

	Anthem Connection Platinum Connection EPO 20/40 0% 9TTZ (EPO) (UCR=N/A)		Anthem Connection Platinum Connection EPO 5/25 200 10% 9TU7 (EPOc) (UCR=N/A)		Anthem Connection Platinum Connection EPO 15/35 300 10% 9TU3 (EPOc) (UCR=N/A)		Anthem Connection Gold Connection EPO 25/50 0% A7MJ (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/35/70/100 ded T2-3		10/50/90/100 ded T2-3		10/35/70/100 ded T2-3		10/65/90/150 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		\$200/\$600 embedded		\$300/\$600 embedded		N/A	
Individual/Family OOP Limit	\$3,000/\$6,000		\$2,500/\$5,000 (incl ded)		\$3,200/\$6,400 (incl ded)		\$8,500/\$17,000	
Co-Insurance	0%		10%		10%		0%	
<b>Office Visits</b>								
Primary Care	\$20		\$5 ded waived		\$15 ded waived		\$25	
Specialist	\$40		\$25 ded waived		\$35 ded waived		\$50	
<b>Inpatient Services</b>								
Inpatient Hospital	\$500/admit		\$500/admit after ded		10% after ded		\$500/admit	
Mental Health Inpatient	\$500/admit		\$500/admit after ded		10% after ded		\$500/admit	
<b>Outpatient Services</b>								
Outpatient Facility	\$500		\$500 after ded		10% after ded		\$500	
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 after ded; OP-10% after ded		Lab: No charge; X-ray: Office-\$50; OP-\$150	
Mental Health Outpatient	\$20		\$5 ded waived		\$15 ded waived		\$25	
<b>Emergency Care</b>								
Emergency Room	\$300		\$300 after ded		10% after ded		\$750	
Urgent Care	\$50		\$75 ded waived		\$50 ded waived		\$50	
Single	2 x \$1,318.72		2 x \$1,307.63		2 x \$1,296.03		2 x \$1,197.81	
EE with Spouse	0 x \$2,637.44		0 x \$2,615.26		0 x \$2,592.06		0 x \$2,395.62	
EE with Child(ren)	0 x \$2,241.82		0 x \$2,222.97		0 x \$2,203.25		0 x \$2,036.28	
Family	0 x \$3,758.35		0 x \$3,726.75		0 x \$3,693.69		0 x \$3,413.76	
Monthly Cost	2 \$2,637.44		2 \$2,615.26		2 \$2,592.06		2 \$2,395.62	
Annual Cost	\$31,649.28		\$31,383.12		\$31,104.72		\$28,747.44	

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	Anthem Connection Gold Connection EPO 50/55 1000 0% A7MP (EPOc) (UCR=N/A)		Anthem Connection Gold Connection EPO 25/45 1850 20% A7MF (EPOc) (UCR=N/A)		Anthem Connection Silver Connection EPO 60/125 0% A2TF (EPO) (UCR=N/A)		Anthem Connection Silver Connection EPO 40/70 2600 30% A2TB (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/40/80/150 ded T2-3		10/50/90/150 ded T2-3		15/65/95		35/70/100/200 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$1,850/\$3,700 embedded		N/A		\$2,600/\$5,200 embedded	
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)		\$6,500/\$13,000 (incl ded)		\$9,450/\$18,900		\$9,450/\$18,900 (incl ded)	
Co-Insurance	0%		20%		0%		30%	
<b>Office Visits</b>								
Primary Care	\$50 ded waived		\$25 ded waived		\$60		\$40 ded waived	
Specialist	\$55 ded waived		\$45 ded waived		\$125		\$70 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$500/admit after ded		20% after ded		\$2,800/admit		30% after ded	
Mental Health Inpatient	\$500/admit after ded		20% after ded		\$2,800/admit		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$300 after ded		\$500 after ded		\$1,000		\$300 after ded	
Lab/X-Ray	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: Office-\$125; OP- \$20; X-ray: \$150		Lab: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded	
Mental Health Outpatient	\$50 ded waived		\$25 ded waived		\$60		\$40 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$500 after ded		\$750 after ded		\$2,800		\$500 after ded	
Urgent Care	\$60 ded waived		\$60 ded waived		\$125		\$75 ded waived	
Single	2 x \$1,160.16		2 x \$1,114.66		2 x \$1,062.45		2 x \$1,003.54	
EE with Spouse	0 x \$2,320.32		0 x \$2,229.32		0 x \$2,124.90		0 x \$2,007.08	
EE with Child(ren)	0 x \$1,972.27		0 x \$1,894.92		0 x \$1,806.17		0 x \$1,706.02	
Family	0 x \$3,306.46		0 x \$3,176.78		0 x \$3,027.98		0 x \$2,860.09	
Monthly Cost	2 \$2,320.32		2 \$2,229.32		2 \$2,124.90		2 \$2,007.08	
Annual Cost	\$27,843.84		\$26,751.84		\$25,498.80		\$24,084.96	

