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Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties

Plan Name	Anthem Platinum EPO 5/25 0%	Anthem Platinum Blue Access EPO 5/25 0%	Anthem Platinum EPO 20/40 0%
Contract Code	8TZC	8TZV	8TZ8
Premium			
Individual	$1,789.42	$1,641.14	$1,771.70
Individual + Spouse	$3,578.84	$3,282.28	$3,543.40
Individual + Child(ren)	$3,042.01	$2,789.94	$3,011.89
Family	$5,099.85	$4,677.25	$5,049.35

Plan Name	Anthem Platinum EPO 5/25 0% WH	Anthem Platinum Blue Access EPO 5/25 0% WH	Anthem Platinum EPO 20/40 0% WH
Contract Code	8U2Y	8U1K	8U1M
Enhanced Embedded Dental and Vision Premium			
Individual	$1,813.09	$1,663.39	$1,795.37
Individual + Spouse	$3,626.18	$3,326.78	$3,590.74
Individual + Child(ren)	$3,082.25	$2,827.76	$3,052.13
Family	$5,167.31	$4,740.66	$5,116.80
Plan Details			
Network	PPO/EPO	Blue Access	PPO/EPO
National Access via Bluecard Program	Yes	Yes	Yes
Gatekeeper	No	No	No
Rx Network	Base Rx	Base Rx	Base Rx
Formulary	Traditional Open	Select	Traditional Open
MA Creditability Coverage Status	Yes	Yes	Yes
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded
Medicare Part D Creditable Coverage Status	Yes	Yes	Yes
Plan Benefits			
Deductible (Ind / Fam)	$0 / $0	$0 / $0	$0 / $0
Coinsurance	0%	0%	0%
Out of Pocket Max (Ind / Fam)	$3,900 / $7,800	$3,900 / $7,800	$3,500 / $7,000
PCP / Preferred PCP	$5	$5	$20
Virtual Telehealth (LiveHealth Online)	No Charge	No Charge	No Charge
Specialist / Preferred Specialist	$25	$25	$40
Emergency Room	$300	$300	$300
Urgent Care	$50	$50	$50
Inpatient Facility	$400	$400	$500
Ambulatory Surgical Center / Outpatient Facility Surgery	$50 / $300	$50 / $300	$100 / $500
Preferred Lab	No Charge	No Charge	No Charge
Lab (Office / Outpatient Hospital)	No Charge	No Charge	No Charge
X-Ray (Office / Outpatient Hospital)	$50 / $150	$50 / $150	$50 / $150
Adv Diagnostic Imaging (Office / Outpatient Hospital)	$150 / $250	$150 / $250	$150 / $250
Rx Deductible (Tiers 2 & 3 only, unless specified)	$100 (IND) / $200 (FAM)	$100 (IND) / $200 (FAM)	$100 (IND) / $200 (FAM)
Rx Copay (Tier 1 / 2 / 3)	$10 / $35 / $70	$10 / $35 / $70	$10 / $35 / $70

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Plan Name	Anthem Platinum Blue Access EPO 20/40 0%	Anthem Platinum Connection EPO 20/40 0%	Anthem Platinum Connection EPO 5/25 200 10%
Contract Code	8U3A	8U0B	8U23
Premium			
Individual	$1,625.12	$1,544.46	$1,531.84
Individual + Spouse	$3,250.24	$3,088.92	$3,063.68
Individual + Child(ren)	$2,762.70	$2,625.58	$2,604.13
Family	$4,631.59	$4,401.71	$4,365.74

Plan Name	Anthem Platinum Blue Access EPO 20/40 0% WH	Anthem Platinum Connection EPO 20/40 0% WH	Anthem Platinum Connection EPO 5/25 200 10% WH
Contract Code	8U0Y	8U38	8TZK
Enhanced Embedded Dental and Vision Premium			
Individual	$1,647.38	$1,565.86	$1,555.66
Individual + Spouse	$3,294.76	$3,131.72	$3,111.32
Individual + Child(ren)	$2,800.55	$2,661.96	$2,644.62
Family	$4,695.03	$4,462.70	$4,433.63
Plan Details			
Network	Blue Access	Connection	Connection
National Access via Bluecard Program	Yes	Yes	Yes
Gatekeeper	No	No	No
Rx Network	Base Rx	Advantage Rx	Advantage Rx
Formulary	Select	Select	Select
MA Creditability Coverage Status	Yes	Yes	Yes
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded
Medicare Part D Creditable Coverage Status	Yes	Yes	Yes
Plan Benefits			
Deductible (Ind / Fam)	$0 / $0	$0 / $0	$200 / $600
Coinsurance	0%	0%	10%
Out of Pocket Max (Ind / Fam)	$3,500 / $7,000	$3,500 / $7,000	$2,750 / $5,500
PCP / Preferred PCP	$20	$20	$5
Virtual Telehealth (LiveHealth Online)	No Charge	No Charge	No Charge
Specialist / Preferred Specialist	$40	$40	$25
Emergency Room	$300	$300	Ded, then $300 Copay
Urgent Care	$50	$50	$50
Inpatient Facility	$500	$500	Ded, then $500 Copay
Ambulatory Surgical Center / Outpatient Facility Surgery	$100 / $500	$100 / $500	$50 / Ded, then $500 Copay
Preferred Lab	No Charge	No Charge	No Charge
Lab (Office / Outpatient Hospital)	No Charge	No Charge	Cost-share depends on POS / Ded, then $25 Copay
X-Ray (Office / Outpatient Hospital)	$50 / $150	$50 / $150	$50 / Ded, then $150 Copay
Adv Diagnostic Imaging (Office / Outpatient Hospital)	$150 / $250	$150 / $250	$150 / Ded, then $250 Copay
Rx Deductible (Tiers 2 & 3 only, unless specified)	$100 (IND) / $200 (FAM)	$100 (IND) / $200 (FAM)	$150 (IND) / $225 (FAM)
Rx Copay (Tier 1 / 2 / 3)	$10 / $35 / $70	$10 / $35 / $70	$10 / $50 / $90

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Plan Name	Anthem Platinum EPO 15/35 300 10%	Anthem Platinum Blue Access EPO 15/35 300 10%	Anthem Platinum Connection EPO 15/35 300 10%
Contract Code	8TZJ	8U00	8U17
Premium			
Individual	$1,740.23	$1,596.34	$1,517.24
Individual + Spouse	$3,480.46	$3,192.68	$3,034.48
Individual + Child(ren)	$2,958.39	$2,713.78	$2,579.31
Family	$4,959.66	$4,549.57	$4,324.13

Plan Name	Anthem Platinum EPO 15/35 300 10% WH	Anthem Platinum Blue Access EPO 15/35 300 10% WH	Anthem Platinum Connection EPO 15/35 300 10% WH
Contract Code	8U1G	8TZ3	8U0V
Enhanced Embedded Dental and Vision Premium			
Individual	$1,766.74	$1,621.29	$1,541.06
Individual + Spouse	$3,533.48	$3,242.58	$3,082.12
Individual + Child(ren)	$3,003.46	$2,756.19	$2,619.80
Family	$5,035.21	$4,620.68	$4,392.02
Plan Details			
Network	PPO/EPO	Blue Access	Connection
National Access via Bluecard Program	Yes	Yes	Yes
Gatekeeper	No	No	No
Rx Network	Base Rx	Base Rx	Advantage Rx
Formulary	Traditional Open	Select	Select
MA Creditability Coverage Status	Yes	Yes	Yes
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded
Medicare Part D Creditable Coverage Status	Yes	Yes	Yes
Plan Benefits			
Deductible (Ind / Fam)	$300 / $600	$300 / $600	$300 / $600
Coinsurance	10%	10%	10%
Out of Pocket Max (Ind / Fam)	$3,200 / $6,400	$3,200 / $6,400	$3,200 / $6,400
PCP / Preferred PCP	$15	$15	$15
Virtual Telehealth (LiveHealth Online)	No Charge	No Charge	No Charge
Specialist / Preferred Specialist	$35	$35	$35
Emergency Room	Ded, then 10%	Ded, then 10%	Ded, then 10%
Urgent Care	$50	$50	$50
Inpatient Facility	Ded, then 10%	Ded, then 10%	Ded, then 10%
Ambulatory Surgical Center / Outpatient Facility Surgery	Ded, then $50 Copay / Ded, then 10%	Ded, then $50 Copay / Ded, then 10%	Ded, then $50 Copay / Ded, then 10%
Preferred Lab	No Charge	No Charge	No Charge
Lab (Office / Outpatient Hospital)	$20 / $25	$20 / $25	$20 / $25
X-Ray (Office / Outpatient Hospital)	$75 / Ded, then 10%	$75 / Ded, then 10%	$75 / Ded, then 10%
Adv Diagnostic Imaging (Office / Outpatient Hospital)	$150 / Ded, then 10%	$150 / Ded, then 10%	$150 / Ded, then 10%
Rx Deductible (Tiers 2 & 3 only, unless specified)	$200 (IND) / $400 (FAM)	$200 (IND) / $400 (FAM)	$200 (IND) / $400 (FAM)
Rx Copay (Tier 1 / 2 / 3)	$10 / $50 / $90	$10 / $50 / $90	$10 / $50 / $90

