



Q1 2024 New York Small Group Plans Dep 29
Region 1: Columbia/Greene counties

Plan Name	Anthem Platinum EPO 20/40 0%, Dep 29	Anthem Platinum Blue Access EPO 20/40 0%, Dep 29	Anthem Platinum EPO 5/25 0%, Dep 29	Anthem Platinum Blue Access EPO 5/25 0%, Dep 29
Contract Code	9Y2D	9Y3F	A2SZ	9Y36

Premium	Anthem Platinum EPO 20/40 0%, Dep 29	Anthem Platinum Blue Access EPO 20/40 0%, Dep 29	Anthem Platinum EPO 5/25 0%, Dep 29	Anthem Platinum Blue Access EPO 5/25 0%, Dep 29
Individual	\$1,159.01	\$1,063.30	\$1,168.77	\$1,072.30
Individual + Spouse	\$2,318.02	\$2,126.60	\$2,337.54	\$2,144.60
Individual + Child(ren)	\$1,970.32	\$1,807.61	\$1,986.91	\$1,822.91
Family	\$3,303.18	\$3,030.41	\$3,330.99	\$3,056.06

Plan Name	Anthem Platinum EPO 20/40 0% WH, Dep 29	Anthem Platinum Blue Access EPO 20/40 0% WH, Dep 29	Anthem Platinum EPO 5/25 0% WH, Dep 29	Anthem Platinum Blue Access EPO 5/25 0% WH, Dep 29
Contract Code	A2RD	9Y4H	A2SA	9Y52

Enhanced Embedded Dental and Vision Premium	Anthem Platinum EPO 20/40 0% WH, Dep 29	Anthem Platinum Blue Access EPO 20/40 0% WH, Dep 29	Anthem Platinum EPO 5/25 0% WH, Dep 29	Anthem Platinum Blue Access EPO 5/25 0% WH, Dep 29
Individual	\$1,178.06	\$1,081.01	\$1,187.92	\$1,090.01
Individual + Spouse	\$2,356.12	\$2,162.02	\$2,375.84	\$2,180.02
Individual + Child(ren)	\$2,002.70	\$1,837.72	\$2,019.46	\$1,853.02
Family	\$3,357.47	\$3,080.88	\$3,385.57	\$3,106.53

Plan Details	Anthem Platinum EPO 20/40 0% WH, Dep 29	Anthem Platinum Blue Access EPO 20/40 0% WH, Dep 29	Anthem Platinum EPO 5/25 0% WH, Dep 29	Anthem Platinum Blue Access EPO 5/25 0% WH, Dep 29
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 20/40 0% WH, Dep 29	Anthem Platinum Blue Access EPO 20/40 0% WH, Dep 29	Anthem Platinum EPO 5/25 0% WH, Dep 29	Anthem Platinum Blue Access EPO 5/25 0% WH, Dep 29
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)	\$3,000/\$6,000	\$3,000/\$6,000	\$3,700/\$7,400	\$3,700/\$7,400
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0	\$0	\$0	\$0
Primary Care Visit	\$20	\$20	\$5	\$5
Specialist Visit	\$40	\$40	\$25	\$25
Emergency Room	\$300	\$300	\$300	\$300
Urgent Care	\$50	\$50	\$75	\$75
Inpatient Facility	\$500	\$500	\$400	\$400
Ambulatory Surgical Center/Outpatient Facility Surgery	\$50/\$500	\$50/\$500	\$50/\$300	\$50/\$300
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.
4) Medical Text Chat is only available through KHealth, a third-party digital healthcare company
5) Creditable Coverage Results are preliminary, official results provided by the MCC Health Connector Board



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Region 1: Columbia/Greene counties

Plan Name	Anthem Platinum Blue Access EPO 15/35 300 10%, Dep 29	Anthem Gold EPO 15/35 1750 10%, Dep 29	Anthem Gold Blue Access EPO 15/35 1750 10%, Dep 29	Anthem Gold EPO 20/50 1600 10% w/HSA, Dep 29
Contract Code	9Y30	9TQ4	A7DY	9TT1

