



Q1 2024 New York Small Group Plans | Mid-Hudson
 Region 3: Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties

Plan Name	Anthem Platinum EPO 5/25 0%	Anthem Platinum Blue Access EPO 5/25 0%	Anthem Platinum EPO 20/40 0%	Anthem Platinum Blue Access EPO 20/40 0%
Contract Code	9Y79	9TUG	9TUE	9TU0

Premium	Anthem Platinum EPO 5/25 0%	Anthem Platinum Blue Access EPO 5/25 0%	Anthem Platinum EPO 20/40 0%	Anthem Platinum Blue Access EPO 20/40 0%
Individual	\$1,568.99	\$1,439.48	\$1,555.82	\$1,427.35
Individual + Spouse	\$3,137.98	\$2,878.96	\$3,111.64	\$2,854.70
Individual + Child(ren)	\$2,667.28	\$2,447.12	\$2,644.89	\$2,426.50
Family	\$4,471.62	\$4,102.52	\$4,434.09	\$4,067.95

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	Anthem Platinum Blue Access EPO 20/40 0% WH
Contract Code	9Y7K	9TUC	9Y7F	9TU8

Enhanced Embedded Dental and Vision Premium	Anthem Platinum EPO 5/25 0% WH	Anthem Platinum Blue Access EPO 5/25 0% WH	Anthem Platinum EPO 20/40 0% WH	Anthem Platinum Blue Access EPO 20/40 0% WH
Individual	\$1,595.07	\$1,463.61	\$1,581.77	\$1,451.48
Individual + Spouse	\$3,190.14	\$2,927.22	\$3,163.54	\$2,902.96
Individual + Child(ren)	\$2,711.62	\$2,488.14	\$2,689.01	\$2,467.52
Family	\$4,545.95	\$4,171.29	\$4,508.04	\$4,136.72

Plan Details	Anthem Platinum EPO 5/25 0% WH	Anthem Platinum Blue Access EPO 5/25 0% WH	Anthem Platinum EPO 20/40 0% WH	Anthem Platinum Blue Access EPO 20/40 0% WH
Network	PPO/EPO	Blue Access	PPO/EPO	Blue Access
National Access via Bluecard Program	Full Access	Full Access	Full Access	Full Access
Gatekeeper	No	No	No	No
Rx Network	Base with R90	Base with R90	Base with R90	Base with R90
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded

Plan Benefits	Anthem Platinum EPO 5/25 0% WH	Anthem Platinum Blue Access EPO 5/25 0% WH	Anthem Platinum EPO 20/40 0% WH	Anthem Platinum Blue Access EPO 20/40 0% WH
INN Deductible (Ind / Fam)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	0%	0%	0%	0%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$3,700/\$7,400	\$3,700/\$7,400	\$3,000/\$6,000	\$3,000/\$6,000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0	\$0	\$0	\$0
Primary Care Visit	\$5	\$5	\$20	\$20
Specialist Visit	\$25	\$25	\$40	\$40
Emergency Room	\$300	\$300	\$300	\$300
Urgent Care	\$75	\$75	\$50	\$50
Inpatient Facility	\$400	\$400	\$500	\$500
Ambulatory Surgical Center/Outpatient Facility Surgery	\$50/\$300	\$50/\$300	\$50/\$500	\$50/\$500
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0
INN Lab (Office; Outpatient Hospital)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0
INN X-Ray (Office; Outpatient Hospital)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	\$150/\$250	\$150/\$250	\$150/\$250	\$150/\$250
Rx Deductible	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200
Rx Copay (Tier 1 / 2 / 3)	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70

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 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.
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Q1 2024 New York Small Group Plans | Mid-Hudson
Region 3: Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties

Plan Name	Anthem Platinum Blue Access EPO 15/35 300 10%	Anthem Gold EPO 25/50 0%	Anthem Gold Blue Access EPO 25/50 0%	Anthem Gold EPO 50/55 1000 10%
Contract Code	9TUH	A7MW	A7MQ	9TUF
Premium				
Individual	\$1,402.83	\$1,412.87	\$1,296.14	\$1,348.05
Individual + Spouse	\$2,805.66	\$2,825.74	\$2,592.28	\$2,696.10
Individual + Child(ren)	\$2,384.81	\$2,401.88	\$2,203.44	\$2,291.69
Family	\$3,998.07	\$4,026.68	\$3,694.00	\$3,841.94