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Plan Name	Anthem Guided Advantage Platinum Blue Access EPO 5/25/30/60 500 10%	Anthem Guided Advantage Platinum Connection EPO 5/25/30/60 500 10%	Anthem Gold EPO 30/60 0%
Contract Code	8TZM	8TZR	8U1H
Premium			
Individual	$1,577.20	$1,498.95	$1,602.01
Individual + Spouse	$3,154.40	$2,997.90	$3,204.02
Individual + Child(ren)	$2,681.24	$2,548.22	$2,723.42
Family	$4,495.02	$4,272.01	$4,565.73

Plan Name	Anthem Guided Advantage Platinum Blue Access EPO 5/25/30/60 500 10% WH	Anthem Guided Advantage Platinum Connection EPO 5/25/30/60 500 10% WH	Anthem Gold EPO 30/60 0% WH
Contract Code	8U1Q	8U21	8U1C
Enhanced Embedded Dental and Vision Premium			
Individual	$1,602.01	$1,522.91	$1,625.54
Individual + Spouse	$3,204.02	$3,045.82	$3,251.08
Individual + Child(ren)	$2,723.42	$2,588.95	$2,763.42
Family	$4,565.73	$4,340.29	$4,632.79
Plan Details			
Network	Blue Access	Connection	PPO/EPO
National Access via Bluecard Program	Yes	Yes	Yes
Gatekeeper	No	No	No
Rx Network	Base Rx	Advantage Rx	Base Rx
Formulary	Select	Select	Traditional Open
MA Creditability Coverage Status	Yes	Yes	Yes
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded
Medicare Part D Creditable Coverage Status	Yes	Yes	Yes
Plan Benefits			
Deductible (Ind / Fam)	$500 / $1,000	$500 / $1,000	$0 / $0
Coinsurance	10%	10%	0%
Out of Pocket Max (Ind / Fam)	$3,000 / $6,000	$3,000 / $6,000	$9,150 / $18,300
PCP / Preferred PCP	$25 / $5	$25 / $5	$30
Virtual Telehealth (LiveHealth Online)	No Charge	No Charge	No Charge
Specialist / Preferred Specialist	$60 / $30	$60 / $30	$60
Emergency Room	Ded, then 30%	Ded, then 30%	$850
Urgent Care	$75	$75	$90
Inpatient Facility	Ded, then 10%	Ded, then 10%	$600
Ambulatory Surgical Center / Outpatient Facility Surgery	Ded, then $150 Copay / Ded, then 10%	Ded, then $150 Copay / Ded, then 10%	$300 / $500
Preferred Lab	No Charge	No Charge	No Charge
Lab (Office / Outpatient Hospital)	Tiered benefit depends on POS / Ded, then 10%	Tiered benefit depends on POS / Ded, then 10%	No Charge
X-Ray (Office / Outpatient Hospital)	$50 / Ded, then 10%	$50 / Ded, then 10%	$100 / $150
Adv Diagnostic Imaging (Office / Outpatient Hospital)	$150 / Ded, then 10%	$150 / Ded, then 10%	$200 / $250
Rx Deductible (Tiers 2 & 3 only, unless specified)	Med Ded	Med Ded	$200 (IND) / $400 (FAM)
Rx Copay (Tier 1 / 2 / 3)	$5 / 10% / 10%	$5 / 10% / 10%	$10 / $65 / $100

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Plan Name	Anthem Gold Blue Access EPO 30/60 0%	Anthem Gold Connection EPO 30/60 0%	Anthem Gold EPO 50/60 1200 10%
Contract Code	8U2R	8TZY	8U19
Premium			
Individual	$1,470.89	$1,398.02	$1,526.03
Individual + Spouse	$2,941.78	$2,796.04	$3,052.06
Individual + Child(ren)	$2,500.51	$2,376.63	$2,594.25
Family	$4,192.04	$3,984.36	$4,349.19

Plan Name	Anthem Gold Blue Access EPO 30/60 0% WH	Anthem Gold Connection EPO 30/60 0% WH	Anthem Gold EPO 50/60 1200 10% WH
Contract Code	8U1B	8TYZ	8U16
Enhanced Embedded Dental and Vision Premium			
Individual	$1,493.14	$1,419.29	$1,552.68
Individual + Spouse	$2,986.28	$2,838.58	$3,105.36
Individual + Child(ren)	$2,538.34	$2,412.79	$2,639.56
Family	$4,255.45	$4,044.98	$4,425.14
Plan Details			
Network	Blue Access	Connection	PPO/EPO
National Access via Bluecard Program	Yes	Yes	Yes
Gatekeeper	No	No	No
Rx Network	Base Rx	Advantage Rx	Base Rx
Formulary	Select	Select	Traditional Open
MA Creditability Coverage Status	Yes	Yes	Yes
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded
Medicare Part D Creditable Coverage Status	Yes	Yes	Yes
Plan Benefits			
Deductible (Ind / Fam)	$0 / $0	$0 / $0	$1,200 / $2,400
Coinsurance	0%	0%	10%
Out of Pocket Max (Ind / Fam)	$9,150 / $18,300	$9,150 / $18,300	$7,000 / $14,000
PCP / Preferred PCP	$30	$30	$50
Virtual Telehealth (LiveHealth Online)	No Charge	No Charge	No Charge
Specialist / Preferred Specialist	$60	$60	$60
Emergency Room	$850	$850	Ded, then $750 Copay
Urgent Care	$90	$90	$100
Inpatient Facility	$600	$600	Ded, then 10%
Ambulatory Surgical Center / Outpatient Facility Surgery	$300 / $500	$300 / $500	Ded, then $150 Copay / Ded, then $300 Copay
Preferred Lab	No Charge	No Charge	No Charge
Lab (Office / Outpatient Hospital)	No Charge	No Charge	No Charge
X-Ray (Office / Outpatient Hospital)	$100 / $150	$100 / $150	Ded, then $50 Copay / Ded, then $150 Copay
Adv Diagnostic Imaging (Office / Outpatient Hospital)	$200 / $250	$200 / $250	Ded, then $150 Copay / Ded, then $250 Copay
Rx Deductible (Tiers 2 & 3 only, unless specified)	$200 (IND) / $400 (FAM)	$200 (IND) / $400 (FAM)	$150 (IND) / $300 (FAM)
Rx Copay (Tier 1 / 2 / 3)	$10 / $65 / $100	$10 / $65 / $100	$10 / $50 / $90

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Plan Name	Anthem Gold Blue Access EPO 50/60 1200 10%	Anthem Gold Connection EPO 50/60 1200 10%	Anthem Gold EPO 30/65 1600 20%
Contract Code	8TZN	8U24	8U3D
Premium			
Individual	$1,401.85	$1,332.39	$1,467.63
Individual + Spouse	$2,803.70	$2,664.78	$2,935.26
Individual + Child(ren)	$2,383.15	$2,265.06	$2,494.97
Family	$3,995.27	$3,797.31	$4,182.75

Plan Name	Anthem Gold Blue Access EPO 50/60 1200 10% WH	Anthem Gold Connection EPO 50/60 1200 10% WH	Anthem Gold EPO 30/65 1600 20% WH
Contract Code	8U2G	8TZT	8TZE
Enhanced Embedded Dental and Vision Premium			
Individual	$1,426.94	$1,356.34	$1,494.28
Individual + Spouse	$2,853.88	$2,712.68	$2,988.56
Individual + Child(ren)	$2,425.80	$2,305.78	$2,540.28
Family	$4,066.78	$3,865.57	$4,258.70
Plan Details			
Network	Blue Access	Connection	PPO/EPO
National Access via Bluecard Program	Yes	Yes	Yes
Gatekeeper	No	No	No
Rx Network	Base Rx	Advantage Rx	Base Rx
Formulary	Select	Select	Traditional Open
MA Creditability Coverage Status	Yes	Yes	Yes
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded
Medicare Part D Creditable Coverage Status	Yes	Yes	Yes
Plan Benefits			
Deductible (Ind / Fam)	$1,200 / $2,400	$1,200 / $2,400	$1,600 / $3,200
Coinsurance	10%	10%	20%
Out of Pocket Max (Ind / Fam)	$7,000 / $14,000	$7,000 / $14,000	$7,500 / $15,000
PCP / Preferred PCP	$50	$50	$30
Virtual Telehealth (LiveHealth Online)	No Charge	No Charge	No Charge
Specialist / Preferred Specialist	$60	$60	$65
Emergency Room	Ded, then $750 Copay	Ded, then $750 Copay	Ded, then $500 Copay
Urgent Care	$100	$100	$85
Inpatient Facility	Ded, then 10%	Ded, then 10%	Ded, then 20%
Ambulatory Surgical Center / Outpatient Facility Surgery	Ded, then $150 Copay / Ded, then $300 Copay	Ded, then $150 Copay / Ded, then $300 Copay	Ded, then $200 Copay / Ded, then $300 Copay
Preferred Lab	No Charge	No Charge	No Charge
Lab (Office / Outpatient Hospital)	No Charge	No Charge	No Charge
X-Ray (Office / Outpatient Hospital)	Ded, then $50 Copay / Ded, then $150 Copay	Ded, then $50 Copay / Ded, then $150 Copay	Ded, then $50 Copay / Ded, then $200 Copay
Adv Diagnostic Imaging (Office / Outpatient Hospital)	Ded, then $150 Copay / Ded, then $250 Copay	Ded, then $150 Copay / Ded, then $250 Copay	Ded, then $150 Copay / Ded, then $300 Copay
Rx Deductible (Tiers 2 & 3 only, unless specified)	$150 (IND) / $300 (FAM)	$150 (IND) / $300 (FAM)	$200 (IND) / $400 (FAM)
Rx Copay (Tier 1 / 2 / 3)	$10 / $50 / $90	$10 / $50 / $90	$10 / $50 / 50%