Premium				
Individual	\$1,045.02	\$987.12	\$905.58	\$964.63
Individual + Spouse	\$2,090.04	\$1,974.24	\$1,811.16	\$1,929.26
Individual + Child(ren)	\$1,776.53	\$1,678.10	\$1,539.49	\$1,639.87
Family	\$2,978.31	\$2,813.29	\$2,580.90	\$2,749.20

Plan Name	Anthem Platinum Blue Access EPO 15/35 300 10% WH, Dep 29	Anthem Gold EPO 15/35 1750 10% WH, Dep 29	Anthem Gold Blue Access EPO 15/35 1750 10% WH, Dep 29	Anthem Gold EPO 20/50 1600 10% w/HSA WH, Dep 29
Contract Code	9Y4V	9TR9	A7F9	9TPF

Enhanced Embedded Dental and Vision Premium

Individual	\$1,062.92	\$1,006.45	\$923.57	\$983.96
Individual + Spouse	\$2,125.84	\$2,012.90	\$1,847.14	\$1,967.92
Individual + Child(ren)	\$1,806.96	\$1,710.97	\$1,570.07	\$1,672.73
Family	\$3,029.32	\$2,868.38	\$2,632.17	\$2,804.29

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	Non-Embedded

Plan Benefits

INN Deductible (Ind / Fam)	\$300/\$600	\$1,750/\$3,500	\$1,750/\$3,500	\$1,600/\$3,200
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	10%	10%	10%	10%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$3,200/\$6,400	\$8,700/\$17,400	\$8,700/\$17,400	\$5,100/\$10,200
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0	\$0	\$0	Ded, then \$0
Primary Care Visit	\$15	\$15	\$15	Ded, then \$20 Copay
Specialist Visit	\$35	\$35	\$35	Ded, then \$50 Copay
Emergency Room	Ded, then 10%	Ded, then \$750 Copay	Ded, then \$750 Copay	Ded, then \$500 Copay
Urgent Care	\$50	\$60	\$60	Ded, then \$100 Copay
Inpatient Facility	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then \$1,000 Copay
Ambulatory Surgical Center/Outpatient Facility Surgery	Ded, then \$50 Copay/Ded, then 10%	Ded, then \$150 Copay/Ded, then \$300 Copay	Ded, then \$150 Copay/Ded, then \$300 Copay	Ded, then \$300 Copay/Ded, then \$500 Copay
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	Ded, then \$0
INN Lab (Office; Outpatient Hospital)	\$20/\$25	\$0/\$0	\$0/\$0	Ded, then \$25 Copay/Ded, then \$25 Copay
INN X-Ray (Office; Outpatient Hospital)	Ded, then \$75 Copay/Ded, then 10%	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 10%	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, \$100/\$200	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Med Ded
Rx Copay (Tier 1 / 2 / 3)	\$10/\$35/\$70	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80

