

\$10 / \$35 / \$70

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

	Region 4. Bronx, Kings, New York, Queens, Rich	nond, Rockiand 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%
ontract Code	8TZC	8TZV	8TZ8
emium			
dividual	\$1,789.42	\$1,641.14	\$1,771.70
lividual + Spouse	\$3,578.84	\$3,282.28	\$3,543.40
dividual + Child(ren)	\$3,042.01	\$2,789.94	\$3,011.89
mily	\$5,099.85	\$4,677.25	\$5,049.35
n Name	Anthem Platinum EPO 5/25 0% WH	Anthem Platinum Blue Access EPO 5/25 0% WH	Anthem Platinum EPO 20/40 0% WH
ntract Code	8U2Y	8U1K	8U1M
anced Embedded Dental and Vision Premium			
lividual	\$1,813.09	\$1,663.39	\$1,795.37
lividual + Spouse	\$3,626.18	\$3,326.78	\$3,590.74
dividual + Child(ren)	\$3,082.25	\$2,827.76	\$3,052.13
mily	\$5,167.31	\$4,740.66	\$5,116.80
•	• •	• •	, ,
nn Details			
twork	PPO/EPO	Blue Access	PPO/EPO
tional Access via Bluecard Program	Yes	Yes	Yes
tekeeper	No	No	No
Network	Base Rx	Base Rx	Base Rx
mulary	Traditional Open	Select	Traditional Open
. Creditability Coverage Status	Yes	Yes	Yes
bedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded
edicare Part D Creditable Coverage Status	Yes	Yes	Yes
edicare Fart D Creditable Coverage Status	163	163	163
n Benefits			
ductible (Ind / Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0
nsurance	0%	0%	0%
t of Pocket Max (Ind / Fam)	\$3,900 / \$7,800	\$3,900 / \$7,800	\$3,500 / \$7,000
P / Preferred PCP	\$5	\$5	\$20
tual Telehealth (LiveHealth Online)	No Charge	No Charge	No Charge
ecialist / Preferred Specialist	\$25	\$25	\$40
ergency Room	\$300	\$300	\$300
gent Care	\$50	\$50	\$50
atient Facility	\$400	\$400	\$500
bulatory Surgical Center / Outpatient Facility Surgery	\$50 / \$300	\$50 / \$300	\$100 / \$500
ferred Lab	No Charge	No Charge	No Charge
o (Office / Outpatient Hospital)	No Charge	No Charge	No Charge
Ray (Office / Outpatient Hospital)	\$50 / \$150	\$50 / \$150	\$50 / \$150
v Diagnostic Imaging (Office / Outpatient Hospital)	\$150 / \$250	\$150 / \$250	\$150 / \$250
Deductible (Tiers 2 & 3 only, unless specified)	\$100 (IND) / \$200 (FAM)	\$100 (IND) / \$200 (FAM)	\$100 (IND) / \$200 (FAM)
(Deductible (Hers 2 & 3 only, unless specified)	\$100 (IND) / \$200 (FAIVI)	\$100 (IND) / \$200 (FAIVI)	\$100 (IND) / \$200 (FAIVI)

For SBC(s) or SOB(s), please visit:

https://sbc.anthem.com/dps/

Rx Copay (Tier 1 / 2 / 3)

https://plan-summaries.anthem.com/sobdps/

\$10 / \$35 / \$70

\$10 / \$35 / \$70



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

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
ndividual + 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			
ndividual	\$1,647.38	\$1,565.86	\$1,555.66
ndividual + Spouse	\$3,294.76	\$3,131.72	\$3,111.32
ndividual + 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 Communication Commun	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
/irtual Telehealth (LiveHealth Online)	No Charge	No Charge	No Charge
Specialist / Preferred Specialist	\$40	\$40	\$25
mergency Room	\$300	\$300	Ded, then \$300 Copay
Jrgent Care	\$50	\$50	\$50
npatient 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
ab (Office / Outpatient Hospital)	No Charge	No Charge	Cost-share depends on POS / Ded, then \$25 Copay
C-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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Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties

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	8000	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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\$5 / 10% / 10%

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

	Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties			
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	
remium				
dividual	\$1,577.20	\$1,498.95	\$1,602.01	
dividual + Spouse	\$3,154.40	\$2,997.90	\$3,204.02	
dividual + Child(ren)	\$2,681.24	\$2,548.22	\$2,723.42	
amily	\$4,495.02	\$4,272.01	\$4,565.73	
an 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	
ontract Code	8U1Q	8U21	8U1C	
hanced Embedded Dental and Vision Premium				
dividual	\$1,602.01	\$1,522.91	\$1,625.54	
dividual + Spouse	\$3,204.02	\$3,045.82	\$3,251.08	
dividual + Child(ren)	\$2,723.42	\$2,588.95	\$2,763.42	
mily	\$4,565.73	\$4,340.29	\$4,632.79	
an Details				
etwork	Blue Access	Connection	PPO/EPO	
tional Access via Bluecard Program	Yes	Yes	Yes	
tekeeper	No	No	No	
Network	Base Rx	Advantage Rx	Base Rx	
rmulary	Select	Select	Traditional Open	
A Creditability Coverage Status	Yes	Yes	Yes	
nbedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	
edicare Part D Creditable Coverage Status	Yes	Yes	Yes	
an Benefits				
eductible (Ind / Fam)	\$500 / \$1,000	\$500 / \$1,000	\$0 / \$0	
insurance	10%	10%	0%	
it of Pocket Max (Ind / Fam)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$9,150 / \$18,300	
P / Preferred PCP	\$25 / \$5	\$25 / \$5	\$30	
tual Telehealth (LiveHealth Online)	No Charge	No Charge	No Charge	
ecialist / Preferred Specialist	\$60 / \$30	\$60 / \$30	\$60	
nergency Room	Ded, then 30%	Ded, then 30%	\$850	
gent Care	\$75	\$75	\$90	
patient Facility	Ded, then 10%	Ded, then 10%	\$600	
bulatory Surgical Center / Outpatient Facility Surgery	Ded, then \$150 Copay / Ded, then 10%	Ded, then \$150 Copay / Ded, then 10%	\$300 / \$500	
eferred Lab	No Charge	No Charge	No Charge	
b (Office / Outpatient Hospital)	Tiered benefit depends on POS / Ded, then 10%	Tiered benefit depends on POS / Ded, then 10%	No Charge	
Ray (Office / Outpatient Hospital)	\$50 / Ded, then 10%	\$50 / Ded, then 10%	\$100 / \$150	
dv Diagnostic Imaging (Office / Outpatient Hospital)	\$150 / Ded, then 10%	\$150 / Ded, then 10%	\$200 / \$250	
x Deductible (Tiers 2 & 3 only, unless specified)	Med Ded	Med Ded	\$200 / \$250 \$200 (IND) / \$400 (FAM)	
A Deductible (Hers 2 & 5 orlly, diffess specifica)	¢5 / 100/ / 100/	ÓF / 100/ / 100/	\$200 (IND) / \$400 (I ANI)	

For SBC(s) or SOB(s), please visit:

Rx Copay (Tier 1 / 2 / 3)