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Plan Name	Anthem Gold Blue Access EPO 30/65 1600 20%	Anthem Gold Connection EPO 30/65 1600 20%	Anthem Gold EPO 20/50 1800 15% w/HSA PrevRx
Contract Code	8U0X	8TZ7	8U34
Premium			
Individual	$1,348.97	$1,282.06	$1,429.07
Individual + Spouse	$2,697.94	$2,564.12	$2,858.14
Individual + Child(ren)	$2,293.25	$2,179.50	$2,429.42
Family	$3,844.56	$3,653.87	$4,072.85

Plan Name	Anthem Gold Blue Access EPO 30/65 1600 20% WH	Anthem Gold Connection EPO 30/65 1600 20% WH	Anthem Gold EPO 20/50 1800 15% w/HSA PrevRx WH
Contract Code	8U05	8TZF	8U0S
Enhanced Embedded Dental and Vision Premium			
Individual	$1,373.92	$1,306.02	$1,455.72
Individual + Spouse	$2,747.84	$2,612.04	$2,911.44
Individual + Child(ren)	$2,335.66	$2,220.23	$2,474.72
Family	$3,915.67	$3,722.16	$4,148.80
Plan Details			
Network	Blue Access	Connection	PPO/EPO
National Access via Bluecard Program	Yes	Yes	Yes
Gatekeeper	No	No	No
Rx Network	Base Rx	Advantage Rx	Base Rx
Formulary	Select	Select	Traditional Open
MA Creditability Coverage Status	Yes	Yes	Yes
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Not Embedded
Medicare Part D Creditable Coverage Status	Yes	Yes	Yes
Plan Benefits			
Deductible (Ind / Fam)	$1,600 / $3,200	$1,600 / $3,200	$1,800 / $3,600
Coinsurance	20%	20%	15%
Out of Pocket Max (Ind / Fam)	$7,500 / $15,000	$7,500 / $15,000	$6,100 / $12,200
PCP / Preferred PCP	$30	$30	Ded, then $20 Copay
Virtual Telehealth (LiveHealth Online)	No Charge	No Charge	Ded, then No Charge
Specialist / Preferred Specialist	$65	$65	Ded, then $50 Copay
Emergency Room	Ded, then $500 Copay	Ded, then $500 Copay	Ded, then 15%
Urgent Care	$85	$85	Ded, then $100 Copay
Inpatient Facility	Ded, then 20%	Ded, then 20%	Ded, then 15%
Ambulatory Surgical Center / Outpatient Facility Surgery	Ded, then $200 Copay / Ded, then $300 Copay	Ded, then $200 Copay / Ded, then $300 Copay	Ded, then 15%
Preferred Lab	No Charge	No Charge	Ded, then 15%
Lab (Office / Outpatient Hospital)	No Charge	No Charge	Ded, then 15% / Ded, then 15%
X-Ray (Office / Outpatient Hospital)	Ded, then $50 Copay / Ded, then $200 Copay	Ded, then $50 Copay / Ded, then $200 Copay	Ded, then 15% / Ded, then 15%
Adv Diagnostic Imaging (Office / Outpatient Hospital)	Ded, then $150 Copay / Ded, then $300 Copay	Ded, then $150 Copay / Ded, then $300 Copay	Ded, then 15% / Ded, then 15%
Rx Deductible (Tiers 2 & 3 only, unless specified)	$200 (IND) / $400 (FAM)	$200 (IND) / $400 (FAM)	Med Ded [Tiers 1-3]
Rx Copay (Tier 1 / 2 / 3)	$10 / $50 / 50%	$10 / $50 / 50%	$10 / 15% / 15%

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Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties

Plan Name	Anthem Gold Blue Access EPO 20/50 1800 15% w/HSA PrevRx	Anthem Gold EPO 15/40 1950 15%	Anthem Gold Blue Access EPO 15/40 1950 15%
Contract Code	8TZU	8U2D	8U3E
Premium			
Individual	$1,313.82	$1,492.43	$1,371.37
Individual + Spouse	$2,627.64	$2,984.86	$2,742.74
Individual + Child(ren)	$2,233.49	$2,537.13	$2,331.33
Family	$3,744.39	$4,253.43	$3,908.40

Plan Name	Anthem Gold Blue Access EPO 20/50 1800 15% w/HSA PrevRx WH	Anthem Gold EPO 15/40 1950 15% WH	Anthem Gold Blue Access EPO 15/40 1950 15% WH
Contract Code	8U2F	8U01	8U1S
Enhanced Embedded Dental and Vision Premium			
Individual	$1,338.91	$1,518.94	$1,396.32
Individual + Spouse	$2,677.82	$3,037.88	$2,792.64
Individual + Child(ren)	$2,276.15	$2,582.20	$2,373.74
Family	$3,815.89	$4,328.98	$3,979.51
Plan Details			
Network	Blue Access	PPO/EPO	Blue Access
National Access via Bluecard Program	Yes	Yes	Yes
Gatekeeper	No	No	No
Rx Network	Base Rx	Base Rx	Base Rx
Formulary	Select	Traditional Open	Select
MA Creditability Coverage Status	Yes	Yes	Yes
Embedded / Non-Embedded Medical Deductible	Not Embedded	Embedded	Embedded
Medicare Part D Creditable Coverage Status	Yes	Yes	Yes
Plan Benefits			
Deductible (Ind / Fam)	$1,800 / $3,600	$1,950 / $3,900	$1,950 / $3,900
Coinsurance	15%	15%	15%
Out of Pocket Max (Ind / Fam)	$6,100 / $12,200	$8,700 / $17,400	$8,700 / $17,400
PCP / Preferred PCP	Ded, then $20 Copay	$15	$15
Virtual Telehealth (LiveHealth Online)	Ded, then No Charge	No Charge	No Charge
Specialist / Preferred Specialist	Ded, then $50 Copay	$40	$40
Emergency Room	Ded, then 15%	Ded, then $750 Copay	Ded, then $750 Copay
Urgent Care	Ded, then $100 Copay	$75	$75
Inpatient Facility	Ded, then 15%	Ded, then 15%	Ded, then 15%
Ambulatory Surgical Center / Outpatient Facility Surgery	Ded, then 15%	Ded, then $150 Copay / Ded, then $300 Copay	Ded, then $150 Copay / Ded, then $300 Copay
Preferred Lab	Ded, then 15%	No Charge	No Charge
Lab (Office / Outpatient Hospital)	Ded, then 15% / Ded, then 15%	No Charge	No Charge
X-Ray (Office / Outpatient Hospital)	Ded, then 15% / Ded, then 15%	Ded, then $50 Copay / Ded, then $150 Copay	Ded, then $50 Copay / Ded, then $150 Copay
Adv Diagnostic Imaging (Office / Outpatient Hospital)	Ded, then 15% / Ded, then 15%	Ded, then $150 Copay / Ded, then $250 Copay	Ded, then $150 Copay / Ded, then $250 Copay
Rx Deductible (Tiers 2 & 3 only, unless specified)	Med Ded [Tiers 1-3]	$200 (IND) / $400 (FAM)	$200 (IND) / $400 (FAM)
Rx Copay (Tier 1 / 2 / 3)	$10 / 15% / 15%	$10 / $40 / $80	$10 / $40 / $80

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Plan Name	Anthem Gold EPO 25/50 1950 30%	Anthem Gold Blue Access EPO 25/50 1950 30%	Anthem Gold Connection EPO 25/50 1950 30%
Contract Code	8U3F	8U39	8TZ1
Premium			
Individual	$1,477.41	$1,357.76	$1,290.43
Individual + Spouse	$2,954.82	$2,715.52	$2,580.86
Individual + Child(ren)	$2,511.60	$2,308.19	$2,193.73
Family	$4,210.62	$3,869.62	$3,677.73

