



Q1 2024 New York Small Group Plans | New York City Dep 29
 Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties

Plan Name	Anthem Platinum EPO 5/25 0%, Dep 29	Anthem Platinum Blue Access EPO 5/25 0%, Dep 29	Anthem Platinum Connection EPO 5/25 200 10%, Dep 29	Anthem Platinum EPO 20/40 0%, Dep 29
Contract Code	A2SZ	9Y36	9Y5V	9Y2D

Premium				
Individual	\$1,607.63	\$1,474.94	\$1,355.67	\$1,594.20
Individual + Spouse	\$3,215.26	\$2,949.88	\$2,711.34	\$3,188.40
Individual + Child(ren)	\$2,732.97	\$2,507.40	\$2,304.64	\$2,710.14
Family	\$4,581.75	\$4,203.58	\$3,863.66	\$4,543.47

Plan Name	Anthem Platinum EPO 5/25 0% WH, Dep 29	Anthem Platinum Blue Access EPO 5/25 0% WH, Dep 29	Anthem Platinum Connection EPO 5/25 200 10% WH, Dep 29	Anthem Platinum EPO 20/40 0% WH, Dep 29
Contract Code	A2SA	9Y52	9Y28	A2RD

Enhanced Embedded Dental and Vision Premium				
Individual	\$1,633.96	\$1,499.29	\$1,379.36	\$1,620.40
Individual + Spouse	\$3,267.92	\$2,998.58	\$2,758.72	\$3,240.80
Individual + Child(ren)	\$2,777.73	\$2,548.79	\$2,344.91	\$2,754.68
Family	\$4,656.79	\$4,272.98	\$3,931.18	\$4,618.14

Plan Details				
Network	PPO/EPO	Blue Access	Connection	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	Advantage with R90	Base with R90
Formulary	Traditional Open	Traditional Open	Select	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded

Plan Benefits				
INN Deductible (Ind / Fam)	\$0/\$0	\$0/\$0	\$200/\$600	\$0/\$0
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	0%	0%	10%	0%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$3,700/\$7,400	\$3,700/\$7,400	\$2,500/\$5,000	\$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	\$5	\$20
Specialist Visit	\$25	\$25	\$25	\$40
Emergency Room	\$300	\$300	Ded, then \$300 Copay	\$300
Urgent Care	\$75	\$75	\$75	\$50
Inpatient Facility	\$400	\$400	Ded, then \$500 Copay	\$500
Ambulatory Surgical Center/Outpatient Facility Surgery	\$50/\$300	\$50/\$300	\$50/Ded, then \$500 Copay	\$50/\$500
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0
INN Lab (Office; Outpatient Hospital)	\$0/\$0	\$0/\$0	\$5/Ded, then \$25 Copay	\$0/\$0
INN X-Ray (Office; Outpatient Hospital)	\$50/\$150	\$50/\$150	\$50/Ded, then \$150 Copay	\$50/\$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	\$150/\$250	\$150/\$250	\$150/Ded, then \$250 Copay	\$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/\$50/\$90	\$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 | New York City
 Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties

Plan Name	Anthem Platinum Blue Access EPO 20/40 0%, Dep 29	Anthem Platinum Connection EPO 20/40 0%, Dep 29	Anthem Platinum Blue Access EPO 15/35 300 10%, Dep 29	Anthem Platinum Connection EPO 15/35 300 10%, Dep 29
Contract Code	9Y3F	9Y2S	9Y30	9Y6Z

Premium				
Individual	\$1,462.56	\$1,367.25	\$1,437.42	\$1,343.56
Individual + Spouse	\$2,925.12	\$2,734.50	\$2,874.84	\$2,687.12
Individual + Child(ren)	\$2,486.35	\$2,324.33	\$2,443.61	\$2,284.05
Family	\$4,168.30	\$3,896.66	\$4,096.65	\$3,829.15

Plan Name	Anthem Platinum Blue Access EPO 20/40 0% WH, Dep 29	Anthem Platinum Connection EPO 20/40 0% WH, Dep 29	Anthem Platinum Blue Access EPO 15/35 300 10% WH, Dep 29	Anthem Platinum Connection EPO 15/35 300 10% WH, Dep 29
Contract Code	9Y4H	9Y66	9Y4V	9Y6E