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\$5 / 10% / 10%

\$10 / \$65 / \$100



\$10 / \$65 / \$100

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

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			
ndividual	\$1,470.89	\$1,398.02	\$1,526.03
ndividual + Spouse	\$2,941.78	\$2,796.04	\$3,052.06
idividual + Child(ren)	\$2,500.51	\$2,376.63	\$2,594.25
amily	\$4,192.04	\$3,984.36	\$4,349.19
an 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
ontract Code	8U1B	8TYZ	8U16
hanced Embedded Dental and Vision Premium			
dividual	\$1,493.14	\$1,419.29	\$1,552.68
dividual + Spouse	\$2,986.28	\$2,838.58	\$3,105.36
dividual + Child(ren)	\$2,538.34	\$2,412.79	\$2,639.56
mily	\$4,255.45	\$4,044.98	\$4,425.14
an Details			
twork	Blue Access	Connection	PPO/EPO
tional Access via Bluecard Program	Yes	Yes	Yes
tekeeper	No	No	No
Network	Base Rx	Advantage Rx	Base Rx
rmulary	Select	Select	Traditional Open
A Creditability Coverage Status	Yes	Yes	Yes
nbedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded
edicare Part D Creditable Coverage Status	Yes	Yes	Yes
an Benefits			
ductible (Ind / Fam)	\$0 / \$0	\$0 / \$0	\$1,200 / \$2,400
insurance	0%	0%	10%
it of Pocket Max (Ind / Fam)	\$9,150 / \$18,300	\$9,150 / \$18,300	\$7,000 / \$14,000
P / Preferred PCP	\$30	\$30	\$50
tual Telehealth (LiveHealth Online)	No Charge	No Charge	No Charge
ecialist / Preferred Specialist	\$60	\$60	\$60
nergency Room	\$850	\$850	Ded, then \$750 Copay
gent Care	\$90	\$90	\$100
patient Facility	\$600	\$600	Ded, then 10%
nbulatory Surgical Center / Outpatient Facility Surgery	\$300 / \$500	\$300 / \$500	Ded, then \$150 Copay / Ded, then \$300 Copa
eferred Lab	No Charge	No Charge	No Charge
b (Office / Outpatient Hospital)	No Charge	No Charge	No Charge
Ray (Office / Outpatient Hospital)	\$100 / \$150	\$100 / \$150	Ded, then \$50 Copay / Ded, then \$150 Copa
ly Diagnostic Imaging (Office / Outpatient Hospital)	\$200 / \$250	\$200 / \$250	Ded, then \$150 Copay / Ded, then \$250 Copa
Deductible (Tiers 2 & 3 only, unless specified)	\$200 (IND) / \$400 (FAM)	\$200 (IND) / \$400 (FAM)	\$150 (IND) / \$300 (FAM)
v Consultion 1 / 2 / 2)	\$200 (IVD) / \$ 100 (IVW)	\$200 (IVD) / \$100 (IVIV)	\$150 (NVD)

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Rx Copay (Tier 1 / 2 / 3)

https://plan-summaries.anthem.com/sobdps/

\$10 / \$65 / \$100

\$10 / \$50 / \$90



\$10 / \$50 / \$90

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

Allulelli, 127 W	Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties				
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)		
D. C (Ti 1 / 2 / 2)	610 / 650 / 600	¢10 /¢50 /¢00	¢10 /¢50 / 500/		

For SBC(s) or SOB(s), please visit:

Rx Copay (Tier 1 / 2 / 3)

https://sbc.anthem.com/dps/

https://plan-summaries.anthem.com/sobdps/

\$10 / \$50 / \$90

\$10 / \$50 / 50%



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

	Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties			
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	3000	0,2,	5000	
Individual	\$1,373.92	\$1,306.02	\$1,455.72	
Individual + Spouse	\$2,747.84	\$2,612.04	\$2,911.44	
Individual + Spouse Individual + Child(ren)	\$2,335.66	\$2,220.23	\$2,474.72	
Family	\$3,915.67	\$3,722.16	\$4,148.80	
railily	\$3,513.07	\$3,722.10	\$4, <u>140.0</u> 0	
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

AIICICIII. 14. W.	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	Anthem Gold EPO 15/40 1950 15% WH	Anthem Gold Blue Access EPO 15/40 1950 15% WH	
	PrevRx 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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Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties

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

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Plan Name	Anthem Guided Advantage Gold EPO 20/40/50/80 2000	Anthem Guided Advantage Gold Blue Access EPO	Anthem Gold Healthy New York Blue Access GEPO 25/40		
	20%	20/40/50/80 2000 20%	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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\$15 / \$75 / \$100