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Plan Name	Anthem Gold Blue Access EPO 20/50 1600 10% w/HSA, Dep 29	Anthem Gold EPO 25/45 1850 20%, Dep 29	Anthem Gold Blue Access EPO 25/45 1850 20%, Dep 29	Anthem Gold EPO 25/50 0%, Dep 29
Contract Code	A7GT	9TRF	A7FK	9TPY
Premium				
Individual	\$885.00	\$980.04	\$899.17	\$1,052.49
Individual + Spouse	\$1,770.00	\$1,960.08	\$1,798.34	\$2,104.98
Individual + Child(ren)	\$1,504.50	\$1,666.07	\$1,528.59	\$1,789.23
Family	\$2,522.25	\$2,793.11	\$2,562.63	\$2,999.60
Plan Name	Anthem Gold Blue Access EPO 20/50 1600 10% w/HSA WH, Dep 29	Anthem Gold EPO 25/45 1850 20% WH, Dep 29	Anthem Gold Blue Access EPO 25/45 1850 20% WH, Dep 29	Anthem Gold EPO 25/50 0% WH, Dep 29
Contract Code	A7GD	9TQG	A7HM	9TTE
Enhanced Embedded Dental and Vision Premium				
Individual	\$902.90	\$999.47	\$917.16	\$1,071.54
Individual + Spouse	\$1,805.80	\$1,998.94	\$1,834.32	\$2,143.08
Individual + Child(ren)	\$1,534.93	\$1,699.10	\$1,559.17	\$1,821.62
Family	\$2,573.27	\$2,848.49	\$2,613.91	\$3,053.89
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	Non-Embedded	Embedded	Embedded	Embedded
Plan Benefits				
INN Deductible (Ind / Fam)	\$1,600/\$3,200	\$1,850/\$3,700	\$1,850/\$3,700	\$0/\$0
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	10%	20%	20%	0%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$5,100/\$10,200	\$6,500/\$13,000	\$6,500/\$13,000	\$8,700/\$17,400
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	Ded, then \$0	\$0	\$0	\$0
Primary Care Visit	Ded, then \$20 Copay	\$25	\$25	\$25
Specialist Visit	Ded, then \$50 Copay	\$45	\$45	\$50
Emergency Room	Ded, then \$500 Copay	Ded, then \$750 Copay	Ded, then \$750 Copay	\$750
Urgent Care	Ded, then \$100 Copay	\$60	\$60	\$50
Inpatient Facility	Ded, then \$1,000 Copay	Ded, then 20%	Ded, then 20%	\$500
Ambulatory Surgical Center/Outpatient Facility Surgery	Ded, then \$300 Copay/Ded, then \$500 Copay	Ded, then \$150 Copay/Ded, then \$500 Copay	Ded, then \$150 Copay/Ded, then \$500 Copay	\$150/\$500
Preferred Lab / Preferred Office Lab	Ded, then \$0	\$0	\$0	\$0
INN Lab (Office; Outpatient Hospital)	Ded, then \$25 Copay/Ded, then \$25 Copay	\$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	\$50/\$150
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	\$150/\$250
Rx Deductible	Med Ded	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/\$50/\$90	\$10/\$50/\$90	\$10/\$65/\$90

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Plan Name	Anthem Gold Blue Access EPO 25/50 0%, Dep 29	Anthem Gold EPO 50/55 1000 10%, Dep 29	Anthem Gold Blue Access EPO 50/55 1000 0%, Dep 29	Anthem Gold Healthy New York Blue Access GEPO 25/40 600 0%, Dep 29
Contract Code	9TSS	9Y4E	9TQN	9Y1M
Premium				
Individual	\$965.59	\$1,004.16	\$935.82	\$753.98
Individual + Spouse	\$1,931.18	\$2,008.32	\$1,871.64	\$1,507.96
Individual + Child(ren)	\$1,641.50	\$1,707.07	\$1,590.89	\$1,281.77
Family	\$2,751.93	\$2,861.86	\$2,667.09	\$2,148.84
Plan Name	Anthem Gold Blue Access EPO 25/50 0% WH, Dep 29	Anthem Gold EPO 50/55 1000 10% WH, Dep 29	Anthem Gold Blue Access EPO 50/55 1000 0% WH, Dep 29	Not Offered
Contract Code	9TTK	9Y5D	9TRW	
Enhanced Embedded Dental and Vision Premium				
Individual	\$985.97	\$1,023.49	\$953.72	
Individual + Spouse	\$1,971.94	\$2,046.98	\$1,907.44	
Individual + Child(ren)	\$1,676.15	\$1,739.93	\$1,621.32	
Family	\$2,810.01	\$2,916.95	\$2,718.10	
Plan Details				
Network	Blue Access	PPO/EPO	Blue Access	Blue Access
National Access via Bluecard Program	Full Access	Full Access	Full Access	Full Access
Gatekeeper	No	No	No	Yes
Rx Network	Base with R90	Base with R90	Base with R90	Base with R90
Formulary	Traditional Open	Traditional Open	Traditional Open	Select
Creditability Coverage Status	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded
Plan Benefits				
INN Deductible (Ind / Fam)	\$0/\$0	\$1,000/\$2,000	\$1,000/\$2,000	\$600/\$1,200
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	0%	10%	0%	0%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$8,700/\$17,400	\$7,000/\$14,000	\$7,000/\$14,000	\$5,900/\$11,800
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0	\$0	\$0	\$0/Ded, then \$25 Copay
Primary Care Visit	\$25	\$50	\$50	Ded, then \$25 Copay
Specialist Visit	\$50	\$55	\$55	Ded, then \$40 Copay
Emergency Room	\$750	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then \$150 Copay
Urgent Care	\$50	\$60	\$60	Ded, then \$60 Copay
Inpatient Facility	\$500	Ded, then 10%	Ded, then \$500 Copay	Ded, then \$1,000 Copay
Ambulatory Surgical Center/Outpatient Facility Surgery	\$150/\$500	Ded, then \$150 Copay/Ded, then \$300 Copay	Ded, then \$150 Copay/Ded, then \$300 Copay	Ded, then \$100 Copay
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	Ded, then \$25 Copay
INN Lab (Office; Outpatient Hospital)	\$0/\$0	\$0/\$0	\$0/\$0	Ded, then \$25 Copay/Ded, then \$40 Copay
INN X-Ray (Office; Outpatient Hospital)	\$50/\$150	Ded, then \$50 Copay/Ded, then \$150 Copay	Ded, then \$50 Copay/Ded, then \$150 Copay	Ded, then \$25 Copay/Ded, then \$40 Copay
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	\$150/\$250	Ded, then \$150 Copay/Ded, then \$250 Copay	Ded, then \$150 Copay/Ded, then \$250 Copay	Ded, then \$40 Copay/Ded, then \$40 Copay
Rx Deductible	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	NA
Rx Copay (Tier 1 / 2 / 3)	\$10/\$65/\$90	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$35/\$70