Enhanced Embedded Dental and Vision Premium				
Individual	\$1,486.92	\$1,390.55	\$1,462.03	\$1,367.25
Individual + Spouse	\$2,973.84	\$2,781.10	\$2,924.06	\$2,734.50
Individual + Child(ren)	\$2,527.76	\$2,363.94	\$2,485.45	\$2,324.33
Family	\$4,237.72	\$3,963.07	\$4,166.79	\$3,896.66

Plan Details				
Network	Blue Access	Connection	Blue Access	Connection
National Access via Bluecard Program	Full Access	Full Access	Full Access	Full Access
Gatekeeper	No	No	No	No
Rx Network	Base with R90	Advantage with R90	Base with R90	Advantage with R90
Formulary	Traditional Open	Select	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	\$0/\$0	\$300/\$600	\$300/\$600
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	0%	0%	10%	10%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$3,000/\$6,000	\$3,000/\$6,000	\$3,200/\$6,400	\$3,200/\$6,400
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	\$15	\$15
Specialist Visit	\$40	\$40	\$35	\$35
Emergency Room	\$300	\$300	Ded, then 10%	Ded, then 10%
Urgent Care	\$50	\$50	\$50	\$50
Inpatient Facility	\$500	\$500	Ded, then 10%	Ded, then 10%
Ambulatory Surgical Center/Outpatient Facility Surgery	\$50/\$500	\$50/\$500	Ded, then \$50 Copay/Ded, then 10%	Ded, then \$50 Copay/Ded, then 10%
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)	\$50/\$150	\$50/\$150	Ded, then \$75 Copay/Ded, then 10%	Ded, then \$75 Copay/Ded, then 10%
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	\$150/\$250	\$150/\$250	Ded, then \$150 Copay/Ded, then 10%	Ded, then \$150 Copay/Ded, then 10%
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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Plan Name	Anthem Gold EPO 25/50 0%, Dep 29	Anthem Gold Blue Access EPO 25/50 0%, Dep 29	Anthem Gold Connection EPO 25/50 0%, Dep 29	Anthem Gold EPO 50/55 1000 10%, Dep 29
Contract Code	9TPY	9TSS	9TS3	9Y4E
Premium				
Individual	\$1,447.69	\$1,328.15	\$1,241.79	\$1,381.21
Individual + Spouse	\$2,895.38	\$2,656.30	\$2,483.58	\$2,762.42
Individual + Child(ren)	\$2,461.07	\$2,257.86	\$2,111.04	\$2,348.06
Family	\$4,125.92	\$3,785.23	\$3,539.10	\$3,936.45
Plan Name	Anthem Gold EPO 25/50 0% WH, Dep 29	Anthem Gold Blue Access EPO 25/50 0% WH, Dep 29	Anthem Gold Connection EPO 25/50 0% WH, Dep 29	Anthem Gold EPO 50/55 1000 10% WH, Dep 29
Contract Code	9TTE	9TTK	9TP2	9Y5D
Enhanced Embedded Dental and Vision Premium				
Individual	\$1,473.88	\$1,356.19	\$1,265.10	\$1,407.80
Individual + Spouse	\$2,947.76	\$2,712.38	\$2,530.20	\$2,815.60
Individual + Child(ren)	\$2,505.60	\$2,305.52	\$2,150.67	\$2,393.26
Family	\$4,200.56	\$3,865.14	\$3,605.54	\$4,012.23
Plan Details				
Network	PPO/EPO	Blue Access	Connection	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	Advantage with R90	Base with R90
Formulary	Traditional Open	Traditional Open	Select	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded
Plan Benefits				
INN Deductible (Ind / Fam)	\$0/\$0	\$0/\$0	\$0/\$0	\$1,000/\$2,000
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	0%	0%	0%	10%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$8,700/\$17,400	\$8,700/\$17,400	\$8,500/\$17,000	\$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	\$25	\$25	\$25	\$50
Specialist Visit	\$50	\$50	\$50	\$55
Emergency Room	\$750	\$750	\$750	Ded, then \$500 Copay
Urgent Care	\$50	\$50	\$50	\$60
Inpatient Facility	\$500	\$500	\$500	Ded, then 10%
Ambulatory Surgical Center/Outpatient Facility Surgery	\$150/\$500	\$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)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0
INN X-Ray (Office; Outpatient Hospital)	\$50/\$150	\$50/\$150	\$50/\$150	Ded, then \$50 Copay/Ded, then \$150 Copay
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	\$150/\$250	\$150/\$250	\$150/\$250	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/\$65/\$90	\$10/\$65/\$90	\$10/\$65/\$90	\$10/\$40/\$80