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

Contract Code	7 11 10 11 11 11 11 11	region in bronky kings, new ronky queens, monitoria, neodiana and viestenesser countries			
Contract Code 8U3H 8TZA 8U3B Premium Premium 1.305.88 \$1,241.24 \$1,200.88 Individual spouse \$2,261.176 \$2,824.84 \$3,221.96 Individual spouse \$3,779.00 \$5,710.11 \$7,779.67 Family \$3,779.00 \$5,710.11 \$7,779.67 Family Anthem Virtual Access Plus Silver Blue Access Plus Silver Blue Access Plus Silver Connection EPO 60/125 Anthem Silver EPO 45/75 2650 30% WH Contract Code \$170W \$170W \$1,779.70 \$1,779.70 \$1,779.70 \$1,737.77 Individual - Scouse \$1,778.13 \$1,779.70 \$1,737.77 \$1,779.70 \$1,737.77 \$1,779.70 \$1,737.77 \$1,779.70 \$1,737.77 \$1,779.70 \$1,737.77 \$1,779.70 \$1,779.70 \$1,779.70 \$1,737.77 \$1,779.70 \$1,779.70 \$1,779.70 \$1,779.70 \$1,779.70 \$1,779.70 \$1,779.70 \$1,779.70 \$1,779.70 \$1,779.70 \$1,779.70 \$1,779.70 \$1,779.70 \$1,779.70 \$1,779.70 \$1,779.70 \$1,779.70 \$1,779.70 \$1,779.70	Plan Name	The state of the s		Anthem Silver EPO 45/75 2650 30%	
Pember P		0%	0%		
Individual S. 1.20.88 S. 1.24.1.24 S. 1.3.10.88 Individual Spouse S. 5.1.11.6 S. 5.2.28.07 S. 5	Contract Code	8U3H	8TZA	8U33	
Individual Spouse \$2.61.76 \$2.48.248 \$2.021.96 Individual Childjren) \$3.771.76 \$3.757.30 \$3.757.30 \$3.76.00 \$3.757.30 \$3.76.00 \$3.757.30 \$3.76.00 \$3.757.30 \$3.757.30 \$3.76.00 \$3.757.30 \$3.76.00 \$3.757.30 \$3.76.00 \$3.757.30	Premium				
Individual + Child(ren) \$2,220.00 \$2,11.01.1 \$2,228.67 Family \$3,721.76 \$3,337.35 \$3,736.20 \$3,737.00 \$3,7	Individual	\$1,305.88	\$1,241.24	\$1,310.98	
Pan Name	Individual + Spouse	\$2,611.76	\$2,482.48	\$2,621.96	
Pan Name	Individual + Child(ren)	\$2,220.00	\$2,110.11	\$2,228.67	
Contract Code 8 IZW 98U39 8U08P Enhanced Embedded Dental and Vision Premium \$1,228.13 \$1,262.50 \$1,337.77 Individual + Child Foouse \$2,656.26 \$2,525.00 \$2,675.54 Individual + Child Fenni Premium \$2,257.82 \$2,146.25 \$2,274.21 Family \$3,785.17 \$3,398.13 \$3,812.64 Plan Details Ves Ves Yes Network Blue Access Connection PPO/FPO National Access via Bluecard Program Yes Yes No No No No Re Network Base Rx Advantage Rx Base Rx Formulary Select Yes Yes Formulary Select Yes Yes McCreditability Coverage Status Yes Yes Yes Embedded Medicard Deductible Embedded Embedded Embedded McCreditability Coverage Status Yes Yes Yes Embedded (Ind / Fam) \$0,50 \$0,50 \$2,690 / \$5,300	Family	\$3,721.76	\$3,537.53	\$3,736.29	
Contract Code 8129 800P Inchanced Embedded Dental and Vision Premium 51,328.13 \$1,262.50 \$1,337.77 Inclividual + Spouse \$2,656.26 \$2,252.00 \$2,675.54 Inclividual + Children) \$2,257.82 \$2,146.25 \$2,274.21 Family \$3,3785.17 \$3,3598.13 \$3,3812.64 Plan Details Network Blue Access Connection PPO/EPO National Access via Bluecard Program Yes Yes Yes No No No No No Network Base Rx Advantage Rx Base Rx Formulary Select Select Traditional Open Mc Creditability Coverage Status Yes Yes Yes Embedded Medical Deductible Embedded Embedded Embedded Medicare Part D'Creditable Coverage Status Yes Yes Yes Pala Benefits Yes Yes Yes Yes Pala Benefits S0 / 50 \$0,50 \$2,50,50 / \$5,300	Plan Name	Anthem Virtual Access Plus Silver Blue Access EPO 60/125	Anthem Virtual Access Plus Silver Connection EPO 60/125	Anthem Silver EPO 45/75 2650 30% WH	
		0% WH	0% WH		
Individual \$1,228.13	Contract Code	8TZW	8U29	8U0P	
Individual - Spouse	Enhanced Embedded Dental and Vision Premium				
Individual + Child(ren) \$2,257.82 \$2,146.25 \$2,274.21	Individual	\$1,328.13	\$1,262.50	\$1,337.77	
Individual + Child(ren) \$2,257.82 \$2,146.25 \$2,274.21	Individual + Spouse	\$2,656.26	\$2,525.00	\$2,675.54	
Plan Details Network		\$2,257.82	\$2,146.25	\$2,274.21	
Network Blue Access Connection PPO/EPO National Access via Bluecard Program Yes Yes Yes Gatekeeper No No No No RX Network Base RX Advantage RX Base RX Formulary Select Select Traditional Open MA Creditability Coverage Status Yes Yes Yes Medicare Part D Creditable Oeverage Status Yes Yes Yes Medicare Part D Creditable Coverage Status Yes Yes Yes Plan Benefits Yes Yes Yes Peductible (Ind / Fam) \$0 / \$0 \$0 / \$0 \$2,650 / \$5,300 Coinsurance 0 % 0 % 30% \$0 Out of Pocket Max (Ind / Fam) \$0 / \$0 \$0 \$9.50 / \$1,900 \$9.50 / \$1,900 PCP / Preferred PCP \$60 \$60 \$45 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$	Family		· ·		
Network Blue Access Connection PPO/EPO National Access via Bluecard Program Yes Yes Yes Gatekeeper No No No No RX Network Base RX Advantage RX Base RX Formulary Select Select Traditional Open MA Creditability Coverage Status Yes Yes Yes Medicare Part D Creditable Oeverage Status Yes Yes Yes Medicare Part D Creditable Coverage Status Yes Yes Yes Plan Benefits Yes Yes Yes Peductible (Ind / Fam) \$0 / \$0 \$0 / \$0 \$2,650 / \$5,300 Coinsurance 0 % 0 % 30% \$0 Out of Pocket Max (Ind / Fam) \$0 / \$0 \$0 \$9.50 / \$1,900 \$9.50 / \$1,900 PCP / Preferred PCP \$60 \$60 \$45 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$	Plan Datella				
National Access via Bluecard Program Yes Yes Yes Gatekeeper No No No Kn Network Base Rx Advantage Rx Base Rx Formulary Select Select Traditional Open MA Creditability Coverage Status Yes Yes Yes Embedded Pkon-Embedded Medical Deductible Embedded Embedded Embedded Mediciare Part D Creditable Coverage Status Yes Yes Yes Plan Benefits Deductible (Ind / Fam) \$0 / 50 \$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 Virtural Telebachtall (Live Health Online) \$0.00 \$0.00 \$45 Pecialist / Preferred Specialist \$125 \$125 \$75 Emergency Room \$2,800 \$2,800 \$0.00 \$0.00 Ingent Care \$2,800 \$2,800 \$0				222/522	