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Plan Name	Anthem Silver EPO 20/50 3250 25% w/HSA, Dep 29	Anthem Silver Blue Access EPO 20/50 3250 25% w/HSA, Dep 29	Anthem Silver EPO 20/50 4000 30% w/HSA, Dep 29	Anthem Silver Blue Access EPO 20/50 4000 30% w/HSA, Dep 29
Contract Code	A2UA	A2Q2	A2VJ	A2QN

Premium				
Individual	\$856.96	\$786.23	\$835.14	\$766.23
Individual + Spouse	\$1,713.92	\$1,572.46	\$1,670.28	\$1,532.46
Individual + Child(ren)	\$1,456.83	\$1,336.59	\$1,419.74	\$1,302.59
Family	\$2,442.34	\$2,240.76	\$2,380.15	\$2,183.76

Plan Name	Anthem Silver EPO 20/50 3250 25% w/HSA WH, Dep 29	Anthem Silver Blue Access EPO 20/50 3250 25% w/HSA WH, Dep 29	Anthem Silver EPO 20/50 4000 30% w/HSA WH, Dep 29	Anthem Silver Blue Access EPO 20/50 4000 30% w/HSA WH, Dep 29
Contract Code	A2UG	A2PT	A2XW	A2R4

Enhanced Embedded Dental and Vision Premium				
Individual	\$876.48	\$804.32	\$854.66	\$784.32
Individual + Spouse	\$1,752.96	\$1,608.64	\$1,709.32	\$1,568.64
Individual + Child(ren)	\$1,490.02	\$1,367.34	\$1,452.92	\$1,333.34
Family	\$2,497.97	\$2,292.31	\$2,435.78	\$2,235.31

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	\$4,000/\$8,000	\$4,000/\$8,000
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	25%	25%	30%	30%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$8,000/\$16,000	\$8,000/\$16,000	\$8,000/\$16,000	\$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	Ded, then \$0	Ded, then \$0
Primary Care Visit	Ded, then \$20 Copay	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	Ded, then \$50 Copay
Emergency Room	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay
Urgent Care	Ded, then \$100 Copay	Ded, then \$100 Copay	Ded, then \$100 Copay	Ded, then \$100 Copay
Inpatient Facility	Ded, then \$1,500 Copay	Ded, then \$1,500 Copay	Ded, then \$1,500 Copay	Ded, then \$1,500 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	Ded, then \$300 Copay/Ded, then \$500 Copay
Preferred Lab / Preferred Office Lab	Ded, then \$0	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	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	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	Med Ded	Med Ded	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90

