

| | Anthem PPO/EPO Platinum EPO 5/25 0% 8FAP (EPO) (UCR=N/A) | | Anthem PPO/EPO Platinum EPO 20/40 0% 8FC3 (EPO) (UCR=N/A) | | Anthem PPO/EPO Platinum EPO 15/35 300 10% 8F9E (EPOc) (UCR=N/A) | | Anthem PPO/EPO Gold EPO 25/50 0% 8F7Z (EPO) (UCR=N/A) | |
|-------------------------------|---|-------------|--|-------------|--|-------------|--|-------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | | | |
| Drug Card | 10/35/70/100 ded T2-3 | | 10/35/70/100 ded T2-3 | | 10/50/90/200 ded T2-3 | | 10/65/95/200 ded T2-3 | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | N/A | | N/A | | \$300/\$600 embedded | | N/A | |
| Individual/Family OOP Limit | \$3,900/\$7,800 | | \$3,500/\$7,000 | | \$3,200/\$6,400 (incl ded) | | \$8,700/\$17,400 | |
| Co-Insurance | 0% | | 0% | | 10% | | 0% | |
| Office Visits | | | | | | | | |
| Primary Care | \$5 | | \$20 | | \$15 ded waived | | \$25 | |
| Specialist | \$25 | | \$40 | | \$35 ded waived | | \$50 | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | \$400/admit | | \$500/admit | | 10% after ded | | \$500/admit | |
| Mental Health Inpatient | \$400/admit | | \$500/admit | | 10% after ded | | \$500/admit | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | Hospital-\$300; ASC-\$50 | | Hospital-\$500; ASC-\$100 | | Hospital-10% after ded; ASC-\$50 after ded | | Hospital-\$500; ASC-\$250 | |
| 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: No charge; X-ray: Office-\$50; OP-\$150 | |
| Mental Health Outpatient | No charge | | No charge | | No charge | | No charge | |
| Emergency Care | | | | | | | | |
| Emergency Room | \$300 | | \$300 | | 10% after ded | | \$850 | |
| Urgent Care | \$50 | | \$50 | | \$50 ded waived | | \$75 | |
| Single | 2 x \$1,858.59 | | 2 x \$1,841.51 | | 2 x \$1,804.53 | | 2 x \$1,672.03 | |
| EE with Spouse | 0 x \$3,717.18 | | 0 x \$3,683.02 | | 0 x \$3,609.06 | | 0 x \$3,344.06 | |
| EE with Child(ren) | 0 x \$3,159.60 | | 0 x \$3,130.57 | | 0 x \$3,067.70 | | 0 x \$2,842.45 | |
| Family | 0 x \$5,296.98 | | 0 x \$5,248.30 | | 0 x \$5,142.91 | | 0 x \$4,765.29 | |
| Monthly Cost | 2 \$3,717.18 | | 2 \$3,683.02 | | 2 \$3,609.06 | | 2 \$3,344.06 | |
| Annual Cost | \$44,606.16 | | \$44,196.24 | | \$43,308.72 | | \$40,128.72 | |

| | Anthem PPO/EPO Gold EPO 50/60 1100 10% 8AHU (EPOc) (UCR=N/A) | | Anthem PPO/EPO Gold EPO 30/65 1500 20% 8AHW (EPOc) (UCR=N/A) | | Anthem PPO/EPO Gold EPO 15/40 1850 15% 8F9V (EPOc) (UCR=N/A) | | Anthem PPO/EPO Gold EPO 25/45 1850 25% 8FAH (EPOc) (UCR=N/A) | |
|-------------------------------|---|-------------|---|-------------|---|-------------|---|-------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | | | |
| Drug Card | 10/45/85/150 ded T2-3 | | 10/50/90/200 ded T2-3 | | 10/40/80/200 ded T2-3 | | 10/50/90/200 ded T2-3 | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$1,100/\$2,200 embedded | | \$1,500/\$3000 embedded | | \$1,850/\$3,700 embedded | | \$1,850/\$3,700 embedded | |
| Individual/Family OOP Limit | \$7,000/\$14,000 (incl ded) | | \$7,250/\$14,500 (incl ded) | | \$8,700/\$17,400 (incl ded) | | \$7,250/\$14,500 (incl ded) | |
| Co-Insurance | 10% | | 20% | | 15% | | 25% | |
| Office Visits | | | | | | | | |
| Primary Care | \$50 ded waived | | \$30 ded waived | | \$15 ded waived | | \$25 ded waived | |
| Specialist | \$60 ded waived | | \$65 ded waived | | \$40 ded waived | | \$45 ded waived | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | 10% after ded | | 20% after ded | | 15% after ded | | 25% after ded | |
| Mental Health Inpatient | 10% after ded | | 20% after ded | | 15% after ded | | 25% after ded | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | Hospital-\$300 after ded; ASC-\$150 after ded | | Hospital-\$250 after ded; ASC-\$150 after ded | | Hospital-\$300 after ded; ASC-\$150 after ded | | Hospital-\$500 after ded; ASC-\$150 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: 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 | \$750 after ded | | \$500 after ded | | \$750 after ded | | \$750 after ded | |
| Urgent Care | \$75 ded waived | | \$75 ded waived | | \$75 ded waived | | \$75 ded waived | |
| Single | 2 x \$1,591.68 | | 2 x \$1,563.46 | | 2 x \$1,554.69 | | 2 x \$1,546.97 | |
| EE with Spouse | 0 x \$3,183.36 | | 0 x \$3,126.92 | | 0 x \$3,109.38 | | 0 x \$3,093.94 | |
| EE with Child(ren) | 0 x \$2,705.86 | | 0 x \$2,657.88 | | 0 x \$2,642.97 | | 0 x \$2,629.85 | |
| Family | 0 x \$4,536.29 | | 0 x \$4,455.86 | | 0 x \$4,430.87 | | 0 x \$4,408.86 | |
| Monthly Cost | 2 \$3,183.36 | | 2 \$3,126.92 | | 2 \$3,109.38 | | 2 \$3,093.94 | |
| Annual Cost | \$38,200.32 | | \$37,523.04 | | \$37,312.56 | | \$37,127.28 | |