Plan Name	Anthem Gold EPO 25/50 1950 30% WH	Anthem Gold Blue Access EPO 25/50 1950 30% WH	Anthem Gold Connection EPO 25/50 1950 30% WH
Contract Code	8TZG	8U1L	8U02
Enhanced Embedded Dental and Vision Premium			
Individual	$1,504.06	$1,382.71	$1,314.38
Individual + Spouse	$3,008.12	$2,765.42	$2,628.76
Individual + Child(ren)	$2,556.90	$2,350.61	$2,234.45
Family	$4,286.57	$3,940.72	$3,745.98
Plan Details			
Network	PPO/EPO	Blue Access	Connection
National Access via Bluecard Program	Yes	Yes	Yes
Gatekeeper	No	No	No
Rx Network	Base Rx	Base Rx	Advantage Rx
Formulary	Traditional Open	Select	Select
MA Creditability Coverage Status	Yes	Yes	Yes
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded
Medicare Part D Creditable Coverage Status	Yes	Yes	Yes
Plan Benefits			
Deductible (Ind / Fam)	$1,950 / $3,900	$1,950 / $3,900	$1,950 / $3,900
Coinsurance	30%	30%	30%
Out of Pocket Max (Ind / Fam)	$7,500 / $15,000	$7,500 / $15,000	$7,500 / $15,000
PCP / Preferred PCP	$25	$25	$25
Virtual Telehealth (LiveHealth Online)	No Charge	No Charge	No Charge
Specialist / Preferred Specialist	$50	$50	$50
Emergency Room	Ded, then $750 Copay	Ded, then $750 Copay	Ded, then $750 Copay
Urgent Care	$80	$80	$80
Inpatient Facility	Ded, then 30%	Ded, then 30%	Ded, then 30%
Ambulatory Surgical Center / Outpatient Facility Surgery	Ded, then $200 Copay / Ded, then $500 Copay	Ded, then $200 Copay / Ded, then $500 Copay	Ded, then $200 Copay / Ded, then $500 Copay
Preferred Lab	No Charge	No Charge	No Charge
Lab (Office / Outpatient Hospital)	No Charge	No Charge	No Charge
X-Ray (Office / Outpatient Hospital)	Ded, then $50 Copay / Ded, then $150 Copay	Ded, then $50 Copay / Ded, then $150 Copay	Ded, then $50 Copay / Ded, then $150 Copay
Adv Diagnostic Imaging (Office / Outpatient Hospital)	Ded, then $150 Copay / Ded, then $250 Copay	Ded, then $150 Copay / Ded, then $250 Copay	Ded, then $150 Copay / Ded, then $250 Copay
Rx Deductible (Tiers 2 & 3 only, unless specified)	$200 (IND) / $400 (FAM)	$200 (IND) / $400 (FAM)	$200 (IND) / $400 (FAM)
Rx Copay (Tier 1 / 2 / 3)	$10 / $50 / $90	$10 / $50 / $90	$10 / $50 / $90

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Plan Name	Anthem Guided Advantage Gold EPO 20/40/50/80 2000 20%	Anthem Guided Advantage Gold Blue Access EPO 20/40/50/80 2000 20%	Anthem Gold Healthy New York Blue Access GEPO 25/40 775 0%
Contract Code	8U2V	8U2S	8U18
Premium			
Individual	$1,439.56	$1,323.32	$1,161.14
Individual + Spouse	$2,879.12	$2,646.64	$2,322.28
Individual + Child(ren)	$2,447.25	$2,249.64	$1,973.94
Family	$4,102.75	$3,771.46	$3,309.25

Plan Name	Anthem Guided Advantage Gold EPO 20/40/50/80 2000 20% WH	Anthem Guided Advantage Gold Blue Access EPO 20/40/50/80 2000 20% WH
Contract Code	8U06	8U13
Enhanced Embedded Dental and Vision Premium		
Individual	$1,466.07	$1,348.41
Individual + Spouse	$2,932.14	$2,696.82
Individual + Child(ren)	$2,492.32	$2,292.30
Family	$4,178.30	$3,842.97

Plan Details			
Network	PPO/EPO	Blue Access	Blue Access
National Access via Bluecard Program	Yes	Yes	Yes
Gatekeeper	No	No	Yes
Rx Network	Base Rx	Base Rx	Base Rx
Formulary	Traditional Open	Select	Select
MA Creditability Coverage Status	Yes	Yes	Yes
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded
Medicare Part D Creditable Coverage Status	Yes	Yes	Yes
Plan Benefits			
Deductible (Ind / Fam)	$2,000 / $4,000	$2,000 / $4,000	$775 / $1,550
Coinsurance	20%	20%	0%
Out of Pocket Max (Ind / Fam)	$7,500 / $15,000	$7,500 / $15,000	$10,150 / $20,300
PCP / Preferred PCP	$40 / $20	$40 / $20	Ded, then $25 Copay
Virtual Telehealth (LiveHealth Online)	No Charge	No Charge	Ded, then $25 Copay
Specialist / Preferred Specialist	$80 / $50	$80 / $50	Ded, then $40 Copay
Emergency Room	Ded, then 40%	Ded, then 40%	Ded, then $150 Copay
Urgent Care	$75	$75	Ded, then $60 Copay
Inpatient Facility	Ded, then 20%	Ded, then 20%	Ded, then $1,000 Copay
Ambulatory Surgical Center / Outpatient Facility Surgery	Ded, then $200 Copay / Ded, then 20%	Ded, then $200 Copay / Ded, then 20%	Ded, then $100 Copay
Preferred Lab	No Charge	No Charge	Ded, then $40 Copay
Lab (Office / Outpatient Hospital)	Tiered benefit depends on POS / Ded, then 20%	Tiered benefit depends on POS / Ded, then 20%	Cost-share depends on POS / Ded, then $40 Copay
X-Ray (Office / Outpatient Hospital)	$50 / Ded, then 20%	$50 / Ded, then 20%	Ded, then $40 Copay / Ded, then $40 Copay
Adv Diagnostic Imaging (Office / Outpatient Hospital)	$150 / Ded, then 20%	$150 / Ded, then 20%	Ded, then $40 Copay / Ded, then $40 Copay
Rx Deductible (Tiers 2 & 3 only, unless specified)	Med Ded	Med Ded	N/A [Tiers 1-3]
Rx Copay (Tier 1 / 2 / 3)	$10 / 20% / 30%	$10 / 20% / 30%	$10 / $35 / $70

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Plan Name	Anthem Virtual Access Plus Silver Blue Access EPO 60/125 0%	Anthem Virtual Access Plus Silver Connection EPO 60/125 0%	Anthem Silver EPO 45/75 2650 30%
Contract Code	8U3H	8TZA	8U33
Premium			
Individual	$1,305.88	$1,241.24	$1,310.98
Individual + Spouse	$2,611.76	$2,482.48	$2,621.96
Individual + Child(ren)	$2,220.00	$2,110.11	$2,228.67
Family	$3,721.76	$3,537.53	$3,736.29

Plan Name	Anthem Virtual Access Plus Silver Blue Access EPO 60/125 0% WH	Anthem Virtual Access Plus Silver Connection EPO 60/125 0% WH	Anthem Silver EPO 45/75 2650 30% WH
Contract Code	8TZW	8U29	8U0P
Enhanced Embedded Dental and Vision Premium			
Individual	$1,328.13	$1,262.50	$1,337.77
Individual + Spouse	$2,656.26	$2,525.00	$2,675.54
Individual + Child(ren)	$2,257.82	$2,146.25	$2,274.21
Family	$3,785.17	$3,598.13	$3,812.64

Plan Details			
Network	Blue Access	Connection	PPO/EPO
National Access via Bluecard Program	Yes	Yes	Yes
Gatekeeper	No	No	No
Rx Network	Base Rx	Advantage Rx	Base Rx
Formulary	Select	Select	Traditional Open
MA Creditability Coverage Status	Yes	Yes	Yes
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded
Medicare Part D Creditable Coverage Status	Yes	Yes	Yes
Plan Benefits			
Deductible (Ind / Fam)	$0 / $0	$0 / $0	$2,650 / $5,300
Coinsurance	0%	0%	30%
Out of Pocket Max (Ind / Fam)	$10,150 / $20,300	$10,150 / $20,300	$9,950 / $19,900
PCP / Preferred PCP	$60	$60	$45
Virtual Telehealth (LiveHealth Online)	No Charge	No Charge	No Charge
Specialist / Preferred Specialist	$125	$125	$75
Emergency Room	$2,800	$2,800	Ded, then $1,000 Copay
Urgent Care	$200	$200	$100
Inpatient Facility	$2,800	$2,800	Ded, then 30%
Ambulatory Surgical Center / Outpatient Facility Surgery	$500 / $1,000	$500 / $1,000	Ded, then $300 Copay / Ded, then $500 Copay
Preferred Lab	No Charge	No Charge	No Charge
Lab (Office / Outpatient Hospital)	Cost-share depends on POS / $20	Cost-share depends on POS / $20	No Charge
X-Ray (Office / Outpatient Hospital)	$200 / $200	$200 / $200	Ded, then $50 Copay / Ded, then $150 Copay
Adv Diagnostic Imaging (Office / Outpatient Hospital)	$250 / $300	$250 / $300	Ded, then $150 Copay / Ded, then $250 Copay
Rx Deductible (Tiers 2 & 3 only, unless specified)	$200 (IND) / $400 (FAM)	$200 (IND) / $400 (FAM)	$300 (IND) / $600 (FAM)
Rx Copay (Tier 1 / 2 / 3)	$15 / $75 / $100	$15 / $75 / $100	$35 / $75 / 50%

