% 8U17 (EPOc) (UCR=N/A)		Anthem Connection Guided Advantage Platinum Connection EPO 5/25/30/60 500 10% 8TZR (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		10/50/90/150 ded T2-3		10/50/90/200 ded T2-3		5/10%/10% IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		$200/$600 embedded		$300/$600 embedded		$500/$1,000 embedded	
Individual/Family OOP Limit	$3,500/$7,000		$2,750/$5,500 (incl ded)		$3,200/$6,400 (incl ded)		$3,000/$6,000 (incl ded)	
Co-Insurance	0%		10%		10%		10%	
Office Visits								
Primary Care	$20		$5 ded waived		$15 ded waived		$25 ded waived ($5 ded waived Preferred Provider)	
Specialist	$40		$25 ded waived		$35 ded waived		$60 ded waived ($30 ded waived Preferred Provider)	
Inpatient Services								
Inpatient Hospital	$500/admit		$500/admit after ded		10% after ded		10% after ded	
Mental Health Inpatient	$500/admit		$500/admit after ded		10% after ded		10% after ded	
Outpatient Services								
Outpatient Facility	Hospital-$500; ASC-$100		Hospital-$500 after ded; ASC-$50 ded waived		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: Office-$25 ded waived; OP-$25 after ded; X-ray: Office-$50 ded waived; OP-$150 after ded		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 after ded		10% after ded		30% after ded	
Urgent Care	$50		$50 ded waived		$50 ded waived		$75 ded waived	
Single	2 x $1,544.46		2 x $1,531.84		2 x $1,517.24		2 x $1,498.95	
EE with Spouse	0 x $3,088.92		0 x $3,063.68		0 x $3,034.48		0 x $2,997.90	
EE with Child(ren)	0 x $2,625.58		0 x $2,604.13		0 x $2,579.31		0 x $2,548.22	
Family	0 x $4,401.71		0 x $4,365.74		0 x $4,324.13		0 x $4,272.01	
Monthly Cost	2 $3,088.92		2 $3,063.68		2 $3,034.48		2 $2,997.90	
Annual Cost	$37,067.04		$36,764.16		$36,413.76		$35,974.80	

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

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	Anthem Connection Gold Connection EPO 30/60 0% 8TZY (EPO) (UCR=N/A)		Anthem Connection Gold Connection EPO 50/60 1200 10% 8U24 (EPOc) (UCR=N/A)		Anthem Connection Gold Connection EPO 25/50 1950 30% 8TZ1 (EPOc) (UCR=N/A)		Anthem Connection Gold Connection EPO 30/65 1600 20% 8TZ7 (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		10/50/90/200 ded T2-3		10/50/50%/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		$1,200/$2,400 embedded		$1,950/$3,900 embedded		$1,600/$3,200 embedded	
Individual/Family OOP Limit	$9,150/$18,300		$7,000/$14,000 (incl ded)		$7,500/$15,000 (incl ded)		$7,500/$15,000 (incl ded)	
Co-Insurance	0%		10%		30%		20%	
Office Visits								
Primary Care	$30		$50 ded waived		$25 ded waived		$30 ded waived	
Specialist	$60		$60 ded waived		$50 ded waived		$65 ded waived	
Inpatient Services								
Inpatient Hospital	$600/admit		10% after ded		30% after ded		20% after ded	
Mental Health Inpatient	$600/admit		10% after ded		30% after ded		20% after ded	
Outpatient Services								
Outpatient Facility	Hospital-$500; ASC-$300		Hospital-$300 after ded; ASC-$150 after ded		Hospital-$500 after ded; ASC-$200 after ded		Hospital-$300 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-$200 after ded	
Mental Health Outpatient	No charge		No charge		No charge		No charge	
Emergency Care								
Emergency Room	$850		$750 after ded		$750 after ded		$500 after ded	
Urgent Care	$90		$100 ded waived		$80 ded waived		$85 ded waived	
Single	2 x $1,398.02		2 x $1,332.39		2 x $1,290.43		2 x $1,282.06	
EE with Spouse	0 x $2,796.04		0 x $2,664.78		0 x $2,580.86		0 x $2,564.12	
EE with Child(ren)	0 x $2,376.63		0 x $2,265.06		0 x $2,193.73		0 x $2,179.50	
Family	0 x $3,984.36		0 x $3,797.31		0 x $3,677.73		0 x $3,653.87	
Monthly Cost	2 $2,796.04		2 $2,664.78		2 $2,580.86		2 $2,564.12	
Annual Cost	$33,552.48		$31,977.36		$30,970.32		$30,769.44	