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Plan Name	Anthem Gold Blue Access EPO 50/55 1000 0%, Dep 29	Anthem Gold Connection EPO 50/55 1000 0%, Dep 29	Anthem Gold EPO 25/40 1500 20%, Dep 29	Anthem Gold EPO 20/50 1600 10% w/HSA, Dep 29
Contract Code	9TQN	9TPN	9Y3Q	9TT1
Premium				
Individual	\$1,287.21	\$1,202.83	\$1,362.38	\$1,326.84
Individual + Spouse	\$2,574.42	\$2,405.66	\$2,724.76	\$2,653.68
Individual + Child(ren)	\$2,188.26	\$2,044.81	\$2,316.05	\$2,255.63
Family	\$3,668.55	\$3,428.07	\$3,882.78	\$3,781.49
Plan Name	Anthem Gold Blue Access EPO 50/55 1000 0% WH, Dep 29	Anthem Gold Connection EPO 50/55 1000 0% WH, Dep 29	Anthem Gold EPO 25/40 1500 20% WH, Dep 29	Anthem Gold EPO 20/50 1600 10% w/HSA WH, Dep 29
Contract Code	9TRW	9TSM	9Y6Q	9TPF
Enhanced Embedded Dental and Vision Premium				
Individual	\$1,311.83	\$1,226.52	\$1,389.10	\$1,353.43
Individual + Spouse	\$2,623.66	\$2,453.04	\$2,778.20	\$2,706.86
Individual + Child(ren)	\$2,230.11	\$2,085.08	\$2,361.47	\$2,300.83
Family	\$3,738.72	\$3,495.58	\$3,958.94	\$3,857.28
Plan Details				
Network	Blue Access	Connection	PPO/EPO	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	Advantage with R90	Base with R90	Base with R90
Formulary	Traditional Open	Select	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)	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000	\$1,600/\$3,200
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	0%	0%	20%	10%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$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	\$50	\$50	\$25	Ded, then \$20 Copay
Specialist Visit	\$55	\$55	\$40	Ded, then \$50 Copay
Emergency Room	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay
Urgent Care	\$60	\$60	\$60	Ded, then \$100 Copay
Inpatient Facility	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then 20%	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 \$300 Copay	Ded, then \$150 Copay/Ded, then \$250 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)	\$0/\$0	\$0/\$0	\$0/\$0	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	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Med Ded
Rx Copay (Tier 1 / 2 / 3)	\$10/\$40/\$80	\$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 15/35 1750 10%, Dep 29	Anthem Gold Blue Access EPO 15/35 1750 10%, Dep 29	Anthem Gold EPO 25/45 1850 20%, Dep 29
Contract Code	A7GT	9TQ4	A7DY	9TRF

Premium				
Individual	\$1,217.31	\$1,357.77	\$1,245.61	\$1,348.03
Individual + Spouse	\$2,434.62	\$2,715.54	\$2,491.22	\$2,696.06
Individual + Child(ren)	\$2,069.43	\$2,308.21	\$2,117.54	\$2,291.65
Family	\$3,469.33	\$3,869.64	\$3,549.99	\$3,841.89

Plan Name	Anthem Gold Blue Access EPO 20/50 1600 10% w/HSA 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 25/45 1850 20% WH, Dep 29
Contract Code	A7GD	9TR9	A7F9	9TQG

Enhanced Embedded Dental and Vision Premium				
Individual	\$1,241.93	\$1,384.36	\$1,270.36	\$1,374.75
Individual + Spouse	\$2,483.86	\$2,768.72	\$2,540.72	\$2,749.50
Individual + Child(ren)	\$2,111.28	\$2,353.41	\$2,159.61	\$2,337.08
Family	\$3,539.50	\$3,945.43	\$3,620.53	\$3,918.04

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	Non-Embedded	Embedded	Embedded	Embedded