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Plan Name	Anthem Silver Blue Access EPO 45/75 2650 30%	Anthem Silver Connection EPO 45/75 2650 30%	Anthem Silver Blue Access EPO 2750 40% w/HSA
Contract Code	8U2Z	8U2P	8U2A
Premium			
Individual	$1,206.79	$1,146.97	$1,129.11
Individual + Spouse	$2,413.58	$2,293.94	$2,258.22
Individual + Child(ren)	$2,051.54	$1,949.85	$1,919.49
Family	$3,439.35	$3,268.86	$3,217.96

Plan Name	Anthem Silver Blue Access EPO 45/75 2650 30% WH	Anthem Silver Connection EPO 45/75 2650 30% WH	Anthem Silver Blue Access EPO 2750 40% w/HSA WH
Contract Code	8U0Q	8U27	8U2W
Enhanced Embedded Dental and Vision Premium			
Individual	$1,231.88	$1,170.92	$1,154.20
Individual + Spouse	$2,463.76	$2,341.84	$2,308.40
Individual + Child(ren)	$2,094.20	$1,990.56	$1,962.14
Family	$3,510.86	$3,337.12	$3,289.47
Plan Details			
Network	Blue Access	Connection	Blue Access
National Access via Bluecard Program	Yes	Yes	Yes
Gatekeeper	No	No	No
Rx Network	Base Rx	Advantage Rx	Base Rx
Formulary	Select	Select	Select
MA Creditability Coverage Status	Yes	Yes	Yes
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Not Embedded
Medicare Part D Creditable Coverage Status	Yes	Yes	Yes
Plan Benefits			
Deductible (Ind / Fam)	$2,650 / $5,300	$2,650 / $5,300	$2,750 / $5,500
Coinsurance	30%	30%	40%
Out of Pocket Max (Ind / Fam)	$9,950 / $19,900	$9,950 / $19,900	$8,450 / $16,900
PCP / Preferred PCP	$45	$45	Ded, then 40%
Virtual Telehealth (LiveHealth Online)	No Charge	No Charge	Ded, then No Charge
Specialist / Preferred Specialist	$75	$75	Ded, then 40%
Emergency Room	Ded, then $1,000 Copay	Ded, then $1,000 Copay	Ded, then 50%
Urgent Care	$100	$100	Ded, then 40%
Inpatient Facility	Ded, then 30%	Ded, then 30%	Ded, then 40%
Ambulatory Surgical Center / Outpatient Facility Surgery	Ded, then $300 Copay / Ded, then $500 Copay	Ded, then $300 Copay / Ded, then $500 Copay	Ded, then 40%
Preferred Lab	No Charge	No Charge	Ded, then 40%
Lab (Office / Outpatient Hospital)	No Charge	No Charge	Ded, then 40% / Ded, then 40%
X-Ray (Office / Outpatient Hospital)	Ded, then $50 Copay / Ded, then $150 Copay	Ded, then $50 Copay / Ded, then $150 Copay	Ded, then 40% / Ded, then 40%
Adv Diagnostic Imaging (Office / Outpatient Hospital)	Ded, then $150 Copay / Ded, then $250 Copay	Ded, then $150 Copay / Ded, then $250 Copay	Ded, then 40% / Ded, then 40%
Rx Deductible (Tiers 2 & 3 only, unless specified)	$300 (IND) / $600 (FAM)	$300 (IND) / $600 (FAM)	Med Ded [Tiers 1-3]
Rx Copay (Tier 1 / 2 / 3)	$35 / $75 / 50%	$35 / $75 / 50%	$10 / $50 / 50%

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Plan Name	Anthem Silver EPO 30/60 3300 30% w/HSA PrevRx	Anthem Silver Blue Access EPO 30/60 3300 30% w/HSA PrevRx	Anthem Silver Connection EPO 30/60 3300 30% w/HSA PrevRx
Contract Code	8U08	8U1F	8TZH
Premium			
Individual	$1,217.71	$1,122.02	$1,066.45
Individual + Spouse	$2,435.42	$2,244.04	$2,132.90
Individual + Child(ren)	$2,070.11	$1,907.43	$1,812.97
Family	$3,470.47	$3,197.76	$3,039.38

Plan Name	Anthem Silver EPO 30/60 3300 30% w/HSA PrevRx WH	Anthem Silver Blue Access EPO 30/60 3300 30% w/HSA PrevRx WH	Anthem Silver Connection EPO 30/60 3300 30% w/HSA PrevRx WH
Contract Code	8TZ2	8TZD	8U30
Enhanced Embedded Dental and Vision Premium			
Individual	$1,244.50	$1,147.11	$1,090.55
Individual + Spouse	$2,489.00	$2,294.22	$2,181.10
Individual + Child(ren)	$2,115.65	$1,950.09	$1,853.94
Family	$3,546.83	$3,269.26	$3,108.07
Plan Details			
Network	PPO/EPO	Blue Access	Connection
National Access via Bluecard Program	Yes	Yes	Yes
Gatekeeper	No	No	No
Rx Network	Base Rx	Base Rx	Advantage Rx
Formulary	Traditional Open	Select	Select
MA Creditability Coverage Status	Yes	Yes	Yes
Embedded / Non-Embedded Medical Deductible	Not Embedded	Not Embedded	Not Embedded
Medicare Part D Creditable Coverage Status	Yes	Yes	Yes
Plan Benefits			
Deductible (Ind / Fam)	$3,300 / $6,600	$3,300 / $6,600	$3,300 / $6,600
Coinsurance	30%	30%	30%
Out of Pocket Max (Ind / Fam)	$8,450 / $16,900	$8,450 / $16,900	$8,450 / $16,900
PCP / Preferred PCP	Ded, then $30 Copay	Ded, then $30 Copay	Ded, then $30 Copay
Virtual Telehealth (LiveHealth Online)	Ded, then No Charge	Ded, then No Charge	Ded, then No Charge
Specialist / Preferred Specialist	Ded, then $60 Copay	Ded, then $60 Copay	Ded, then $60 Copay
Emergency Room	Ded, then 30%	Ded, then 30%	Ded, then 30%
Urgent Care	Ded, then $100 Copay	Ded, then $100 Copay	Ded, then $100 Copay
Inpatient Facility	Ded, then 30%	Ded, then 30%	Ded, then 30%
Ambulatory Surgical Center / Outpatient Facility Surgery	Ded, then 30%	Ded, then 30%	Ded, then 30%
Preferred Lab	Ded, then 30%	Ded, then 30%	Ded, then 30%
Lab (Office / Outpatient Hospital)	Ded, then 30% / Ded, then 30%	Ded, then 30% / Ded, then 30%	Ded, then 30% / Ded, then 30%
X-Ray (Office / Outpatient Hospital)	Ded, then 30% / Ded, then 30%	Ded, then 30% / Ded, then 30%	Ded, then 30% / Ded, then 30%
Adv Diagnostic Imaging (Office / Outpatient Hospital)	Ded, then 30% / Ded, then 30%	Ded, then 30% / Ded, then 30%	Ded, then 30% / Ded, then 30%
Rx Deductible (Tiers 2 & 3 only, unless specified)	Med Ded [Tiers 1-3]	Med Ded [Tiers 1-3]	Med Ded [Tiers 1-3]
Rx Copay (Tier 1 / 2 / 3)	$10 / 30% / 50%	$10 / 30% / 50%	$10 / 30% / 50%

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Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties

Plan Name	Anthem Silver EPO 40/80 3450 50%	Anthem Silver Blue Access EPO 40/80 3450 50%	Anthem Silver Connection EPO 40/80 3450 50%
Contract Code	8U2N	8TZX	8U25
Premium			
Individual	$1,300.78	$1,197.29	$1,138.04
Individual + Spouse	$2,601.56	$2,394.58	$2,276.08
Individual + Child(ren)	$2,211.33	$2,035.39	$1,934.67
Family	$3,707.22	$3,412.28	$3,243.41