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4) Medical Text Chat is only available through KHealth, a third-party digital healthcare company.
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Plan Name	Anthem Silver EPO 40/70 2600 30%, Dep 29	Anthem Silver Blue Access EPO 40/70 2600 30%, Dep 29	Anthem Silver EPO 40/80 3250 50%, Dep 29	Anthem Silver Blue Access EPO 40/80 3250 50%, Dep 29
Contract Code	A2WK	A2SF	A2X8	A2PL
Premium				
Individual	\$882.61	\$809.78	\$846.34	\$776.47
Individual + Spouse	\$1,765.22	\$1,619.56	\$1,692.68	\$1,552.94
Individual + Child(ren)	\$1,500.44	\$1,376.63	\$1,438.78	\$1,320.00
Family	\$2,515.44	\$2,307.87	\$2,412.07	\$2,212.94
Plan Name	Anthem Silver EPO 40/70 2600 30% WH, Dep 29	Anthem Silver Blue Access EPO 40/70 2600 30% WH, Dep 29	Anthem Silver EPO 40/80 3250 50% WH, Dep 29	Anthem Silver Blue Access EPO 40/80 3250 50% WH, Dep 29
Contract Code	A2YP	A2P4	A2UP	A2S0
Enhanced Embedded Dental and Vision Premium				
Individual	\$902.13	\$827.87	\$865.86	\$794.56
Individual + Spouse	\$1,804.26	\$1,655.74	\$1,731.72	\$1,589.12
Individual + Child(ren)	\$1,533.62	\$1,407.38	\$1,471.96	\$1,350.75
Family	\$2,571.07	\$2,359.43	\$2,467.70	\$2,264.50
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)	\$2,600/\$5,200	\$2,600/\$5,200	\$3,250/\$6,500	\$3,250/\$6,500
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	30%	30%	50%	50%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$9,450/\$18,900	\$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	\$0	\$0	\$0
Primary Care Visit	\$40	\$40	\$40	\$40
Specialist Visit	\$70	\$70	\$80	\$80
Emergency Room	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then 50%	Ded, then 50%
Urgent Care	\$75	\$75	\$80	\$80
Inpatient Facility	Ded, then 30%	Ded, then 30%	Ded, then 50%	Ded, then 50%
Ambulatory Surgical Center/Outpatient Facility Surgery	Ded, then \$150 Copay/Ded, then \$300 Copay	Ded, then \$150 Copay/Ded, then \$300 Copay	Ded, then \$300 Copay/Ded, then 50%	Ded, then \$300 Copay/Ded, then 50%
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0
INN Lab (Office; Outpatient Hospital)	\$0/\$0	\$0/\$0	\$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	Tiers 2 & 3, \$200/\$400	Tiers 2 & 3, \$200/\$400	Tiers 2 & 3, \$200/\$400	Tiers 2 & 3, \$200/\$400
Rx Copay (Tier 1 / 2 / 3)	\$35/\$70/\$100	\$35/\$70/\$100	\$25/\$75/\$90	\$25/\$75/\$90

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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.
4) Medical Text Chat is only available through KHealth, a third-party digital healthcare company
5) Creditable Coverage Results are preliminary, official results provided by the MCC Health Connector Board