	Anthem Connection Silver Connection EPO 20/50 3250 25% w/HSA A2TD (HSA) (UCR=N/A)		Anthem Connection Silver Connection EPO 40/80 3250 50% A2TC (EPOc) (UCR=N/A)		Anthem Connection Silver Connection EPO 50/100 4000 20% w/HSA A2TU (HSA) (UCR=N/A)		Anthem Connection Bronze Connection EPO 20/50 6100 50% w/HSA 9FT8 (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/50/90 IntDed		25/75/90/200 ded T2-3		10/50/90 IntDed		50%/50%/50% IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$3,250/\$6,500 embedded		\$3,250/\$6,500 embedded		\$4,000/\$8,000 embedded		\$6,100/\$12,200 embedded	
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)		\$9,450/\$18,900 (incl ded)		\$7,800/\$15,600 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	25%		50%		20%		50%	
<b>Office Visits</b>								
Primary Care	\$20 after ded		\$40 ded waived		\$50 after ded		\$20 after ded	
Specialist	\$50 after ded		\$80 ded waived		\$100 after ded		\$50 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	\$1,500/admit after ded		50% after ded		\$1,500/admit after ded		\$1,000/admit after ded	
Mental Health Inpatient	\$1,500/admit after ded		50% after ded		\$1,500/admit after ded		\$1,000/admit after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$500 after ded		50% after ded		\$500 after ded		\$500 after ded	
Lab/X-Ray	Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP-\$150 after ded		Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 after ded; OP-50% after ded		Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP-\$150 after ded		Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP-\$150 after ded	
Mental Health Outpatient	\$20 after ded		\$40 ded waived		\$50 after ded		\$20 after ded	
<b>Emergency Care</b>								
Emergency Room	\$500 after ded		50% after ded		\$500 after ded		\$500 after ded	
Urgent Care	\$100 after ded		\$80 ded waived		\$100 after ded		\$100 after ded	
Single	2 x \$974.28		2 x \$962.03		2 x \$944.63		2 x \$866.39	
EE with Spouse	0 x \$1,948.56		0 x \$1,924.06		0 x \$1,889.26		0 x \$1,732.78	
EE with Child(ren)	0 x \$1,656.28		0 x \$1,635.45		0 x \$1,605.87		0 x \$1,472.86	
Family	0 x \$2,776.70		0 x \$2,741.79		0 x \$2,692.20		0 x \$2,469.21	
Monthly Cost	2 \$1,948.56		2 \$1,924.06		2 \$1,889.26		2 \$1,732.78	
Annual Cost	\$23,382.72		\$23,088.72		\$22,671.12		\$20,793.36	

Prepared For: **Anthem 2024 2nd qtr Connection Nassau Suffolk**

Nassau County, NY 11565

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

**Health Plan Comparison Report (4L)**

Effective Date: 04/01/2024

Prepared On: 01/26/2024

Report ID: 39049953

SIC: 0000

	Anthem Connection Bronze Connection EPO 20/50 7000 50% w/HSA 9FSU (HSA) (UCR=N/A)		Anthem Connection Bronze Connection EPO 20/50 8450 50% 9FT0 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>				
Drug Card	50%/50%/50% IntDed		50%/50%/50% IntDed	
<b>Cost Share Information</b>				
Individual/Family Deductible	\$7,000/\$14,000 embedded		\$8,450/\$16,900 embedded	
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)		\$9,100/\$18,200 (incl ded)	
Co-Insurance	50%		50%	
<b>Office Visits</b>				
Primary Care	\$20 after ded		\$20 after ded	
Specialist	\$50 after ded		\$50 after ded	
<b>Inpatient Services</b>				
Inpatient Hospital	\$500/admit after ded		\$500/admit after ded	
Mental Health Inpatient	\$500/admit after ded		\$500/admit after ded	
<b>Outpatient Services</b>				
Outpatient Facility	\$500 after ded		\$500 after ded	
Lab/X-Ray	Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after ded		Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after ded	
Mental Health Outpatient	\$20 after ded		\$20 after ded	
<b>Emergency Care</b>				
Emergency Room	\$300 after ded		\$300 after ded	
Urgent Care	\$100 after ded		\$100 after ded	
Single	2 x \$859.30		2 x \$830.55	
EE with Spouse	0 x \$1,718.60		0 x \$1,661.10	
EE with Child(ren)	0 x \$1,460.81		0 x \$1,411.94	
Family	0 x \$2,449.01		0 x \$2,367.07	
Monthly Cost	2 \$1,718.60		2 \$1,661.10	
Annual Cost	\$20,623.20		\$19,933.20	

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