Plan Name	Anthem Platinum Blue Access EPO 15/35 300 10% WH	Anthem Gold EPO 25/50 0% WH	Anthem Gold Blue Access EPO 25/50 0% WH	Anthem Gold EPO 50/55 1000 10% WH
Contract Code	9TU2	A7MH	A7MM	9TUA
Enhanced Embedded Dental and Vision Premium				
Individual	\$1,427.22	\$1,438.83	\$1,323.92	\$1,374.40
Individual + Spouse	\$2,854.44	\$2,877.66	\$2,647.84	\$2,748.80
Individual + Child(ren)	\$2,426.27	\$2,446.01	\$2,250.66	\$2,336.48
Family	\$4,067.58	\$4,100.67	\$3,773.17	\$3,917.04

Plan Details				
Network	Blue Access	PPO/EPO	Blue Access	PPO/EPO
National Access via Bluecard Program	Full Access	Full Access	Full Access	Full Access
Gatekeeper	No	No	No	No
Rx Network	Base with R90	Base with R90	Base with R90	Base with R90
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded

Plan Benefits				
INN Deductible (Ind / Fam)	\$300/\$600	\$0/\$0	\$0/\$0	\$1,000/\$2,000
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	10%	0%	0%	10%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$3,200/\$6,400	\$8,700/\$17,400	\$8,700/\$17,400	\$7,000/\$14,000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0	\$0	\$0	\$0
Primary Care Visit	\$15	\$25	\$25	\$50
Specialist Visit	\$35	\$50	\$50	\$55
Emergency Room	Ded, then 10%	\$750	\$750	Ded, then \$500 Copay
Urgent Care	\$50	\$50	\$50	\$60
Inpatient Facility	Ded, then 10%	\$500	\$500	Ded, then 10%
Ambulatory Surgical Center/Outpatient Facility Surgery	Ded, then \$50 Copay/Ded, then 10%	\$150/\$500	\$150/\$500	Ded, then \$150 Copay/Ded, then \$300 Copay
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0
INN Lab (Office; Outpatient Hospital)	\$20/\$25	\$0/\$0	\$0/\$0	\$0/\$0
INN X-Ray (Office; Outpatient Hospital)	Ded, then \$75 Copay/Ded, then 10%	\$50/\$150	\$50/\$150	Ded, then \$50 Copay/Ded, then \$150 Copay
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	Ded, then \$150 Copay/Ded, then 10%	\$150/\$250	\$150/\$250	Ded, then \$150 Copay/Ded, then \$250 Copay
Rx Deductible	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300
Rx Copay (Tier 1 / 2 / 3)	\$10/\$35/\$70	\$10/\$65/\$90	\$10/\$65/\$90	\$10/\$40/\$80

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Region 3: Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties

Plan Name	Anthem Gold Blue Access EPO 50/55 1000 0%	Anthem Gold EPO 25/40 1500 20%	Anthem Gold EPO 20/50 1600 10% w/HSA	Anthem Gold Blue Access EPO 20/50 1600 10% w/HSA
Contract Code	A7MS	9TTY	A7ME	9G1N

Premium				
Individual	\$1,256.24	\$1,329.66	\$1,294.84	\$1,188.02
Individual + Spouse	\$2,512.48	\$2,659.32	\$2,589.68	\$2,376.04
Individual + Child(ren)	\$2,135.61	\$2,260.42	\$2,201.23	\$2,019.63
Family	\$3,580.28	\$3,789.53	\$3,690.29	\$3,385.86

Plan Name	Anthem Gold Blue Access EPO 50/55 1000 0% WH	Anthem Gold EPO 25/40 1500 20% WH	Anthem Gold EPO 20/50 1600 10% w/HSA WH	Anthem Gold Blue Access EPO 20/50 1600 10% w/HSA WH
Contract Code	A7ML	9TUG	A7MK	9G1L

Enhanced Embedded Dental and Vision Premium				
Individual	\$1,280.62	\$1,356.01	\$1,321.19	\$1,212.41
Individual + Spouse	\$2,561.24	\$2,712.02	\$2,642.38	\$2,424.82
Individual + Child(ren)	\$2,177.05	\$2,305.22	\$2,246.02	\$2,061.10
Family	\$3,649.77	\$3,864.63	\$3,765.39	\$3,455.37