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 Ver Yes S0 / \$0 \$2,650 / \$5,300 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 \$0 \$100					
Rx Network Base Rx Advantage Rx Base Rx Formulary Select Select Traditional Open Mc Creditability Coverage Status Yes Yes Yes Embedded / Non-Embedded Medical Deductible Embedded Embedded Embedded Embedded Medicare Part D Creditable Coverage Status Yes Yes Yes Yes Plan Benefits **Ves **Ves Yes Yes 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 \$45 \$45 Virtual Telehealth (LiveHealth Online) No Charge No Charge No Charge Specialist / Preferred Specialist \$125 \$125 \$75 Emergency Room \$2,2800 \$2,2800 Ded, then \$1,000 Copay Urgent Care \$200 \$200 \$0 \$0 \$100 \$100 \$100 <td><u> </u></td> <td></td> <td></td> <td></td>	<u> </u>				
Formulary Select Select Traditional Open MA Creditability Coverage Status Yes Yes Yes Yes Pes Embedded Medical Deductible Embedded Medical Deductible Embedded Embedded Embedded Medicare Part D Creditable Coverage Status Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	•				
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 Specialist / Preferred Specialist \$125 \$75 Emergency Room \$2,800 \$2,800 Ded, then \$1,000 Copay Urgent Care \$2,800 \$2,800 Ded, then \$1,000 Copay Urgent Care \$2,800 \$2,800 Ded, then \$300 Copay Ded, then \$500 Copay Ded, t			<u> </u>		
Embedded / Non-Embedded Medical Deductible Embedded Embedded Embedded Medicare Part D Creditable Coverage Status Yes Yes Yes Plan Benefits Deductible (Ind / Fam) \$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 \$2,800 Ded, then \$1,000 Copay Urgent Care \$2,800 \$2,800 Ded, then \$1,000 Copay Urgent Care \$200 \$2,800 Ded, then \$300 Copay / Ded, then \$00 Copay Preferred Lab No Charge No Charge No Charge Lab (Office / Outpatient Hospital) Cost-share depends on POS / \$20 Ded, then \$50 Copay / Ded, then \$50 Copay / Ded,	•			·	
Plan Benefits Plan Penefits Plan Pen	, -				
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 \$45 Virtual Telehealth (LiveHealth Online) No Charge No Charge Specialist / Preferred Specialist \$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 \$300 Copay / Ded, then \$500 Copay Preferred Lab No Charge No Charge No Charge Varient Lab (Office / Outpatient Hospital) \$2,800 \$2,800 Ded, then \$300 Copay / Ded, then \$500 Copay Inpatient Facility Surgery \$500 / \$1,000 \$500 / \$1,000 Ded, then \$300 Copay / Ded, then \$500 Copay / Ded, then \$50	•				
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 Specialist / Preferred Specialist \$125 \$125 \$75 Emergency Room \$2,800 \$2,800 Ded, then \$1,000 Copay Urgent Care \$2,800 \$2,800 Ded, then \$1,000 Copay Inpatient Facility \$2,800 \$2,800 Ded, then \$300 Copay / Ded, then \$500 Copay Preferred Lab No Charge No Charge No Charge Ambulatory Surgical Center / Outpatient Hospital) \$200 / \$1,000 \$500 / \$1,000 Ded, then \$300 Copay / Ded, then \$500 Copay Preferred Lab No Charge No Charge No Charge No Charge X-Ray (Office / Outpatient Hospital) \$200 / \$200 \$200 / \$200 Ded, then \$50 Copay / Ded, then \$150 Copay / Ded, then \$50 Copay / Ded, then \$250 Copay	Medicare Part D Creditable Coverage Status	Yes	Yes	Yes	
Coinsurance 0% 0% 30% Out of Pocket Max (Ind / Fam) \$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 \$300 Copay / Ded, then \$500 Copay Veried Certer / 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 No Charge Lab (Office / Outpatient Hospital) \$200 / \$200 \$200 / \$200 Ded, then \$500 Copay / Ded, then \$150 Copay X-Ray (Office / Outpatient Hospital) \$200 / \$200 \$200 / \$200 Ded, then \$500 Copay / Ded, then \$150 Copay Adv Diagnostic Imaging (Office / Outpatient Hospital) \$250 / \$300 Ded, then \$500 Copay / Ded, then \$250 Copay	Plan Benefits				
Out of Pocket Max (Ind / Fam) \$10,150 / \$20,300 \$9,950 / \$19,900 PCP / Preferred PCP \$60 \$45 Virtual Telehealth (LiveHealth Online) No Charge No Charge Specialist / Preferred Specialist \$125 \$125 Emergency Room \$2,800 \$2,800 Ded, then \$1,000 Copay Urgent Care \$200 \$200 Ded, then 300 Inpatient Facility \$2,800 \$2,800 Ded, then 300 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 No Charge X-Ray (Office / Outpatient Hospital) \$200 / \$200 \$200 / \$200 Ded, then \$50 Copay / Ded, then \$150 Copay / Ded, then \$250 Copay Adv Diagnostic Imaging (Office / Outpatient Hospital) \$250 / \$300 Ded, then \$5150 Copay / Ded, then \$250 Copay	Deductible (Ind / Fam)	\$0 / \$0	\$0 / \$0	\$2,650 / \$5,300	
PCP / Preferred PCP\$60\$60\$45Virtual Telehealth (LiveHealth Online)No ChargeNo ChargeNo ChargeSpecialist / Preferred Specialist\$125\$125\$75Emergency Room\$2,800\$2,800Ded, then \$1,000 CopayUrgent Care\$200\$200\$100Inpatient Facility\$2,800\$2,800Ded, then 30%Ambulatory Surgical Center / Outpatient Facility Surgery\$500 / \$1,000\$500 / \$1,000Ded, then \$300 Copay / Ded, then \$500 CopayPreferred LabNo ChargeNo ChargeNo ChargeLab (Office / Outpatient Hospital)Cost-share depends on POS / \$20Cost-share depends on POS / \$20No ChargeX-Ray (Office / Outpatient Hospital)\$200 / \$200\$200 / \$200Ded, then \$50 Copay / Ded, then \$150 CopayAdv Diagnostic Imaging (Office / Outpatient Hospital)\$250 / \$300\$250 / \$300Ded, then \$150 Copay / Ded, then \$250 Copay	Coinsurance	0%	0%	30%	