Plan Name	Anthem Silver EPO 40/80 3450 50% WH	Anthem Silver Blue Access EPO 40/80 3450 50% WH	Anthem Silver Connection EPO 40/80 3450 50% WH
Contract Code	8U0R	8U2Q	8U2U
Enhanced Embedded Dental and Vision Premium			
Individual	$1,327.43	$1,222.52	$1,162.14
Individual + Spouse	$2,654.86	$2,445.04	$2,324.28
Individual + Child(ren)	$2,256.63	$2,078.28	$1,975.64
Family	$3,783.18	$3,484.18	$3,312.10
Plan Details			
Network	PPO/EPO	Blue Access	Connection
National Access via Bluecard Program	Yes	Yes	Yes
Gatekeeper	No	No	No
Rx Network	Base Rx	Base Rx	Advantage Rx
Formulary	Traditional Open	Select	Select
MA Creditability Coverage Status	No	No	No
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded
Medicare Part D Creditable Coverage Status	Yes	Yes	Yes
Plan Benefits			
Deductible (Ind / Fam)	$3,450 / $6,900	$3,450 / $6,900	$3,450 / $6,900
Coinsurance	50%	50%	50%
Out of Pocket Max (Ind / Fam)	$9,700 / $19,400	$9,700 / $19,400	$9,700 / $19,400
PCP / Preferred PCP	$40	$40	$40
Virtual Telehealth (LiveHealth Online)	No Charge	No Charge	No Charge
Specialist / Preferred Specialist	$80	$80	$80
Emergency Room	Ded, then 50%	Ded, then 50%	Ded, then 50%
Urgent Care	$100	$100	$100
Inpatient Facility	Ded, then 50%	Ded, then 50%	Ded, then 50%
Ambulatory Surgical Center / Outpatient Facility Surgery	Ded, then $300 Copay / Ded, then 50%	Ded, then $300 Copay / Ded, then 50%	Ded, then $300 Copay / Ded, then 50%
Preferred Lab	No Charge	No Charge	No Charge
Lab (Office / Outpatient Hospital)	$20 / $25	$20 / $25	$20 / $25
X-Ray (Office / Outpatient Hospital)	$75 / Ded, then 50%	$75 / Ded, then 50%	$75 / Ded, then 50%
Adv Diagnostic Imaging (Office / Outpatient Hospital)	$150 / Ded, then 50%	$150 / Ded, then 50%	$150 / Ded, then 50%
Rx Deductible (Tiers 2 & 3 only, unless specified)	$200 (IND) / $400 (FAM)	$200 (IND) / $400 (FAM)	$200 (IND) / $400 (FAM)
Rx Copay (Tier 1 / 2 / 3)	$25 / $75 / $90	$25 / $75 / $90	$25 / $75 / $90

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Plan Name	Anthem Silver EPO 40/80 4000 40%	Anthem Silver Blue Access EPO 40/80 4000 40%	Anthem Silver EPO 20/50 4100 30% w/HSA PrevRx
Contract Code	8U1W	8U0E	8U32
Premium			
Individual	$1,277.10	$1,175.89	$1,199.56
Individual + Spouse	$2,554.20	$2,351.78	$2,399.12
Individual + Child(ren)	$2,171.07	$1,999.01	$2,039.25
Family	$3,639.74	$3,351.29	$3,418.75

Plan Name	Anthem Silver EPO 40/80 4000 40% WH	Anthem Silver Blue Access EPO 40/80 4000 40% WH	Anthem Silver EPO 20/50 4100 30% w/HSA PrevRx WH
Contract Code	8U1A	8U0A	8TZP
Enhanced Embedded Dental and Vision Premium			
Individual	$1,303.89	$1,201.12	$1,226.49
Individual + Spouse	$2,607.78	$2,402.24	$2,452.98
Individual + Child(ren)	$2,216.61	$2,041.90	$2,085.03
Family	$3,716.09	$3,423.19	$3,495.50
Plan Details			
Network	PPO/EPO	Blue Access	PPO/EPO
National Access via Bluecard Program	Yes	Yes	Yes
Gatekeeper	No	No	No
Rx Network	Base Rx	Base Rx	Base Rx
Formulary	Traditional Open	Select	Traditional Open
MA Creditability Coverage Status	No	No	Yes
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Not Embedded
Medicare Part D Creditable Coverage Status	Yes	Yes	Yes
Plan Benefits			
Deductible (Ind / Fam)	$4,000 / $8,000	$4,000 / $8,000	$4,100 / $8,200
Coinsurance	40%	40%	30%
Out of Pocket Max (Ind / Fam)	$9,800 / $19,600	$9,800 / $19,600	$8,450 / $16,900
PCP / Preferred PCP	$40	$40	Ded, then $20 Copay
Virtual Telehealth (LiveHealth Online)	No Charge	No Charge	Ded, then No Charge
Specialist / Preferred Specialist	$80	$80	Ded, then $50 Copay
Emergency Room	Ded, then 50%	Ded, then 50%	Ded, then 30%
Urgent Care	$125	$125	Ded, then $100 Copay
Inpatient Facility	Ded, then 40%	Ded, then 40%	Ded, then 30%
Ambulatory Surgical Center / Outpatient Facility Surgery	Ded, then $500 Copay / Ded, then 40%	Ded, then $500 Copay / Ded, then 40%	Ded, then 30%
Preferred Lab	No Charge	No Charge	Ded, then 30%
Lab (Office / Outpatient Hospital)	$20 / $25	$20 / $25	Ded, then 30% / Ded, then 30%
X-Ray (Office / Outpatient Hospital)	$75 / Ded, then 40%	$75 / Ded, then 40%	Ded, then 30% / Ded, then 30%
Adv Diagnostic Imaging (Office / Outpatient Hospital)	$150 / Ded, then 40%	$150 / Ded, then 40%	Ded, then 30% / Ded, then 30%
Rx Deductible (Tiers 2 & 3 only, unless specified)	$200 (IND) / $400 (FAM)	$200 (IND) / $400 (FAM)	Med Ded [Tiers 1-3]
Rx Copay (Tier 1 / 2 / 3)	$15 / $65 / 50%	$15 / $65 / 50%	$10 / $50 / $90

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Plan Name	Anthem Silver Blue Access EPO 20/50 4100 30% w/HSA PrevRx	Anthem Silver Connection EPO 20/50 4100 30% w/HSA PrevRx	Anthem Silver Connection EPO 50/100 4250 30% w/HSA PrevRx
Contract Code	8U1E	8TYX	8U10
Premium			
Individual	$1,105.57	$1,050.86	$1,042.92
Individual + Spouse	$2,211.14	$2,101.72	$2,085.84
Individual + Child(ren)	$1,879.47	$1,786.46	$1,772.96
Family	$3,150.87	$2,994.95	$2,972.32

Plan Name	Anthem Silver Blue Access EPO 20/50 4100 30% w/HSA PrevRx WH	Anthem Silver Connection EPO 20/50 4100 30% w/HSA PrevRx WH	Anthem Silver Connection EPO 50/100 4250 30% w/HSA PrevRx WH
Contract Code	8TZ0	8U2B	8U1R
Enhanced Embedded Dental and Vision Premium			
Individual	$1,130.81	$1,074.95	$1,067.02
Individual + Spouse	$2,261.62	$2,149.90	$2,134.04
Individual + Child(ren)	$1,922.38	$1,827.42	$1,813.93
Family	$3,222.81	$3,063.61	$3,041.01

Plan Details			
Network	Blue Access	Connection	Connection
National Access via Bluecard Program	Yes	Yes	Yes
Gatekeeper	No	No	No
Rx Network	Base Rx	Advantage Rx	Advantage Rx
Formulary	Select	Select	Select
MA Creditability Coverage Status	Yes	Yes	Yes
Embedded / Non-Embedded Medical Deductible	Not Embedded	Not Embedded	Not Embedded
Medicare Part D Creditable Coverage Status	Yes	Yes	Yes
Plan Benefits			
Deductible (Ind / Fam)	$4,100 / $8,200	$4,100 / $8,200	$4,250 / $8,500
Coinsurance	30%	30%	30%
Out of Pocket Max (Ind / Fam)	$8,450 / $16,900	$8,450 / $16,900	$8,450 / $16,900
PCP / Preferred PCP	Ded, then $20 Copay	Ded, then $20 Copay	Ded, then $50 Copay
Virtual Telehealth (LiveHealth Online)	Ded, then No Charge	Ded, then No Charge	Ded, then No Charge
Specialist / Preferred Specialist	Ded, then $50 Copay	Ded, then $50 Copay	Ded, then $100 Copay
Emergency Room	Ded, then 30%	Ded, then 30%	Ded, then 30%
Urgent Care	Ded, then $100 Copay	Ded, then $100 Copay	Ded, then $100 Copay
Inpatient Facility	Ded, then 30%	Ded, then 30%	Ded, then 30%
Ambulatory Surgical Center / Outpatient Facility Surgery	Ded, then 30%	Ded, then 30%	Ded, then 30%
Preferred Lab	Ded, then 30%	Ded, then 30%	Ded, then 30%
Lab (Office / Outpatient Hospital)	Ded, then 30% / Ded, then 30%	Ded, then 30% / Ded, then 30%	Ded, then 30% / Ded, then 30%
X-Ray (Office / Outpatient Hospital)	Ded, then 30% / Ded, then 30%	Ded, then 30% / Ded, then 30%	Ded, then 30% / Ded, then 30%
Adv Diagnostic Imaging (Office / Outpatient Hospital)	Ded, then 30% / Ded, then 30%	Ded, then 30% / Ded, then 30%	Ded, then 30% / Ded, then 30%
Rx Deductible (Tiers 2 & 3 only, unless specified)	Med Ded [Tiers 1-3]	Med Ded [Tiers 1-3]	Med Ded [Tiers 1-3]
Rx Copay (Tier 1 / 2 / 3)	$10 / $50 / $90	$10 / $50 / $90	$10 / $65 / 50%