Plan Details				
Network	Blue Access	PPO/EPO	PPO/EPO	Blue Access
National Access via Bluecard Program	Full Access	Full Access	Full Access	Full Access
Gatekeeper	No	No	No	No
Rx Network	Base with R90	Base with R90	Base with R90	Base with R90
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Non-Embedded	Non-Embedded

Plan Benefits				
INN Deductible (Ind / Fam)	\$1,000/\$2,000	\$1,500/\$3,000	\$1,600/\$3,200	\$1,600/\$3,200
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	0%	20%	10%	10%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$7,000/\$14,000	\$7,000/\$14,000	\$5,100/\$10,200	\$5,100/\$10,200
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0	\$0	Ded, then \$0	Ded, then \$0
Primary Care Visit	\$50	\$25	Ded, then \$20 Copay	Ded, then \$20 Copay
Specialist Visit	\$55	\$40	Ded, then \$50 Copay	Ded, then \$50 Copay
Emergency Room	Ded, then \$500 Copay			
Urgent Care	\$60	\$60	Ded, then \$100 Copay	Ded, then \$100 Copay
Inpatient Facility	Ded, then \$500 Copay	Ded, then 20%	Ded, then \$1,000 Copay	Ded, then \$1,000 Copay
Ambulatory Surgical Center/Outpatient Facility Surgery	Ded, then \$150 Copay/Ded, then \$300 Copay	Ded, then \$150 Copay/Ded, then \$250 Copay	Ded, then \$300 Copay/Ded, then \$500 Copay	Ded, then \$300 Copay/Ded, then \$500 Copay
Preferred Lab / Preferred Office Lab	\$0	\$0	Ded, then \$0	Ded, then \$0
INN Lab (Office; Outpatient Hospital)	\$0/\$0	\$0/\$0	Ded, then \$25 Copay/Ded, then \$25 Copay	Ded, then \$25 Copay/Ded, then \$25 Copay
INN X-Ray (Office; Outpatient Hospital)	Ded, then \$50 Copay/Ded, then \$150 Copay			
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	Ded, then \$150 Copay/Ded, then \$250 Copay			
Rx Deductible	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80

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Region 3: Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties

Plan Name	Anthem Gold EPO 15/35 1750 10%	Anthem Gold Blue Access EPO 15/35 1750 10%	Anthem Gold EPO 25/45 1850 20%	Anthem Gold Blue Access EPO 25/45 1850 20%
Contract Code	A7MD	A7DJ	A7MV	A7DG
Premium				
Individual	\$1,325.10	\$1,215.67	\$1,315.58	\$1,207.07
Individual + Spouse	\$2,650.20	\$2,431.34	\$2,631.16	\$2,414.14
Individual + Child(ren)	\$2,252.67	\$2,066.64	\$2,236.49	\$2,052.02
Family	\$3,776.54	\$3,464.66	\$3,749.40	\$3,440.15
Plan Name	Anthem Gold EPO 15/35 1750 10% WH	Anthem Gold Blue Access EPO 15/35 1750 10% WH	Anthem Gold EPO 25/45 1850 20% WH	Anthem Gold Blue Access EPO 25/45 1850 20% WH
Contract Code	A7MN	A7DK	A7MG	9G1F
Enhanced Embedded Dental and Vision Premium				
Individual	\$1,351.44	\$1,240.19	\$1,342.05	\$1,231.59
Individual + Spouse	\$2,702.88	\$2,480.38	\$2,684.10	\$2,463.18
Individual + Child(ren)	\$2,297.45	\$2,108.32	\$2,281.49	\$2,093.70
Family	\$3,851.60	\$3,534.54	\$3,824.84	\$3,510.03
Plan Details				
Network	PPO/EPO	Blue Access	PPO/EPO	Blue Access
National Access via Bluecard Program	Full Access	Full Access	Full Access	Full Access
Gatekeeper	No	No	No	No
Rx Network	Base with R90	Base with R90	Base with R90	Base with R90
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded
Plan Benefits				
INN Deductible (Ind / Fam)	\$1,750/\$3,500	\$1,750/\$3,500	\$1,850/\$3,700	\$1,850/\$3,700
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	10%	10%	20%	20%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$8,700/\$17,400	\$8,700/\$17,400	\$6,500/\$13,000	\$6,500/\$13,000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0	\$0	\$0	\$0
Primary Care Visit	\$15	\$15	\$25	\$25
Specialist Visit	\$35	\$35	\$45	\$45
Emergency Room	Ded, then \$750 Copay	Ded, then \$750 Copay	Ded, then \$750 Copay	Ded, then \$750 Copay
Urgent Care	\$60	\$60	\$60	\$60
Inpatient Facility	Ded, then 10%	Ded, then 10%	Ded, then 20%	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 \$150 Copay/Ded, then \$500 Copay	Ded, then \$150 Copay/Ded, then \$500 Copay
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0
INN Lab (Office; Outpatient Hospital)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0
INN 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	Ded, then \$50 Copay/Ded, then \$150 Copay
INN 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	Ded, then \$150 Copay/Ded, then \$250 Copay
Rx Deductible	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300
Rx Copay (Tier 1 / 2 / 3)	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$50/\$90	\$10/\$50/\$90