Virtual Telehealth (LiveHealth Online)No ChargeNo ChargeSpecialist / Preferred Specialist\$125\$75Emergency Room\$2,800\$2,800Ded, then \$1,000 CopayUrgent Care\$200\$200\$100Inpatient Facility\$2,800\$2,800Ded, then 30%Ambulatory Surgical Center / Outpatient Facility Surgery\$500 / \$1,000\$500 / \$1,000Ded, then \$300 Copay / Ded, then \$500 CopayPreferred LabNo ChargeNo ChargeNo ChargeLab (Office / Outpatient Hospital)Cost-share depends on POS / \$20Cost-share depends on POS / \$20No ChargeX-Ray (Office / Outpatient Hospital)\$200 / \$200\$200 / \$200Ded, then \$50 Copay / Ded, then \$150 CopayAdv Diagnostic Imaging (Office / Outpatient Hospital)\$250 / \$300\$250 / \$300Ded, then \$150 Copay / Ded, then \$250 Copay	Out of Pocket Max (Ind / Fam)	\$10,150 / \$20,300	\$10,150 / \$20,300	\$9,950 / \$19,900	
Specialist / Preferred Specialist\$125\$125\$75Emergency Room\$2,800\$2,800Ded, then \$1,000 CopayUrgent Care\$200\$200\$100Inpatient Facility\$2,800\$2,800Ded, then 30%Ambulatory Surgical Center / Outpatient Facility Surgery\$500 / \$1,000\$500 / \$1,000Ded, then \$300 Copay / Ded, then \$500 CopayPreferred LabNo ChargeNo ChargeNo ChargeLab (Office / Outpatient Hospital)Cost-share depends on POS / \$20Cost-share depends on POS / \$20No ChargeX-Ray (Office / Outpatient Hospital)\$200 / \$200\$200 / \$200Ded, then \$50 Copay / Ded, then \$150 CopayAdv Diagnostic Imaging (Office / Outpatient Hospital)\$250 / \$300\$250 / \$300Ded, then \$150 Copay / Ded, then \$250 Copay	PCP / Preferred PCP	\$60	\$60	\$45	
Emergency Room\$2,800\$2,800Ded, then \$1,000 CopayUrgent Care\$200\$100Inpatient Facility\$2,800\$2,800Ded, then 30%Ambulatory Surgical Center / Outpatient Facility Surgery\$500 / \$1,000\$500 / \$1,000Ded, then \$300 Copay / Ded, then \$500 CopayPreferred LabNo ChargeNo ChargeNo ChargeLab (Office / Outpatient Hospital)Cost-share depends on POS / \$20No ChargeNo ChargeX-Ray (Office / Outpatient Hospital)\$200 / \$200\$200 / \$200Ded, then \$50 Copay / Ded, then \$150 CopayAdv Diagnostic Imaging (Office / Outpatient Hospital)\$250 / \$300\$250 / \$300Ded, then \$150 Copay / Ded, then \$250 Copay	Virtual Telehealth (LiveHealth Online)	No Charge	No Charge	No Charge	
Urgent Care\$200\$200\$100Inpatient Facility\$2,800\$2,800Ded, then 30%Ambulatory Surgical Center / Outpatient Facility Surgery\$500 / \$1,000\$500 / \$1,000Ded, then \$300 Copay / Ded, then \$500 CopayPreferred LabNo ChargeNo ChargeNo ChargeLab (Office / Outpatient Hospital)Cost-share depends on POS / \$20No ChargeX-Ray (Office / Outpatient Hospital)\$200 / \$200\$200 / \$200Ded, then \$50 Copay / Ded, then \$150 CopayAdv Diagnostic Imaging (Office / Outpatient Hospital)\$250 / \$300\$250 / \$300Ded, then \$150 Copay / Ded, then \$250 Copay	Specialist / Preferred Specialist	\$125	\$125	\$75	
Inpatient Facility Ambulatory Surgical Center / Outpatient Facility Surgery Preferred Lab No Charge Lab (Office / Outpatient Hospital) X-Ray (Office / Outpatient Hospital) \$200 / \$200 \$200 / \$300 \$2,800 \$2,800 \$2,800 \$2,800 \$2,800 \$2,800 \$250 / \$1,000 \$26d, then \$300 Copay / Ded, then \$500 Copay No Charge No Charge No Charge Sost-share depends on POS / \$20 \$200 / \$200 \$20	Emergency Room	\$2,800	\$2,800	Ded, then \$1,000 Copay	
Inpatient Facility Ambulatory Surgical Center / Outpatient Facility Surgery Preferred Lab No Charge Lab (Office / Outpatient Hospital) Cost-share depends on POS / \$20 X-Ray (Office / Outpatient Hospital) \$2,800 \$500 / \$1,000 Ded, then \$300 Copay / Ded, then \$500 Copay No Charge No Charge No Charge Cost-share depends on POS / \$20 No Charge Cost-share depends on POS / \$20 Ded, then \$50 Copay / Ded, then \$150 Copay Adv Diagnostic Imaging (Office / Outpatient Hospital) \$250 / \$300 Ded, then \$50 Copay / Ded, then \$150 Copay Ded, then \$5150 Copay / Ded, then \$250 Copay		\$200	\$200		
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 Cost-share depends on POS / \$20 Cost-share depends on POS / \$20 No Charge X-Ray (Office / Outpatient Hospital) \$200 / \$200 \$200 Ded, then \$50 Copay / Ded, then \$150 Copay / Ded, then \$150 Copay / Ded, then \$250 Copa				Ded, then 30%	
Preferred LabNo ChargeNo ChargeLab (Office / Outpatient Hospital)Cost-share depends on POS / \$20Cost-share depends on POS / \$20X-Ray (Office / Outpatient Hospital)\$200 / \$200\$200 / \$200Adv Diagnostic Imaging (Office / Outpatient Hospital)\$250 / \$300\$250 / \$300	·	· ·		Ded, then \$300 Copay / Ded, then \$500 Copay	
Lab (Office / Outpatient Hospital)Cost-share depends on POS / \$20Cost-share depends on POS / \$20No ChargeX-Ray (Office / Outpatient Hospital)\$200 / \$200\$200 / \$200Ded, then \$50 Copay / Ded, then \$150 CopayAdv Diagnostic Imaging (Office / Outpatient Hospital)\$250 / \$300\$250 / \$300Ded, then \$150 Copay / Ded, then \$250 Copay	, , , , , , , , , , , , , , , , , , , ,				
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 Ded, then \$150 Copay / Ded, then \$250 Copay	Lab (Office / Outpatient Hospital)	<u> </u>	<u> </u>	<u> </u>	
Adv Diagnostic Imaging (Office / Outpatient Hospital) \$250 / \$300 Ded, then \$150 Copay / Ded, then \$250 Copay		•	·	8	
	Rx Deductible (Tiers 2 & 3 only, unless specified)	\$200 (IND) / \$400 (FAM)	\$200 (IND) / \$400 (FAM)	\$300 (IND) / \$600 (FAM)	