| | Anthem PPO/EPO Gold EPO 20/40/50 2000 20% 8AHT (EPOc) (UCR=N/A) | | Anthem PPO/EPO Gold EPO 20/50 1700 15% w/HSA PrevRx 8FAZ (HSA) (UCR=N/A) | | Anthem PPO/EPO Silver EPO 45/75 2600 30% 8FAB (EPOc) (UCR=N/A) | | Anthem PPO/EPO Silver EPO 40/80 3350 50% 8F9M (EPOc) (UCR=N/A) | |
|-------------------------------|--|-------------|--|-------------|--|-------------|--|-------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | | | |
| Drug Card | 10/20%/20% IntDed T2-3 | | 10/10%/10% IntDed | | 35/70/100/300 ded T2-3 | | 25/75/90/200 ded T2-3 | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$2,000/\$4,000 embedded | | \$1,700/\$3,400 non-embedded | | \$2,600/\$5,200 embedded | | \$3,350/\$6,700 embedded | |
| Individual/Family OOP Limit | \$7,000/\$14,000 (incl ded) | | \$5,950/\$11,900 (incl ded) | | \$9,200/\$18,400 (incl ded) | | \$9,200/\$18,400 (incl ded) | |
| Co-Insurance | 20% | | 15% | | 30% | | 50% | |
| Office Visits | | | | | | | | |
| Primary Care | \$40 ded waived (\$20 ded waived Preferred Provider) | | \$20 after ded | | \$45 ded waived | | \$40 ded waived | |
| Specialist | \$50 ded waived | | \$50 after ded | | \$75 ded waived | | \$80 ded waived | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | 20% after ded | | 15% after ded | | 30% after ded | | 50% after ded | |
| Mental Health Inpatient | 20% after ded | | 15% after ded | | 30% after ded | | 50% after ded | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | Hospital-20% after ded; ASC-\$200 after ded | | 15% after ded | | Hospital-\$500 after ded; ASC-\$300 after ded | | Hospital-50% after ded; ASC-\$300 after ded | |
| Lab/X-Ray | Lab: Office-\$50 ded waived; OP-20% after ded; X-ray: Office-\$50 ded waived; OP-20% after ded | | 15% after ded | | 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 | |
| Mental Health Outpatient | No charge | | 0% after ded | | No charge | | No charge | |
| Emergency Care | | | | | | | | |
| Emergency Room | 40% after ded | | 15% after ded | | \$1,000 after ded | | 50% after ded | |
| Urgent Care | \$75 ded waived | | \$100 after ded | | \$75 ded waived | | \$80 ded waived | |
| Single | 2 x \$1,507.31 | | 2 x \$1,487.11 | | 2 x \$1,399.18 | | 2 x \$1,363.98 | |
| EE with Spouse | 0 x \$3,014.62 | | 0 x \$2,974.22 | | 0 x \$2,798.36 | | 0 x \$2,727.96 | |
| EE with Child(ren) | 0 x \$2,562.43 | | 0 x \$2,528.09 | | 0 x \$2,378.61 | | 0 x \$2,318.77 | |
| Family | 0 x \$4,295.83 | | 0 x \$4,238.26 | | 0 x \$3,987.66 | | 0 x \$3,887.34 | |
| Monthly Cost | 2 \$3,014.62 | | 2 \$2,974.22 | | 2 \$2,798.36 | | 2 \$2,727.96 | |
| Annual Cost | \$36,175.44 | | \$35,690.64 | | \$33,580.32 | | \$32,735.52 | |