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Region 3: Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties

Plan Name	Anthem Gold Healthy New York Blue Access GEPO 25/40 600 0%	Anthem Silver Blue Access EPO 60/125 0%	Anthem Silver EPO 40/70 2600 30%	Anthem Silver Blue Access EPO 40/70 2600 30%
Contract Code	9TU9	A2TK	A2TA	9Y77

Premium				
Individual	\$1,012.08	\$1,150.72	\$1,184.76	\$1,087.08
Individual + Spouse	\$2,024.16	\$2,301.44	\$2,369.52	\$2,174.16
Individual + Child(ren)	\$1,720.54	\$1,956.22	\$2,014.09	\$1,848.04
Family	\$2,884.43	\$3,279.55	\$3,376.57	\$3,098.18

Plan Name	Not Offered	Anthem Silver Blue Access EPO 60/125 0% WH	Anthem Silver EPO 40/70 2600 30% WH	Anthem Silver Blue Access EPO 40/70 2600 30% WH
Contract Code		A2TS	A2TE	9Y7D

Enhanced Embedded Dental and Vision Premium				
Individual		\$1,174.72	\$1,211.37	\$1,111.60
Individual + Spouse		\$2,349.44	\$2,422.74	\$2,223.20
Individual + Child(ren)		\$1,997.02	\$2,059.33	\$1,889.72
Family		\$3,347.95	\$3,452.40	\$3,168.06

Plan Details				
Network	Blue Access	Blue Access	PPO/EPO	Blue Access
National Access via Bluecard Program	Full Access	Full Access	Full Access	Full Access
Gatekeeper	Yes	No	No	No
Rx Network	Base with R90	Base with R90	Base with R90	Base with R90
Formulary	Select	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded

Plan Benefits				
INN Deductible (Ind / Fam)	\$600/\$1,200	\$0/\$0	\$2,600/\$5,200	\$2,600/\$5,200
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	0%	0%	30%	30%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$5,900/\$11,800	\$9,450/\$18,900	\$9,450/\$18,900	\$9,450/\$18,900
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0/Ded, then \$25 Copay	\$0	\$0	\$0
Primary Care Visit	Ded, then \$25 Copay	\$60	\$40	\$40
Specialist Visit	Ded, then \$40 Copay	\$125	\$70	\$70
Emergency Room	Ded, then \$150 Copay	\$2,800	Ded, then \$500 Copay	Ded, then \$500 Copay
Urgent Care	Ded, then \$60 Copay	\$125	\$75	\$75
Inpatient Facility	Ded, then \$1,000 Copay	\$2,800	Ded, then 30%	Ded, then 30%
Ambulatory Surgical Center/Outpatient Facility Surgery	Ded, then \$100 Copay	\$500/\$1,000	Ded, then \$150 Copay/Ded, then \$300 Copay	Ded, then \$150 Copay/Ded, then \$300 Copay
Preferred Lab / Preferred Office Lab	Ded, then \$25 Copay	\$0	\$0	\$0
INN Lab (Office; Outpatient Hospital)	Ded, then \$25 Copay/Ded, then \$40 Copay	\$60/\$20	\$0/\$0	\$0/\$0
INN X-Ray (Office; Outpatient Hospital)	Ded, then \$25 Copay/Ded, then \$40 Copay	\$150/\$150	Ded, then \$50 Copay/Ded, then \$150 Copay	Ded, then \$50 Copay/Ded, then \$150 Copay
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	Ded, then \$40 Copay/Ded, then \$40 Copay	\$250/\$250	Ded, then \$150 Copay/Ded, then \$250 Copay	Ded, then \$150 Copay/Ded, then \$250 Copay
Rx Deductible	NA	NA	Tiers 2 & 3, \$200/\$400	Tiers 2 & 3, \$200/\$400
Rx Copay (Tier 1 / 2 / 3)	\$10/\$35/\$70	\$15/\$65/\$95	\$35/\$70/\$100	\$35/\$70/\$100