For SBC(s) or SOB(s), please visit:

https://sbc.anthem.com/dps/

Rx Copay (Tier 1 / 2 / 3)

https://plan-summaries.anthem.com/sobdps/

\$15 / \$75 / \$100

\$35 / \$75 / 50%



\$35 / \$75 / 50%

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

Supplementation	Allulelli, 127 W	Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties			
	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	
Pain Name	Individual + Spouse	\$2,413.58	\$2,293.94	\$2,258.22	
Anthem Silver Blue Access EPO 45/75 2650 30% WH	Individual + Child(ren)	\$2,051.54	\$1,949.85	\$1,919.49	
Substract Code Subs	Family	\$3,439.35	\$3,268.86	\$3,217.96	
Schance Scha	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	
S2,463,76 S2,3184 S2,308,40	Enhanced Embedded Dental and Vision Premium				
	Individual	\$1,231.88	\$1,170.92	\$1,154.20	
	ndividual + Spouse	\$2,463.76	\$2,341.84	\$2,308.40	
Plan Details Vetwork Blue Access yia Bluecard Program Yes Yes Yes Yes Advantage Rx No	ndividual + Child(ren)	\$2,094.20	\$1,990.56	\$1,962.14	
Network Blue Access in Blue Acces in B	Family	\$3,510.86	\$3,337.12	\$3,289.47	
National Access via Bluecard Programs Yes No	Plan Details				
Satekeeper No	Network	Blue Access	Connection	Blue Access	
Re Network Base Rx Advantage Rx Select Selec	National Access via Bluecard Program	Yes	Yes	Yes	
Select Select Select Select Select Select Select Select MA Creditability Coverage Status Yes Yes Yes Yes Tembedded Mont-Embedded Medical Deductible Embedded Select	Gatekeeper	No	No	No	
NA Creditability Coverage Status Yes Embedded / Non-Embedded Medical Deductible Embedded / Non-Embedded Medical Deductible Perferenced School S2,650 / \$5,300 S2,650 / \$5,300 \$2,650 / \$5,300 \$2,750 / \$5,500 S2,750 / \$5,5	Rx Network	Base Rx	Advantage Rx	Base Rx	
Embedded / Non-Embedded Medical Deductible Medicare Part D Creditable Coverage Status Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	- ormulary	Select	Select	Select	
Nedicare Part D Creditable Coverage Status Yes Yes Yes Yes Yes Yes Yes Y	MA Creditability Coverage Status	Yes	Yes	Yes	
Plan Benefits	Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Not Embedded	
Seductible (Ind / Fam) Seductions (Ind / Fam) Seduction (Ind / Fam) Seductible (Ind / Fam)	Medicare Part D Creditable Coverage Status	Yes	Yes	Yes	
Solinsurance 30% 30% 30% 40% 20Ut of Pocket Max (Ind / Fam) \$9,950 / \$19,900 \$9,950 / \$19,900 \$9,950 / \$19,900 \$8,450 / \$16,900 \$9,950 / \$19,900 \$9,950 / \$19,900 \$8,450 / \$16,900 \$9,950 / \$19,900 \$9,950 / \$19,900 \$8,450 / \$16,900 \$9,950 / \$19,900 \$9,950 / \$19,900 \$9,950 / \$19,900 \$9,950 / \$19,900 \$9,950 / \$19,900 \$9,950 / \$19,900 \$9,950 / \$10,950 \$9,950 / \$10,950 \$9,950 \$9,950 / \$10,950 \$9,95	Plan Benefits				
Sout of Pocket Max (Ind / Fam) PCP / Preferred PCP \$45 No Charge No Charg	Deductible (Ind / Fam)	\$2,650 / \$5,300	\$2,650 / \$5,300	\$2,750 / \$5,500	
PCP / Preferred PCP \$45 \$45 Ded, then 40% Virtual Telehealth (LiveHealth Online) No Charge No Charge Ded, then No Charge Ded, then No Charge Specialist / Preferred Specialist / Specia	Coinsurance	30%	30%	40%	
No Charge No Charge Ded, then No Charge Opecialist / Preferred Specialist / Prederred Speci	Out of Pocket Max (Ind / Fam)	\$9,950 / \$19,900	\$9,950 / \$19,900	\$8,450 / \$16,900	
Specialist / Preferred Specialist Emergency Room Ded, then \$1,000 Copay Ded, then \$1,000 Copay Ded, then \$1,000 Copay Ded, then \$100 Ded, then 30% Ded, then 40% Ded, then 40% Ded, then \$500 Copay Ded, then \$40% Ded, then 40% Ded, then \$500 Copay D	PCP / Preferred PCP	\$45	\$45	Ded, then 40%	
Ded, then \$1,000 Copay Ded, then \$1,000 Copay Ded, then \$1,000 Copay Ded, then \$0% Ded, then \$0% Ded, then \$100 Ded, then 30% Ded, then 30% Ded, then 30% Ded, then 30% Ded, then \$300 Copay / Ded, then \$40% Ded, then \$40	/irtual Telehealth (LiveHealth Online)	No Charge	No Charge	Ded, then No Charge	
Urgent Care \$100 \$100 Ded, then 40% Inpatient Facility Ded, then 30% Ded, then 30% Ded, then 30% Ded, then 40% Inpatient Facility Surgical Center / Outpatient Facility Surgery Ded, then \$300 Copay / Ded, then \$500 Copay / Ded, then \$300 Copay / Ded, then \$500 Copay / Ded, then \$40% In a comparison of the state of t	Specialist / Preferred Specialist	\$75	\$75	Ded, then 40%	
npatient Facility Ded, then 30% Ded, then 30% Ded, then 30% Ded, then 40% Ded, then \$500 Copay Ded, then \$40% Ded, then 40% Ded, then 4	Emergency Room	Ded, then \$1,000 Copay	Ded, then \$1,000 Copay	Ded, then 50%	
npatient Facility Ded, then 30% Ded, then 30% Ded, then 30% Ded, then 30% Ded, then 40% Ded, then \$500 Copay Ded, then \$40% Ded, then 40% Ded,	Jrgent Care	\$100	\$100	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% C-Ray (Office / Outpatient Hospital) Ded, then \$50 Copay / Ded, then \$150 Copay / Ded, then \$50 Copay / Ded, then \$150 Copay / Ded, then \$150 Copay / Ded, then \$150 Copay / Ded, then \$250		Ded, then 30%	Ded, then 30%	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% C-Ray (Office / Outpatient Hospital) Ded, then \$50 Copay / Ded, then \$150 Copay / Ded, then \$50 Copay / Ded, then \$150 Copay / Ded, then \$150 Copay / Ded, then \$150 Copay / Ded, then \$250	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%	
(-Ray (Office / Outpatient Hospital) Ded, then \$50 Copay / Ded, then \$150 Copay Ded, then \$150 Copay Ded, then \$150 Copay Ded, then \$150 Copay Ded, then \$250 Copay Ded, then \$250 Copay Ded, then \$250 Copay Ded, then \$250 Copay Ded, then \$40% / Ded, then 40%	Preferred Lab			Ded, then 40%	
Adv Diagnostic Imaging (Office / Outpatient Hospital) Ded, then \$150 Copay / Ded, then \$250 Copay Ded, then \$250 Copay Ded, then 40% / Ded, then 40%	Lab (Office / Outpatient Hospital)	No Charge	No Charge	Ded, then 40% / Ded, then 40%	
Adv Diagnostic Imaging (Office / Outpatient Hospital) Ded, then \$150 Copay / Ded, then \$250 Copay Ded, then \$250 Copay 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 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]	

For SBC(s) or SOB(s), please visit:

Rx Copay (Tier 1 / 2 / 3)

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https://plan-summaries.anthem.com/sobdps/

\$35 / \$75 / 50%

\$10 / \$50 / 50%



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

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
remium			
ndividual	\$1,217.71	\$1,122.02	\$1,066.45
ndividual + Spouse	\$2,435.42	\$2,244.04	\$2,132.90
ndividual + Child(ren)	\$2,070.11	\$1,907.43	\$1,812.97
amily	\$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
Contract Code	8TZ2	8TZD	8U30
inhanced Embedded Dental and Vision Premium			
ndividual	\$1,244.50	\$1,147.11	\$1,090.55
ndividual + Spouse	\$2,489.00	\$2,294.22	\$2,181.10
ndividual + Child(ren)	\$2,115.65	\$1,950.09	\$1,853.94
amily	\$3,546.83	\$3,269.26	\$3,108.07
Plan Details			
letwork	PPO/EPO	Blue Access	Connection
ational Access via Bluecard Program	Yes	Yes	Yes
atekeeper	No	No	No
x Network	Base Rx	Base Rx	Advantage Rx
ormulary	Traditional Open	Select	Select
IA Creditability Coverage Status	Yes	Yes	Yes
mbedded / Non-Embedded Medical Deductible	Not Embedded	Not Embedded	Not Embedded
Medicare Part D Creditable Coverage Status	Yes	Yes	Yes
lan Benefits			
eductible (Ind / Fam)	\$3,300 / \$6,600	\$3,300 / \$6,600	\$3,300 / \$6,600
oinsurance	30%	30%	30%
ut of Pocket Max (Ind / Fam)	\$8,450 / \$16,900	\$8,450 / \$16,900	\$8,450 / \$16,900
CP / Preferred PCP	Ded, then \$30 Copay	Ded, then \$30 Copay	Ded, then \$30 Copay
rtual Telehealth (LiveHealth Online)	Ded, then No Charge	Ded, then No Charge	Ded, then No Charge
pecialist / Preferred Specialist	Ded, then \$60 Copay	Ded, then \$60 Copay	Ded, then \$60 Copay
nergency Room	Ded, then 30%	Ded, then 30%	Ded, then 30%
rgent Care	Ded, then \$100 Copay	Ded, then \$100 Copay	Ded, then \$100 Copay
patient Facility	Ded, then 30%	Ded, then 30%	Ded, then 30%
mbulatory Surgical Center / Outpatient Facility Surgery	Ded, then 30%	Ded, then 30%	Ded, then 30%
referred Lab	Ded, then 30%	Ded, then 30%	Ded, then 30%
b (Office / Outpatient Hospital)	Ded, then 30% / Ded, then 30%	Ded, then 30% / Ded, then 30%	Ded, then 30% / Ded, then 30%
Ray (Office / Outpatient Hospital)	Ded, then 30% / Ded, then 30%	Ded, then 30% / Ded, then 30%	Ded, then 30% / Ded, then 30%
dv Diagnostic Imaging (Office / Outpatient Hospital)	Ded, then 30% / Ded, then 30%	Ded, then 30% / Ded, then 30%	Ded, then 30% / Ded, then 30%
x Deductible (Tiers 2 & 3 only, unless specified) x Copay (Tier 1 / 2 / 3)	Med Ded [Tiers 1-3] \$10 / 30% / 50%	Med Ded [Tiers 1-3] \$10 / 30% / 50%	Med Ded [Tiers 1-3] \$10 / 30% / 50%

For SBC(s) or SOB(s), please visit:

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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	8UOR	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

For SBC(s) or SOB(s), please visit:

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

	Region 4: Bronx, Kings, New York, Queens, Richr		
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			
ndividual	\$1,277.10	\$1,175.89	\$1,199.56
ndividual + Spouse	\$2,554.20	\$2,351.78	\$2,399.12
ndividual + 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	AOU8	8TZP
Enhanced Embedded Dental and Vision Premium			
Individual	\$1,303.89	\$1,201.12	\$1,226.49
ndividual + Spouse	\$2,607.78	\$2,402.24	\$2,452.98
ndividual + 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
CP / Preferred PCP	\$40	\$40	Ded, then \$20 Copay
/irtual Telehealth (LiveHealth Online)	No Charge	No Charge	Ded, then No Charge
pecialist / Preferred Specialist	\$80	\$80	Ded, then \$50 Copay
mergency Room	Ded, then 50%	Ded, then 50%	Ded, then 30%
Irgent Care	\$125	\$125	Ded, then \$100 Copay
npatient 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%
ab (Office / Outpatient Hospital)	\$20 / \$25	\$20 / \$25	Ded, then 30% / Ded, then 30%
K-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

For SBC(s) or SOB(s), please visit:

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\$10 / \$50 / \$90

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

	Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties			
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	Anthem Silver Connection EPO 20/50 4100 30% w/HSA	Anthem Silver Connection EPO 50/100 4250 30% w/HSA	
	PrevRx WH	PrevRx WH	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]	
(-) - (-)	4 / 4 / 4	4 /4 /4	4 / 4 //	

For SBC(s) or SOB(s), please visit:

Rx Copay (Tier 1 / 2 / 3)

https://sbc.anthem.com/dps/

https://plan-summaries.anthem.com/sobdps/

\$10 / \$50 / \$90

\$10 / \$65 / 50%



\$20 / \$75 / 50%

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

	Region 4: Bronx, Kings, New York, Queens, Richm	ond, Rockland and Westchester counties	
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
ndividual + Spouse	\$2,339.86	\$2,500.90	\$2,303.58
ndividual + 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
nhanced Embedded Dental and Vision Premium			
ndividual	\$1,195.17	\$1,277.53	\$1,177.16
ndividual + Spouse	\$2,390.34	\$2,555.06	\$2,354.32
ndividual + Child(ren)	\$2,031.79	\$2,171.80	\$2,001.17
Family	\$3,406.23	\$3,640.96	\$3,354.91
Plan Details			
letwork	Blue Access	PPO/EPO	Blue Access
ational Access via Bluecard Program	Yes	Yes	Yes
atekeeper	No	No	No
x Network	Base Rx	Base Rx	Base Rx
ormulary	Select	Traditional Open	Select
/ NA Creditability Coverage Status	No	No	No
mbedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded
Medicare Part D Creditable Coverage Status	Yes	No	No
Plan Benefits			
Peductible (Ind / Fam)	\$4,650 / \$9,300	\$5,000 / \$10,000	\$5,000 / \$10,000
oinsurance	50%	50%	50%
out of Pocket Max (Ind / Fam)	\$9,700 / \$19,400	\$9,500 / \$19,000	\$9,500 / \$19,000
CP / Preferred PCP	\$35	\$65 / \$35	\$65 / \$35
rtual Telehealth (LiveHealth Online)	No Charge	No Charge	No Charge
pecialist / Preferred Specialist	\$80	\$100 / \$50	\$100 / \$50
mergency Room	Ded, then 50%	Ded, then 50%	Ded, then 50%
rgent Care	\$100	\$85	\$85
npatient Facility	Ded, then 50%	Ded, then 50%	Ded, then 50%
mbulatory 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%
referred Lab	No Charge	No Charge	No Charge
ab (Office / Outpatient Hospital)	\$20 / \$25	Tiered benefit depends on POS / Ded, then 50%	Tiered benefit depends on POS / Ded, then 50%
(-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
Dy Conny (Tier 1 / 2 / 2)	\$200 (IND) / \$400 (I ANI)	\$1F / F00/ / F00/	¢1E / E00/ / E00/

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Rx Copay (Tier 1 / 2 / 3)

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\$15 / 50% / 50%

\$15 / 50% / 50%



\$10 / 50% / 50%

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

	Region 4: Bronx, Kings, New York, Queens, Richmon	d, Rockland and Westchester counties	
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			
ndividual	\$1,052.13	\$1,134.78	\$1,046.74
ndividual + Spouse	\$2,104.26	\$2,269.56	\$2,093.48
ndividual + Child(ren)	\$1,788.62	\$1,929.13	\$1,779.46
amily	\$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/HS
Contract Code	8U07	8U1V	WH 8U0T
nhanced Embedded Dental and Vision Premium			
ndividual	\$1,077.51	\$1,161.99	\$1,072.26
ndividual + Spouse	\$2,155.02	\$2,323.98	\$2,144.52
ndividual + Child(ren)	\$1,831.77	\$1,975.38	\$1,822.84
amily	\$3,070.90	\$3,311.67	\$3,055.94
Plan Details			
letwork	Blue Access	PPO/EPO	Blue Access
lational Access via Bluecard Program	Yes	Yes	Yes
atekeeper	No	No	No
x Network	Base Rx	Base Rx	Base Rx
ormulary	Select	Traditional Open	Select
1A Creditability Coverage Status	Yes	Yes	Yes
mbedded / 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
oinsurance	50%	50%	50%
out of Pocket Max (Ind / Fam)	\$8,450 / \$16,900	\$8,450 / \$16,900	\$8,450 / \$16,900
CP / Preferred PCP	Ded, then 50%	Ded, then \$25 Copay	Ded, then \$25 Copay
irtual Telehealth (LiveHealth Online)	Ded, then No Charge	Ded, then No Charge	Ded, then No Charge
pecialist / Preferred Specialist	Ded, then 50%	Ded, then \$75 Copay	Ded, then \$75 Copay
mergency Room	Ded, then 50%	Ded. then 50%	Ded. then 50%
rgent Care	Ded, then 50%	Ded, then \$100 Copay	Ded, then \$100 Copay
patient Facility	Ded, then 50%	Ded, then 50%	Ded, then 50%
mbulatory Surgical Center / Outpatient Facility Surgery	Ded, then 50%	Ded, then 50%	Ded, then 50%
referred Lab	Ded, then 50%	Ded, then 50%	Ded, then 50%
ab (Office / Outpatient Hospital)	Ded, then 50% / Ded, then 50%	Ded, then 50% / Ded, then 50%	Ded, then 50% / Ded, then 50%
-Ray (Office / Outpatient Hospital)	Ded, then 50% / Ded, then 50%	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% Ded, then 50% / Ded, then 50%	Ded, then 50% / Ded, then 50%
x Deductible (Tiers 2 & 3 only, unless specified)	Med Ded [Tiers 1-3]	Med Ded [Tiers 1-3]	Med Ded [Tiers 1-3]
Ax Deductible (Hers 2 & 3 only, diffess specified)	ivieu Deu [Heis 1-5]	101eu Deu [11e15 1-5]	ivieu Deu [Tiers 1-5]

For SBC(s) or SOB(s), please visit:

Rx Copay (Tier 1 / 2 / 3)

https://sbc.anthem.com/dps/

https://plan-summaries.anthem.com/sobdps/

50% / 50% / 50%

50% / 50% / 50%



50% / 50% / 50%

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

	Region 4: Bronx, Kings, New York, Queens, Richmo	nd, Rockland and Westchester counties	
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/HS
Contract Code	8U09	8U2C	8U12
Premium			
ndividual	\$994.86	\$1,036.68	\$985.36
ndividual + Spouse	\$1,989.72	\$2,073.36	\$1,970.72
ndividual + Child(ren)	\$1,691.26	\$1,762.36	\$1,675.11
amily	\$2,835.35	\$2,954.54	\$2,808.28
lan Name	·	Anthem Bronze Blue Access EPO 20/50 7500 50% w/HSA	•
	WH	WH	WH
ontract Code	8TZ6	8U2X	8U0M
nhanced Embedded Dental and Vision Premium			
dividual	\$1,019.39	\$1,062.34	\$1,010.03
dividual + Spouse	\$2,038.78	\$2,124.68	\$2,020.06
dividual + Child(ren)	\$1,732.96	\$1,805.98	\$1,717.05
amily	\$2,905.26	\$3,027.67	\$2,878.59
lan Details			
etwork	Connection	Blue Access	Connection
ational Access via Bluecard Program	Yes	Yes	Yes
atekeeper	No	No	No
Network	Advantage Rx	Base Rx	Advantage Rx
ormulary	Select	Select	Select
A Creditability Coverage Status	Yes	Yes	Yes
mbedded / Non-Embedded Medical Deductible	Not Embedded	Not Embedded	Not Embedded
ledicare Part D Creditable Coverage Status	No	No	No
lan Benefits			
eductible (Ind / Fam)	\$6,300 / \$12,600	\$7,500 / \$15,000	\$7,500 / \$15,000
pinsurance	50%	50%	50%
ut of Pocket Max (Ind / Fam)	\$8,450 / \$16,900	\$8,450 / \$16,900	\$8,450 / \$16,900
CP / Preferred PCP	Ded, then \$25 Copay	Ded, then \$20 Copay	Ded, then \$20 Copay
rtual Telehealth (LiveHealth Online)	Ded, then No Charge	Ded, then No Charge	Ded, then No Charge
ecialist / Preferred Specialist	Ded, then \$75 Copay	Ded, then \$50 Copay	Ded, then \$50 Copay
nergency Room	Ded, then 50%	Ded, then 50%	Ded, then 50%
gent Care	Ded, then \$100 Copay	Ded, then \$100 Copay	Ded, then \$100 Copay
patient Facility	Ded, then 50%	Ded, then 50%	Ded, then 50%
nbulatory Surgical Center / Outpatient Facility Surgery	Ded, then 50%	Ded, then 50%	Ded, then 50%
eferred Lab	Ded, then 50%	Ded, then 50%	Ded, then 50%
b (Office / Outpatient Hospital)	Ded, then 50% / Ded, then 50%	Ded, then 50% / Ded, then 50%	Ded, then 50% / Ded, then 50%
Ray (Office / Outpatient Hospital)	Ded, then 50% / Ded, then 50%	Ded, then 50% / Ded, then 50%	Ded, then 50% / Ded, then 50%
dv Diagnostic Imaging (Office / Outpatient Hospital)	Ded, then 50% / Ded, then 50%	Ded, then 50% / Ded, then 50%	Ded, then 50% / Ded, then 50%
x Deductible (Tiers 2 & 3 only, unless specified)	Med Ded [Tiers 1-3]	Med Ded [Tiers 1-3]	Med Ded [Tiers 1-3]
) C (T: 4/2/2)	E00/ /E00/ /E00/	F00/ /F00/ /F00/	E00/ /E00/ /E00/

For SBC(s) or SOB(s), please visit:

Rx Copay (Tier 1 / 2 / 3)

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https://plan-summaries.anthem.com/sobdps/

50% / 50% / 50%

50% / 50% / 50%



\$25 / 50% / 50%

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

Allerie II. S.	Region 4: Bronx, Kings, New York, Queens, Richmo	nu, Nockianu and Westchester Counties	
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
remium			
ndividual	\$1,072.40	\$1,019.24	\$1,033.56
dividual + Spouse	\$2,144.80	\$2,038.48	\$2,067.12
dividual + Child(ren)	\$1,823.08	\$1,732.71	\$1,757.05
amily	\$3,056.34	\$2,904.83	\$2,945.65
an 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
ontract Code	8U22	8U2T	8U1U
hanced Embedded Dental and Vision Premium			
dividual	\$1,098.06	\$1,043.91	\$1,059.50
dividual + Spouse	\$2,196.12	\$2,087.82	\$2,119.00
dividual + Child(ren)	\$1,866.70	\$1,774.65	\$1,801.15
amily	\$3,129.47	\$2,975.14	\$3,019.58
Departs			
an Details			DI A
twork	Blue Access	Connection	Blue Access
tional Access via Bluecard Program	Yes	Yes	Yes
tekeeper	No	No	No
Network	Base Rx	Advantage Rx	Base Rx
rmulary	Select	Select	Select
A Creditability Coverage Status	No	No	No
nbedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded
edicare Part D Creditable Coverage Status	No	No	No
an Benefits			
ductible (Ind / Fam)	\$9,200 / \$18,400	\$9,200 / \$18,400	\$10,150 / \$20,300
insurance	50%	50%	0%
ut of Pocket Max (Ind / Fam)	\$10,150 / \$20,300	\$10,150 / \$20,300	\$10,150 / \$20,300
P / Preferred PCP	\$70 / \$40	\$70 / \$40	Ded, then No Charge
tual Telehealth (LiveHealth Online)	No Charge	No Charge	Ded, then No Charge
ecialist / Preferred Specialist	\$120 / \$80	\$120 / \$80	Ded, then No Charge
nergency Room	Ded, then 50%	Ded, then 50%	Ded, then No Charge
gent Care	\$100	\$100	Ded, then No Charge
patient Facility	Ded, then 50%	Ded, then 50%	Ded, then No Charge
nbulatory Surgical Center / Outpatient Facility Surgery	Ded, then \$500 Copay / Ded, then 50%	Ded, then \$500 Copay / Ded, then 50%	Ded, then No Charge
eferred Lab	\$70	\$70	Ded, then No Charge
b (Office / Outpatient Hospital)	Tiered benefit depends on POS / Ded, then 50%	Tiered benefit depends on POS / Ded, then 50%	Ded, then No Charge
Ray (Office / Outpatient Hospital)	\$75 / Ded, then 50%	\$75 / Ded, then 50%	Ded, then No Charge
dv Diagnostic Imaging (Office / Outpatient Hospital)	\$175 / Ded, then 50%	\$175 / Ded, then 50%	Ded, then No Charge
Deductible (Tiers 2 & 3 only, unless specified)	Med Ded	Med Ded	Med Ded [Tiers 1-3]
w Construction 1 / 2 / 2)	\$25 / 500/ / 500/	\$25 / 500/ / 500/	NICA DCA [TICIS I 5]

For SBC(s) or SOB(s), please visit:

Rx Copay (Tier 1 / 2 / 3)

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https://plan-summaries.anthem.com/sobdps/

\$25 / 50% / 50%

N/A



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	

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

For SBC(s) or SOB(s), please visit:

https://sbc.anthem.com/dps/