Plan Name	Anthem Silver Blue Access EPO 30/75 4550 50%, Dep 29	Anthem Silver Blue Access EPO 60/125 0%, Dep 29	Anthem Bronze EPO 20/50 6100 50% w/HSA, Dep 29	Anthem Bronze Blue Access EPO 20/50 6100 50% w/HSA, Dep 29
Contract Code	A2R2	A2W5	9FVJ	9FS4
Premium				
Individual	\$771.88	\$857.15	\$762.50	\$699.62
Individual + Spouse	\$1,543.76	\$1,714.30	\$1,525.00	\$1,399.24
Individual + Child(ren)	\$1,312.20	\$1,457.16	\$1,296.25	\$1,189.35
Family	\$2,199.86	\$2,442.88	\$2,173.13	\$1,993.92
Plan Name	Anthem Silver Blue Access EPO 30/75 4550 50% WH, Dep 29	Anthem Silver Blue Access EPO 60/125 0% WH, Dep 29	Anthem Bronze EPO 20/50 6100 50% w/HSA WH, Dep 29	Anthem Bronze Blue Access EPO 20/50 6100 50% w/HSA WH, Dep 29
Contract Code	A2QB	A2YW	9FWL	9FTY
Enhanced Embedded Dental and Vision Premium				
Individual	\$790.06	\$874.86	\$782.21	\$717.90
Individual + Spouse	\$1,580.12	\$1,749.72	\$1,564.42	\$1,435.80
Individual + Child(ren)	\$1,343.10	\$1,487.26	\$1,329.76	\$1,220.43
Family	\$2,251.67	\$2,493.35	\$2,229.30	\$2,046.02
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	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	Fail	Fail
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded
Plan Benefits				
INN Deductible (Ind / Fam)	\$4,550/\$9,100	\$0/\$0	\$6,100/\$12,200	\$6,100/\$12,200
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	50%	0%	50%	50%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$9,450/\$18,900	\$9,450/\$18,900	\$8,000/\$16,000	\$8,000/\$16,000
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	\$30	\$60	Ded, then \$20 Copay	Ded, then \$20 Copay
Specialist Visit	\$75	\$125	Ded, then \$50 Copay	Ded, then \$50 Copay
Emergency Room	Ded, then 50%	\$2,800	Ded, then \$500 Copay	Ded, then \$500 Copay
Urgent Care	\$75	\$125	Ded, then \$100 Copay	Ded, then \$100 Copay
Inpatient Facility	Ded, then 50%	\$2,800	Ded, then \$1,000 Copay	Ded, then \$1,000 Copay
Ambulatory Surgical Center/Outpatient Facility Surgery	Ded, then \$300 Copay/Ded, then 50%	\$500/\$1,000	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)	\$20/\$25	\$60/\$20	Ded, then \$25 Copay/Ded, then \$25 Copay	Ded, then \$25 Copay/Ded, then \$25 Copay
INN X-Ray (Office; Outpatient Hospital)	Ded, then \$75 Copay/Ded, then 50%	\$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 \$150 Copay/Ded, then 50%	\$250/\$250	Ded, then \$150 Copay/Ded, then \$250 Copay	Ded, then \$150 Copay/Ded, then \$250 Copay
Rx Deductible	Tiers 2 & 3, \$200/\$400	NA	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)	\$25/\$75/\$90	\$15/\$65/\$95	50%/50%/50%	50%/50%/50%

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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.

4) Medical Text Chat is only available through KHealth, a third-party digital healthcare company

5) Creditable Coverage Results are preliminary, official results provided by the MCC Health Connector Board

Plan Name	Anthem Bronze Blue Access EPO 20/50 7000 50% w/HSA, Dep 29	Anthem Bronze Blue Access EPO 20/50 8450 50%, Dep 29
Contract Code	9FXD	B9XL

Premium		
Individual	\$693.88	\$670.81
Individual + Spouse	\$1,387.76	\$1,341.62
Individual + Child(ren)	\$1,179.60	\$1,140.38
Family	\$1,977.56	\$1,911.81

Plan Name	Anthem Bronze Blue Access EPO 20/50 7000 50% w/HSA WH, Dep 29	Anthem Bronze Blue Access EPO 20/50 8450 50% WH, Dep 29
Contract Code	9FW1	9FX3

Enhanced Embedded Dental and Vision Premium		
Individual	\$712.06	\$689.09
Individual + Spouse	\$1,424.12	\$1,378.18
Individual + Child(ren)	\$1,210.50	\$1,171.45
Family	\$2,029.37	\$1,963.91

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

Plan Benefits		
INN Deductible (Ind / Fam)	\$7,000/\$14,000	\$8,450/\$16,900
OON Deductible (Ind / Fam)	-	-
INN Coinsurance	50%	50%
OON Coinsurance	-	-
INN Out of Pocket Max (Ind / Fam)	\$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
Primary Care Visit	Ded, then \$20 Copay	Ded, then \$20 Copay
Specialist Visit	Ded, then \$50 Copay	Ded, then \$50 Copay
Emergency Room	Ded, then \$300 Copay	Ded, then \$300 Copay
Urgent Care	Ded, then \$100 Copay	Ded, then \$100 Copay
Inpatient Facility	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
Preferred Lab / Preferred Office Lab	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
INN X-Ray (Office; Outpatient Hospital)	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
Rx Deductible	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)	50%/50%/50%	50%/50%/50%

1) Anthem Blue Cross at