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Plan Name	Anthem Silver EPO 20/50 3250 25% w/HSA	Anthem Silver Blue Access EPO 20/50 3250 25% w/HSA	Anthem Silver EPO 40/80 3250 50%	Anthem Silver Blue Access EPO 40/80 3250 50%
Contract Code	A2TM	9Y78	A2TG	9Y7E
Premium				
Individual	\$1,150.33	\$1,055.38	\$1,136.12	\$1,042.34
Individual + Spouse	\$2,300.66	\$2,110.76	\$2,272.24	\$2,084.68
Individual + Child(ren)	\$1,955.56	\$1,794.15	\$1,931.40	\$1,771.98
Family	\$3,278.44	\$3,007.83	\$3,237.94	\$2,970.67
Plan Name	Anthem Silver EPO 20/50 3250 25% w/HSA WH	Anthem Silver Blue Access EPO 20/50 3250 25% w/HSA WH	Anthem Silver EPO 40/80 3250 50% WH	Anthem Silver Blue Access EPO 40/80 3250 50% WH
Contract Code	A2TP	9Y7C	A2TV	9Y7N
Enhanced Embedded Dental and Vision Premium				
Individual	\$1,176.94	\$1,080.03	\$1,162.59	\$1,066.99
Individual + Spouse	\$2,353.88	\$2,160.06	\$2,325.18	\$2,133.98
Individual + Child(ren)	\$2,000.80	\$1,836.05	\$1,976.40	\$1,813.88
Family	\$3,354.28	\$3,078.09	\$3,313.38	\$3,040.92
Plan Details				
Network	PPO/EPO	Blue Access	PPO/EPO	Blue Access
National Access via Bluecard Program	Full Access	Full Access	Full Access	Full Access
Gatekeeper	No	No	No	No
Rx Network	Base with R90	Base with R90	Base with R90	Base with R90
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded
Plan Benefits				
INN Deductible (Ind / Fam)	\$3,250/\$6,500	\$3,250/\$6,500	\$3,250/\$6,500	\$3,250/\$6,500
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	25%	25%	50%	50%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$8,000/\$16,000	\$8,000/\$16,000	\$9,450/\$18,900	\$9,450/\$18,900
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	Ded, then \$0	Ded, then \$0	\$0	\$0
Primary Care Visit	Ded, then \$20 Copay	Ded, then \$20 Copay	\$40	\$40
Specialist Visit	Ded, then \$50 Copay	Ded, then \$50 Copay	\$80	\$80
Emergency Room	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then 50%	Ded, then 50%
Urgent Care	Ded, then \$100 Copay	Ded, then \$100 Copay	\$80	\$80
Inpatient Facility	Ded, then \$1,500 Copay	Ded, then \$1,500 Copay	Ded, then 50%	Ded, then 50%
Ambulatory Surgical Center/Outpatient Facility Surgery	Ded, then \$300 Copay/Ded, then \$500 Copay	Ded, then \$300 Copay/Ded, then \$500 Copay	Ded, then \$300 Copay/Ded, then 50%	Ded, then \$300 Copay/Ded, then 50%
Preferred Lab / Preferred Office Lab	Ded, then \$0	Ded, then \$0	\$0	\$0
INN Lab (Office; Outpatient Hospital)	Ded, then \$25 Copay/Ded, then \$25 Copay	Ded, then \$25 Copay/Ded, then \$25 Copay	\$20/\$25	\$20/\$25
INN X-Ray (Office; Outpatient Hospital)	Ded, then \$50 Copay/Ded, then \$150 Copay	Ded, then \$50 Copay/Ded, then \$150 Copay	Ded, then \$75 Copay/Ded, then 50%	Ded, then \$75 Copay/Ded, then 50%
INN 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 50%	Ded, then \$150 Copay/Ded, then 50%
Rx Deductible	Med Ded	Med Ded	Tiers 2 & 3, \$200/\$400	Tiers 2 & 3, \$200/\$400
Rx Copay (Tier 1 / 2 / 3)	\$10/\$50/\$90	\$10/\$50/\$90	\$25/\$75/\$90	\$25/\$75/\$90