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

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	Anthem Connection Virtual Access Plus Silver Connection EPO 60/125 0% 8TZA (EPO) (UCR=N/A)		Anthem Connection Silver Connection EPO 45/75 2650 30% 8U2P (EPOc) (UCR=N/A)		Anthem Connection Silver Connection EPO 40/80 3450 50% 8U25 (EPOc) (UCR=N/A)		Anthem Connection Silver Connection EPO 30/60 3300 30% w/HSA PrevRx 8TZH (HSA) (UCR=N/A)	
	In-Network	**Out-Network**	**In-Network**	**Out-Network**	**In-Network**	**Out-Network**	**In-Network**	**Out-Network**
Prescription Drugs								
Drug Card	15/75/100/200 ded T2-3		35/75/50%/300 ded T2-3		25/75/90/200 ded T2-3		10/30%/50% IntDed	
Cost Share Information								
Individual/Family Deductible	N/A		$2,650/$5,300 embedded		$3,450/$6,900 embedded		$3,300/$6,600 embedded	
Individual/Family OOP Limit	$10,150/$20,300		$9,950/$19,900 (incl ded)		$9,700/$19,400 (incl ded)		$8,450/$16,900 (incl ded)	
Co-Insurance	0%		30%		50%		30%	
Office Visits								
Primary Care	$60 (No charge virtual visits)		$45 ded waived		$40 ded waived		$30 after ded	
Specialist	$125		$75 ded waived		$80 ded waived		$60 after ded	
Inpatient Services								
Inpatient Hospital	$2,800/admit		30% after ded		50% after ded		30% after ded	
Mental Health Inpatient	$2,800/admit		30% after ded		50% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	Hospital-$1,000; ASC-$500		Hospital-$500 after ded; ASC-$300 after ded		Hospital-50% after ded; ASC-$300 after ded		30% after ded	
Lab/X-Ray	Lab: Office-$125; OP-$20; X-ray: $200		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		30% after ded	
Mental Health Outpatient	No charge		No charge		No charge		0% after ded	
Emergency Care								
Emergency Room	$2,800		$1,000 after ded		50% after ded		30% after ded	
Urgent Care	$200		$100 ded waived		$100 ded waived		$100 after ded	
Single	2 x $1,241.24		2 x $1,146.97		2 x $1,138.04		2 x $1,066.45	
EE with Spouse	0 x $2,482.48		0 x $2,293.94		0 x $2,276.08		0 x $2,132.90	
EE with Child(ren)	0 x $2,110.11		0 x $1,949.85		0 x $1,934.67		0 x $1,812.97	
Family	0 x $3,537.53		0 x $3,268.86		0 x $3,243.41		0 x $3,039.38	
Monthly Cost	2 $2,482.48		2 $2,293.94		2 $2,276.08		2 $2,132.90	
Annual Cost	$29,789.76		$27,527.28		$27,312.96		$25,594.80	