| | Anthem PPO/EPO Silver EPO 40/80 4000 40% 8F8C (EPOc) (UCR=N/A) | | Anthem PPO/EPO Silver EPO 35/65/90 5000 40% 8FBH (EPOc) (UCR=N/A) | | Anthem PPO/EPO Silver EPO 20/50 3300 30% w/HSA PrevRx 8F8J (HSA) (UCR=N/A) | | Anthem PPO/EPO Silver EPO 20/50 4100 30% w/HSA PrevRx 8FB3 (HSA) (UCR=N/A) | |
|-------------------------------|--|-------------|--|-------------|--|-------------|--|-------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | | | |
| Drug Card | 15/65/95/200 ded T2-3 | | 15/40%/40% IntDed T2-3 | | 10/30%/30% IntDed | | 10/50/90 IntDed | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$4,000/\$8,000 embedded | | \$5,000/\$10,000 embedded | | \$3,300/\$6,600 embedded | | \$4,100/\$8,200 embedded | |
| Individual/Family OOP Limit | \$9,200/\$18,400 (incl ded) | | \$9,000/\$18,000 (incl ded) | | \$8,000/\$16,000 (incl ded) | | \$8,000/\$16,000 (incl ded) | |
| Co-Insurance | 40% | | 40% | | 30% | | 30% | |
| Office Visits | | | | | | | | |
| Primary Care | \$40 ded waived | | \$65 ded waived (\$35 ded waived Preferred Provider) | | \$20 after ded | | \$20 after ded | |
| Specialist | \$80 ded waived | | \$90 ded waived | | \$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-\$500 after ded | | Hospital-40% after ded; ASC-\$300 after ded | | 30% after ded | | 30% after ded | |
| Lab/X-Ray | Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 ded waived; OP-40% after ded | | Lab: Office-\$90 ded waived; OP-40% after ded; X-ray: Office-\$90 ded waived; OP-40% after ded | | 30% after ded | | 30% after ded | |
| Mental Health Outpatient | No charge | | No charge | | 0% after ded | | 0% after ded | |
| Emergency Care | | | | | | | | |
| Emergency Room | 50% after ded | | 50% after ded | | 30% after ded | | 30% after ded | |
| Urgent Care | \$90 ded waived | | \$85 ded waived | | \$100 after ded | | \$100 after ded | |
| Single | 2 x \$1,363.53 | | 2 x \$1,303.82 | | 2 x \$1,258.96 | | 2 x \$1,235.50 | |
| EE with Spouse | 0 x \$2,727.06 | | 0 x \$2,607.64 | | 0 x \$2,517.92 | | 0 x \$2,471.00 | |
| EE with Child(ren) | 0 x \$2,318.00 | | 0 x \$2,216.49 | | 0 x \$2,140.23 | | 0 x \$2,100.35 | |
| Family | 0 x \$3,886.06 | | 0 x \$3,715.89 | | 0 x \$3,588.04 | | 0 x \$3,521.18 | |
| Monthly Cost | 2 \$2,727.06 | | 2 \$2,607.64 | | 2 \$2,517.92 | | 2 \$2,471.00 | |
| Annual Cost | \$32,724.72 | | \$31,291.68 | | \$30,215.04 | | \$29,652.00 | |

Prepared For: **Anthem 2025 4th qtr EPO Nassau Suffolk**

Nassau County, NY 11565

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

Health Plan Comparison Report (4L)

Effective Date: 10/01/2025

Prepared On: 08/21/2025

Report ID: 39260862

SIC: 0000

| Anthem PPO/EPO Bronze EPO 20/50 6100 50% w/HSA 8F8U (HSA) (UCR=N/A) | |
|--|------------------------------------|
| | In-Network Out-Network |
| Prescription Drugs | |
| Drug Card | 50%/50%/50% IntDed |
| Cost Share Information | |
| Individual/Family Deductible | \$6,100/\$12,200 embedded |
| Individual/Family OOP Limit | \$8,000/\$16,000 (incl ded) |
| Co-Insurance | 50% |
| Office Visits | |
| Primary Care | \$20 after ded |
| Specialist | \$50 after ded |
| Inpatient Services | |
| Inpatient Hospital | 50% after ded |
| Mental Health Inpatient | 50% after ded |
| Outpatient Services | |
| Outpatient Facility | 50% after ded |
| Lab/X-Ray | 50% after ded |
| Mental Health Outpatient | 0% after ded |
| Emergency Care | |
| Emergency Room | 50% after ded |
| Urgent Care | \$100 after ded |
| Single | 2 x \$1,182.77 |
| EE with Spouse | 0 x \$2,365.54 |
| EE with Child(ren) | 0 x \$2,010.71 |
| Family | 0 x \$3,370.89 |
| Monthly Cost | 2 \$2,365.54 |
| Annual Cost | \$28,386.48 |

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