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Q1 2024 New York Small Group Plans | Mid-Hudson
Region 3: Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties

Plan Name	Anthem Silver EPO 20/50 4000 30% w/HSA	Anthem Silver Blue Access EPO 20/50 4000 30% w/HSA	Anthem Silver Blue Access EPO 30/75 4550 50%	Anthem Bronze EPO 20/50 6100 50% w/HSA
Contract Code	A2TN	9Y7L	9Y7J	9FT4

Premium				
Individual	\$1,120.99	\$1,028.52	\$1,036.08	\$1,023.56
Individual + Spouse	\$2,241.98	\$2,057.04	\$2,072.16	\$2,047.12
Individual + Child(ren)	\$1,905.68	\$1,748.48	\$1,761.34	\$1,740.05
Family	\$3,194.82	\$2,931.28	\$2,952.83	\$2,917.15

Plan Name	Anthem Silver EPO 20/50 4000 30% w/HSA WH	Anthem Silver Blue Access EPO 20/50 4000 30% w/HSA WH	Anthem Silver Blue Access EPO 30/75 4550 50% WH	Anthem Bronze EPO 20/50 6100 50% w/HSA WH
Contract Code	A2TT	9Y76	9Y7H	9FSY

Enhanced Embedded Dental and Vision Premium				
Individual	\$1,147.59	\$1,053.17	\$1,060.86	\$1,050.43
Individual + Spouse	\$2,295.18	\$2,106.34	\$2,121.72	\$2,100.86
Individual + Child(ren)	\$1,950.90	\$1,790.39	\$1,803.46	\$1,785.73
Family	\$3,270.63	\$3,001.53	\$3,023.45	\$2,993.73

Plan Details				
Network	PPO/EPO	Blue Access	Blue Access	PPO/EPO
National Access via Bluecard Program	Full Access	Full Access	Full Access	Full Access
Gatekeeper	No	No	No	No
Rx Network	Base with R90	Base with R90	Base with R90	Base with R90
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Fail
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded

Plan Benefits				
INN Deductible (Ind / Fam)	\$4,000/\$8,000	\$4,000/\$8,000	\$4,550/\$9,100	\$6,100/\$12,200
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	30%	30%	50%	50%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$8,000/\$16,000	\$8,000/\$16,000	\$9,450/\$18,900	\$8,000/\$16,000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	Ded, then \$0	Ded, then \$0	\$0	Ded, then \$0
Primary Care Visit	Ded, then \$20 Copay	Ded, then \$20 Copay	\$30	Ded, then \$20 Copay
Specialist Visit	Ded, then \$50 Copay	Ded, then \$50 Copay	\$75	Ded, then \$50 Copay
Emergency Room	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then 50%	Ded, then \$500 Copay
Urgent Care	Ded, then \$100 Copay	Ded, then \$100 Copay	\$75	Ded, then \$100 Copay
Inpatient Facility	Ded, then \$1,500 Copay	Ded, then \$1,500 Copay	Ded, then 50%	Ded, then \$1,000 Copay
Ambulatory Surgical Center/Outpatient Facility Surgery	Ded, then \$300 Copay/Ded, then \$500 Copay	Ded, then \$300 Copay/Ded, then \$500 Copay	Ded, then \$300 Copay/Ded, then 50%	Ded, then \$300 Copay/Ded, then \$500 Copay
Preferred Lab / Preferred Office Lab	Ded, then \$0	Ded, then \$0	\$0	Ded, then \$0
INN Lab (Office; Outpatient Hospital)	Ded, then \$25 Copay/Ded, then \$25 Copay	Ded, then \$25 Copay/Ded, then \$25 Copay	\$20/\$25	Ded, then \$25 Copay/Ded, then \$25 Copay
INN X-Ray (Office; Outpatient Hospital)	Ded, then \$50 Copay/Ded, then \$150 Copay	Ded, then \$50 Copay/Ded, then \$150 Copay	Ded, then \$75 Copay/Ded, then 50%	Ded, then \$50 Copay/Ded, then \$150 Copay
INN 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 50%	Ded, then \$150 Copay/Ded, then \$250 Copay
Rx Deductible	Med Ded	Med Ded	Tiers 2 & 3, \$200/\$400	Med Ded
Rx Copay (Tier 1 / 2 / 3)	\$10/\$50/\$90	\$10/\$50/\$90	\$25/\$75/\$90	50%/50%/50%