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

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	Anthem Connection Silver Connection EPO 20/50 4100 30% w/HSA PrevRx 8TYX (HSA) (UCR=N/A)		Anthem Connection Silver Connection EPO 50/100 4250 30% w/HSA PrevRx 8U10 (HSA) (UCR=N/A)		Anthem Connection Guided Advantage Bronze Connection EPO 40/70/80/120 9200 50% 8U3G (EPOc) (UCR=N/A)		Anthem Connection Bronze Connection EPO 25/75 6300 50% w/HSA 8U09 (HSA) (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 IntDed		10/65/50% IntDed		25/50%/50% IntDed T2-3		50%/50%/50% IntDed	
Cost Share Information								
Individual/Family Deductible	$4,100/$8,200 embedded		$4,250/$8,500 embedded		$9,200/$18,400 embedded		$6,300/$12,600 embedded	
Individual/Family OOP Limit	$8,450/$16,900 (incl ded)		$8,450/$16,900 (incl ded)		$10,150/$20,300 (incl ded)		$8,450/$16,900 (incl ded)	
Co-Insurance	30%		30%		50%		50%	
Office Visits								
Primary Care	$20 after ded		$50 after ded		$70 ded waived ($40 ded waived Preferred Provider)		$25 after ded	
Specialist	$50 after ded		$100 after ded		$120 ded waived ($80 ded waived Preferred Provider)		$75 after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		30% after ded		50% after ded		50% after ded	
Mental Health Inpatient	30% after ded		30% after ded		50% after ded		50% after ded	
Outpatient Services								
Outpatient Facility	30% after ded		30% after ded		Hospital-50% after ded; ASC-$500 after ded		50% after ded	
Lab/X-Ray	30% after ded		30% after ded		Lab: Office-$120 ded waived; OP-50% after ded; X-ray: Office-$75 ded waived; OP-50% after ded		50% after ded	
Mental Health Outpatient	0% after ded		0% after ded		No charge		0% after ded	
Emergency Care								
Emergency Room	30% after ded		30% after ded		50% after ded		50% after ded	
Urgent Care	$100 after ded		$100 after ded		$100 ded waived		$100 after ded	
Single	2 x $1,050.86		2 x $1,042.92		2 x $1,019.24		2 x $994.86	
EE with Spouse	0 x $2,101.72		0 x $2,085.84		0 x $2,038.48		0 x $1,989.72	
EE with Child(ren)	0 x $1,786.46		0 x $1,772.96		0 x $1,732.71		0 x $1,691.26	
Family	0 x $2,994.95		0 x $2,972.32		0 x $2,904.83		0 x $2,835.35	
Monthly Cost	2 $2,101.72		2 $2,085.84		2 $2,038.48		2 $1,989.72	
Annual Cost	$25,220.64		$25,030.08		$24,461.76		$23,876.64	

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	Anthem Connection Bronze Connection EPO 20/50 7500 50% w/HSA 8U12 (HSA) (UCR=N/A)		Anthem Connection Bronze Connection EPO 10150 0% 8U0H (EPOc) (UCR=N/A)	
	In-Network	**Out-Network**	**In-Network**	**Out-Network**
Prescription Drugs				
Drug Card	50%/50%/50% IntDed		0%/0%/0% IntDed	
Cost Share Information				
Individual/Family Deductible	$7,500/$15,000 embedded		$10,150/$20,300 embedded	
Individual/Family OOP Limit	$8,450/$16,900 (incl ded)		$10,150/$20,300 (incl ded)	
Co-Insurance	50%		0%	
Office Visits				
Primary Care	$20 after ded		0% after ded	
Specialist	$50 after ded		0% after ded	
Inpatient Services				
Inpatient Hospital	50% after ded		0% after ded	
Mental Health Inpatient	50% after ded		0% after ded	
Outpatient Services				
Outpatient Facility	50% after ded		0% after ded	
Lab/X-Ray	50% after ded		0% after ded	
Mental Health Outpatient	0% after ded		0% after ded	
Emergency Care				
Emergency Room	50% after ded		0% after ded	
Urgent Care	$100 after ded		0% after ded	
Single	2 x $985.36		2 x $982.39	
EE with Spouse	0 x $1,970.72		0 x $1,964.78	
EE with Child(ren)	0 x $1,675.11		0 x $1,670.06	
Family	0 x $2,808.28		0 x $2,799.81	
Monthly Cost	2 $1,970.72		2 $1,964.78	
Annual Cost	$23,648.64		$23,577.36	