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Plan Name	Anthem Silver Blue Access EPO 35/80 4650 50%	Anthem Guided Advantage Silver EPO 35/65/50/100 5000 50%	Anthem Guided Advantage Silver Blue Access EPO 35/65/50/100 5000 50%
Contract Code	8U1J	8TZ5	8U14
Premium			
Individual	$1,169.93	$1,250.45	$1,151.79
Individual + Spouse	$2,339.86	$2,500.90	$2,303.58
Individual + Child(ren)	$1,988.88	$2,125.77	$1,958.04
Family	$3,334.30	$3,563.78	$3,282.60

Plan Name	Anthem Silver Blue Access EPO 35/80 4650 50% WH	Anthem Guided Advantage Silver EPO 35/65/50/100 5000 50% WH	Anthem Guided Advantage Silver Blue Access EPO 35/65/50/100 5000 50% WH
Contract Code	8U04	8TZB	8TZQ
Enhanced Embedded Dental and Vision Premium			
Individual	$1,195.17	$1,277.53	$1,177.16
Individual + Spouse	$2,390.34	$2,555.06	$2,354.32
Individual + Child(ren)	$2,031.79	$2,171.80	$2,001.17
Family	$3,406.23	$3,640.96	$3,354.91
Plan Details			
Network	Blue Access	PPO/EPO	Blue Access
National Access via Bluecard Program	Yes	Yes	Yes
Gatekeeper	No	No	No
Rx Network	Base Rx	Base Rx	Base Rx
Formulary	Select	Traditional Open	Select
MA Creditability Coverage Status	No	No	No
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded
Medicare Part D Creditable Coverage Status	Yes	No	No
Plan Benefits			
Deductible (Ind / Fam)	$4,650 / $9,300	$5,000 / $10,000	$5,000 / $10,000
Coinsurance	50%	50%	50%
Out of Pocket Max (Ind / Fam)	$9,700 / $19,400	$9,500 / $19,000	$9,500 / $19,000
PCP / Preferred PCP	$35	$65 / $35	$65 / $35
Virtual Telehealth (LiveHealth Online)	No Charge	No Charge	No Charge
Specialist / Preferred Specialist	$80	$100 / $50	$100 / $50
Emergency Room	Ded, then 50%	Ded, then 50%	Ded, then 50%
Urgent Care	$100	$85	$85
Inpatient Facility	Ded, then 50%	Ded, then 50%	Ded, then 50%
Ambulatory Surgical Center / Outpatient Facility Surgery	Ded, then $300 Copay / Ded, then 50%	Ded, then $300 Copay / Ded, then 50%	Ded, then $300 Copay / Ded, then 50%
Preferred Lab	No Charge	No Charge	No Charge
Lab (Office / Outpatient Hospital)	$20 / $25	Tiered benefit depends on POS / Ded, then 50%	Tiered benefit depends on POS / Ded, then 50%
X-Ray (Office / Outpatient Hospital)	$75 / Ded, then 50%	$50 / Ded, then 50%	$50 / Ded, then 50%
Adv Diagnostic Imaging (Office / Outpatient Hospital)	$150 / Ded, then 50%	$150 / Ded, then 50%	$150 / Ded, then 50%
Rx Deductible (Tiers 2 & 3 only, unless specified)	$200 (IND) / $400 (FAM)	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)	$20 / $75 / 50%	$15 / 50% / 50%	$15 / 50% / 50%

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Plan Name	Anthem Bronze Blue Access EPO 5500 50% w/HSA	Anthem Bronze EPO 25/75 6300 50% w/HSA	Anthem Bronze Blue Access EPO 25/75 6300 50% w/HSA
Contract Code	8U0L	8U0W	8U0G
Premium			
Individual	$1,052.13	$1,134.78	$1,046.74
Individual + Spouse	$2,104.26	$2,269.56	$2,093.48
Individual + Child(ren)	$1,788.62	$1,929.13	$1,779.46
Family	$2,998.57	$3,234.12	$2,983.21

Plan Name	Anthem Bronze Blue Access EPO 5500 50% w/HSA WH	Anthem Bronze EPO 25/75 6300 50% w/HSA WH	Anthem Bronze Blue Access EPO 25/75 6300 50% w/HSA WH
Contract Code	8U07	8U1V	8U0T
Enhanced Embedded Dental and Vision Premium			
Individual	$1,077.51	$1,161.99	$1,072.26
Individual + Spouse	$2,155.02	$2,323.98	$2,144.52
Individual + Child(ren)	$1,831.77	$1,975.38	$1,822.84
Family	$3,070.90	$3,311.67	$3,055.94
Plan Details			
Network	Blue Access	PPO/EPO	Blue Access
National Access via Bluecard Program	Yes	Yes	Yes
Gatekeeper	No	No	No
Rx Network	Base Rx	Base Rx	Base Rx
Formulary	Select	Traditional Open	Select
MA Creditability Coverage Status	Yes	Yes	Yes
Embedded / Non-Embedded Medical Deductible	Not Embedded	Not Embedded	Not Embedded
Medicare Part D Creditable Coverage Status	No	No	No
Plan Benefits			
Deductible (Ind / Fam)	$5,500 / $11,000	$6,300 / $12,600	$6,300 / $12,600
Coinsurance	50%	50%	50%
Out of Pocket Max (Ind / Fam)	$8,450 / $16,900	$8,450 / $16,900	$8,450 / $16,900
PCP / Preferred PCP	Ded, then 50%	Ded, then $25 Copay	Ded, then $25 Copay
Virtual Telehealth (LiveHealth Online)	Ded, then No Charge	Ded, then No Charge	Ded, then No Charge
Specialist / Preferred Specialist	Ded, then 50%	Ded, then $75 Copay	Ded, then $75 Copay
Emergency Room	Ded, then 50%	Ded, then 50%	Ded, then 50%
Urgent Care	Ded, then 50%	Ded, then $100 Copay	Ded, then $100 Copay
Inpatient Facility	Ded, then 50%	Ded, then 50%	Ded, then 50%
Ambulatory Surgical Center / Outpatient Facility Surgery	Ded, then 50%	Ded, then 50%	Ded, then 50%
Preferred Lab	Ded, then 50%	Ded, then 50%	Ded, then 50%
Lab (Office / Outpatient Hospital)	Ded, then 50% / Ded, then 50%	Ded, then 50% / Ded, then 50%	Ded, then 50% / Ded, then 50%
X-Ray (Office / Outpatient Hospital)	Ded, then 50% / Ded, then 50%	Ded, then 50% / Ded, then 50%	Ded, then 50% / Ded, then 50%
Adv Diagnostic Imaging (Office / Outpatient Hospital)	Ded, then 50% / Ded, then 50%	Ded, then 50% / Ded, then 50%	Ded, then 50% / Ded, then 50%
Rx Deductible (Tiers 2 & 3 only, unless specified)	Med Ded [Tiers 1-3]	Med Ded [Tiers 1-3]	Med Ded [Tiers 1-3]
Rx Copay (Tier 1 / 2 / 3)	$10 / 50% / 50%	50% / 50% / 50%	50% / 50% / 50%

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Plan Name	Anthem Bronze Connection EPO 25/75 6300 50% w/HSA	Anthem Bronze Blue Access EPO 20/50 7500 50% w/HSA	Anthem Bronze Connection EPO 20/50 7500 50% w/HSA
Contract Code	8U09	8U2C	8U12
Premium			
Individual	$994.86	$1,036.68	$985.36
Individual + Spouse	$1,989.72	$2,073.36	$1,970.72
Individual + Child(ren)	$1,691.26	$1,762.36	$1,675.11
Family	$2,835.35	$2,954.54	$2,808.28