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Q1 2024 New York Small Group Plans | Mid-Hudson
Region 3: Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties

Plan Name	Anthem Bronze Blue Access EPO 20/50 6100 50% w/HSA	Anthem Bronze Blue Access EPO 20/50 7000 50% w/HSA	Anthem Bronze Blue Access EPO 20/50 8450 50%
Contract Code	9FS3	9FT6	9FSX

Premium			
Individual	\$939.05	\$931.35	\$900.31
Individual + Spouse	\$1,878.10	\$1,862.70	\$1,800.62
Individual + Child(ren)	\$1,596.39	\$1,583.30	\$1,530.53
Family	\$2,676.29	\$2,654.35	\$2,565.88

Plan Name	Anthem Bronze Blue Access EPO 20/50 6100 50% w/HSA WH	Anthem Bronze Blue Access EPO 20/50 7000 50% w/HSA WH	Anthem Bronze Blue Access EPO 20/50 8450 50% WH
Contract Code	9FT5	9FT1	9FSZ

Enhanced Embedded Dental and Vision Premium			
Individual	\$963.96	\$956.13	\$925.35
Individual + Spouse	\$1,927.92	\$1,912.26	\$1,850.70
Individual + Child(ren)	\$1,638.73	\$1,625.42	\$1,573.10
Family	\$2,747.29	\$2,724.97	\$2,637.25

Plan Details			
Network	Blue Access	Blue Access	Blue Access
National Access via Bluecard Program	Full Access	Full Access	Full Access
Gatekeeper	No	No	No
Rx Network	Base with R90	Base with R90	Base with R90
Formulary	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Fail	Fail	Fail
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded

Plan Benefits			
INN Deductible (Ind / Fam)	\$6,100/\$12,200	\$7,000/\$14,000	\$8,450/\$16,900
OON Deductible (Ind / Fam)	-	-	-
INN Coinsurance	50%	50%	50%
OON Coinsurance	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$8,000/\$16,000	\$8,000/\$16,000	\$9,100/\$18,200
OON Out of Pocket Max (Ind / Fam)	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	Ded, then \$0	Ded, then \$0	Ded, then \$0
Primary Care Visit	Ded, then \$20 Copay	Ded, then \$20 Copay	Ded, then \$20 Copay
Specialist Visit	Ded, then \$50 Copay	Ded, then \$50 Copay	Ded, then \$50 Copay
Emergency Room	Ded, then \$500 Copay	Ded, then \$300 Copay	Ded, then \$300 Copay
Urgent Care	Ded, then \$100 Copay	Ded, then \$100 Copay	Ded, then \$100 Copay
Inpatient Facility	Ded, then \$1,000 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay
Ambulatory Surgical Center/Outpatient Facility Surgery	Ded, then \$300 Copay/Ded, then \$500 Copay	Ded, then \$300 Copay/Ded, then \$500 Copay	Ded, then \$300 Copay/Ded, then \$500 Copay
Preferred Lab / Preferred Office Lab	Ded, then \$0	Ded, then \$0	Ded, then \$0
INN Lab (Office; Outpatient Hospital)	Ded, then \$25 Copay/Ded, then \$25 Copay	Ded, then \$25 Copay/Ded, then \$25 Copay	Ded, then \$25 Copay/Ded, then \$25 Copay
INN 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
INN 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	Med Ded	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)	50%/50%/50%	50%/50%/50%	50%/50%/50%

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