Plan Name	Anthem Bronze Connection EPO 25/75 6300 50% w/HSA WH	Anthem Bronze Blue Access EPO 20/50 7500 50% w/HSA WH	Anthem Bronze Connection EPO 20/50 7500 50% w/HSA WH
Contract Code	8TZ6	8U2X	8U0M
Enhanced Embedded Dental and Vision Premium			
Individual	$1,019.39	$1,062.34	$1,010.03
Individual + Spouse	$2,038.78	$2,124.68	$2,020.06
Individual + Child(ren)	$1,732.96	$1,805.98	$1,717.05
Family	$2,905.26	$3,027.67	$2,878.59

Plan Details			
Network	Connection	Blue Access	Connection
National Access via Bluecard Program	Yes	Yes	Yes
Gatekeeper	No	No	No
Rx Network	Advantage Rx	Base Rx	Advantage Rx
Formulary	Select	Select	Select
MA Creditability Coverage Status	Yes	Yes	Yes
Embedded / Non-Embedded Medical Deductible	Not Embedded	Not Embedded	Not Embedded
Medicare Part D Creditable Coverage Status	No	No	No
Plan Benefits			
Deductible (Ind / Fam)	$6,300 / $12,600	$7,500 / $15,000	$7,500 / $15,000
Coinsurance	50%	50%	50%
Out of Pocket Max (Ind / Fam)	$8,450 / $16,900	$8,450 / $16,900	$8,450 / $16,900
PCP / Preferred PCP	Ded, then $25 Copay	Ded, then $20 Copay	Ded, then $20 Copay
Virtual Telehealth (LiveHealth Online)	Ded, then No Charge	Ded, then No Charge	Ded, then No Charge
Specialist / Preferred Specialist	Ded, then $75 Copay	Ded, then $50 Copay	Ded, then $50 Copay
Emergency Room	Ded, then 50%	Ded, then 50%	Ded, then 50%
Urgent Care	Ded, then $100 Copay	Ded, then $100 Copay	Ded, then $100 Copay
Inpatient Facility	Ded, then 50%	Ded, then 50%	Ded, then 50%
Ambulatory Surgical Center / Outpatient Facility Surgery	Ded, then 50%	Ded, then 50%	Ded, then 50%
Preferred Lab	Ded, then 50%	Ded, then 50%	Ded, then 50%
Lab (Office / Outpatient Hospital)	Ded, then 50% / Ded, then 50%	Ded, then 50% / Ded, then 50%	Ded, then 50% / Ded, then 50%
X-Ray (Office / Outpatient Hospital)	Ded, then 50% / Ded, then 50%	Ded, then 50% / Ded, then 50%	Ded, then 50% / Ded, then 50%
Adv Diagnostic Imaging (Office / Outpatient Hospital)	Ded, then 50% / Ded, then 50%	Ded, then 50% / Ded, then 50%	Ded, then 50% / Ded, then 50%
Rx Deductible (Tiers 2 & 3 only, unless specified)	Med Ded [Tiers 1-3]	Med Ded [Tiers 1-3]	Med Ded [Tiers 1-3]
Rx Copay (Tier 1 / 2 / 3)	50% / 50% / 50%	50% / 50% / 50%	50% / 50% / 50%

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Plan Name	Anthem Guided Advantage Bronze Blue Access EPO 40/70/80/120 9200 50%	Anthem Guided Advantage Bronze Connection EPO 40/70/80/120 9200 50%	Anthem Bronze Blue Access EPO 10150 0%
Contract Code	8TZ9	8U3G	8U2M
Premium			
Individual	$1,072.40	$1,019.24	$1,033.56
Individual + Spouse	$2,144.80	$2,038.48	$2,067.12
Individual + Child(ren)	$1,823.08	$1,732.71	$1,757.05
Family	$3,056.34	$2,904.83	$2,945.65

Plan Name	Anthem Guided Advantage Bronze Blue Access EPO 40/70/80/120 9200 50% WH	Anthem Guided Advantage Bronze Connection EPO 40/70/80/120 9200 50% WH	Anthem Bronze Blue Access EPO 10150 0% WH
Contract Code	8U22	8U2T	8U1U
Enhanced Embedded Dental and Vision Premium			
Individual	$1,098.06	$1,043.91	$1,059.50
Individual + Spouse	$2,196.12	$2,087.82	$2,119.00
Individual + Child(ren)	$1,866.70	$1,774.65	$1,801.15
Family	$3,129.47	$2,975.14	$3,019.58
Plan Details			
Network	Blue Access	Connection	Blue Access
National Access via Bluecard Program	Yes	Yes	Yes
Gatekeeper	No	No	No
Rx Network	Base Rx	Advantage Rx	Base Rx
Formulary	Select	Select	Select
MA Creditability Coverage Status	No	No	No
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded
Medicare Part D Creditable Coverage Status	No	No	No
Plan Benefits			
Deductible (Ind / Fam)	$9,200 / $18,400	$9,200 / $18,400	$10,150 / $20,300
Coinsurance	50%	50%	0%
Out of Pocket Max (Ind / Fam)	$10,150 / $20,300	$10,150 / $20,300	$10,150 / $20,300
PCP / Preferred PCP	$70 / $40	$70 / $40	Ded, then No Charge
Virtual Telehealth (LiveHealth Online)	No Charge	No Charge	Ded, then No Charge
Specialist / Preferred Specialist	$120 / $80	$120 / $80	Ded, then No Charge
Emergency Room	Ded, then 50%	Ded, then 50%	Ded, then No Charge
Urgent Care	$100	$100	Ded, then No Charge
Inpatient Facility	Ded, then 50%	Ded, then 50%	Ded, then No Charge
Ambulatory Surgical Center / Outpatient Facility Surgery	Ded, then $500 Copay / Ded, then 50%	Ded, then $500 Copay / Ded, then 50%	Ded, then No Charge
Preferred Lab	$70	$70	Ded, then No Charge
Lab (Office / Outpatient Hospital)	Tiered benefit depends on POS / Ded, then 50%	Tiered benefit depends on POS / Ded, then 50%	Ded, then No Charge
X-Ray (Office / Outpatient Hospital)	$75 / Ded, then 50%	$75 / Ded, then 50%	Ded, then No Charge
Adv Diagnostic Imaging (Office / Outpatient Hospital)	$175 / Ded, then 50%	$175 / Ded, then 50%	Ded, then No Charge
Rx Deductible (Tiers 2 & 3 only, unless specified)	Med Ded	Med Ded	Med Ded [Tiers 1-3]
Rx Copay (Tier 1 / 2 / 3)	$25 / 50% / 50%	$25 / 50% / 50%	N/A

For SBC(s) or SOB(s), please visit:
https://sbc.anthem.com/dps/
https://plan-summaries.anthem.com/sobdps/

1) Anthem Blue Cross and Blue Shield is the trade name of Anthem HealthChoice HMO, Inc. and Anthem HealthChoice Assurance, Inc. Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.
2) Healthy New York Plans use the Blue Access network and require PCP selection within Anthem's NY service area.
3) Anthem's participating Freestanding Labs are Laboratory Corporation of America or Quest Diagnostics.
4) Medical Text Chat is only available through KHealth, a third-party digital healthcare company
5) Creditable Coverage Results are preliminary, official results provided by the MCC Health Connector Board

Q1 2026 New York Small Group Plans | New York City

Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties

Plan Name	Anthem Bronze Connection EPO 10150 0%
Contract Code	8U0H
Premium	
Individual	$982.39
Individual + Spouse	$1,964.78
Individual + Child(ren)	$1,670.06
Family	$2,799.81

Plan Name	Anthem Bronze Connection EPO 10150 0% WH
Contract Code	8U3C
Enhanced Embedded Dental and Vision Premium	
Individual	$1,007.19
Individual + Spouse	$2,014.38
Individual + Child(ren)	$1,712.22
Family	$2,870.49
Plan Details	
Network	Connection
National Access via Bluecard Program	Yes
Gatekeeper	No
Rx Network	Advantage Rx
Formulary	Select
MA Creditability Coverage Status	No
Embedded / Non-Embedded Medical Deductible	Embedded
Medicare Part D Creditable Coverage Status	No
Plan Benefits	
Deductible (Ind / Fam)	$10,150 / $20,300
Coinsurance	0%
Out of Pocket Max (Ind / Fam)	$10,150 / $20,300
PCP / Preferred PCP	Ded, then No Charge
Virtual Telehealth (LiveHealth Online)	Ded, then No Charge
Specialist / Preferred Specialist	Ded, then No Charge
Emergency Room	Ded, then No Charge
Urgent Care	Ded, then No Charge
Inpatient Facility	Ded, then No Charge
Ambulatory Surgical Center / Outpatient Facility Surgery	Ded, then No Charge
Preferred Lab	Ded, then No Charge
Lab (Office / Outpatient Hospital)	Ded, then No Charge
X-Ray (Office / Outpatient Hospital)	Ded, then No Charge
Adv Diagnostic Imaging (Office / Outpatient Hospital)	Ded, then No Charge
Rx Deductible (Tiers 2 & 3 only, unless specified)	Med Ded [Tiers 1-3]
Rx Copay (Tier 1 / 2 / 3)	N/A

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