Plan Benefits				
INN Deductible (Ind / Fam)	\$1,600/\$3,200	\$1,750/\$3,500	\$1,750/\$3,500	\$1,850/\$3,700
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	10%	10%	10%	20%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$5,100/\$10,200	\$8,700/\$17,400	\$8,700/\$17,400	\$6,500/\$13,000
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	\$15	\$15	\$25
Specialist Visit	Ded, then \$50 Copay	\$35	\$35	\$45
Emergency Room	Ded, then \$500 Copay	Ded, then \$750 Copay	Ded, then \$750 Copay	Ded, then \$750 Copay
Urgent Care	Ded, then \$100 Copay	\$60	\$60	\$60
Inpatient Facility	Ded, then \$1,000 Copay	Ded, then 10%	Ded, then 10%	Ded, then 20%
Ambulatory Surgical Center/Outpatient Facility Surgery	Ded, then \$300 Copay/Ded, then \$500 Copay	Ded, then \$150 Copay/Ded, then \$300 Copay	Ded, then \$150 Copay/Ded, then \$300 Copay	Ded, then \$150 Copay/Ded, then \$500 Copay
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	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	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/\$40/\$80	\$10/\$50/\$90

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Plan Name	Anthem Gold Blue Access EPO 25/45 1850 20%, Dep 29	Anthem Gold Connection EPO 25/45 1850 20%, Dep 29	Anthem Gold Healthy New York Blue Access GEPO 25/40 600 0%, Dep 29	Anthem Silver Blue Access EPO 60/125 0%, Dep 29
Contract Code	A7FK	9TQY	9Y1M	A2W5

Premium				
Individual	\$1,236.79	\$1,155.57	\$1,037.09	\$1,179.00
Individual + Spouse	\$2,473.58	\$2,311.14	\$2,074.18	\$2,358.00
Individual + Child(ren)	\$2,102.54	\$1,964.47	\$1,763.05	\$2,004.30
Family	\$3,524.85	\$3,293.37	\$2,955.71	\$3,360.15

Plan Name	Anthem Gold Blue Access EPO 25/45 1850 20% WH, Dep 29	Anthem Gold Connection EPO 25/45 1850 20% WH, Dep 29	Not Offered	Anthem Silver Blue Access EPO 60/125 0% WH, Dep 29
Contract Code	A7HM	9TS8		A2YW

Enhanced Embedded Dental and Vision Premium				
Individual	\$1,261.54	\$1,179.40		\$1,203.35
Individual + Spouse	\$2,523.08	\$2,358.80		\$2,406.70
Individual + Child(ren)	\$2,144.62	\$2,004.98		\$2,045.70
Family	\$3,595.39	\$3,361.29		\$3,429.55

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

Plan Benefits				
INN Deductible (Ind / Fam)	\$1,850/\$3,700	\$1,850/\$3,700	\$600/\$1,200	\$0/\$0
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	20%	20%	0%	0%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$6,500/\$13,000	\$6,500/\$13,000	\$5,900/\$11,800	\$9,450/\$18,900
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0	\$0	\$0/Ded, then \$25 Copay	\$0
Primary Care Visit	\$25	\$25	Ded, then \$25 Copay	\$60
Specialist Visit	\$45	\$45	Ded, then \$40 Copay	\$125
Emergency Room	Ded, then \$750 Copay	Ded, then \$750 Copay	Ded, then \$150 Copay	\$2,800
Urgent Care	\$60	\$60	Ded, then \$60 Copay	\$125
Inpatient Facility	Ded, then 20%	Ded, then 20%	Ded, then \$1,000 Copay	\$2,800
Ambulatory Surgical Center/Outpatient Facility Surgery	Ded, then \$150 Copay/Ded, then \$500 Copay	Ded, then \$150 Copay/Ded, then \$500 Copay	Ded, then \$100 Copay	\$500/\$1,000
Preferred Lab / Preferred Office Lab	\$0	\$0	Ded, then \$25 Copay	\$0
INN Lab (Office; Outpatient Hospital)	\$0/\$0	\$0/\$0	Ded, then \$25 Copay/Ded, then \$40 Copay	\$60/\$20
INN X-Ray (Office; Outpatient Hospital)	Ded, then \$50 Copay/Ded, then \$150 Copay	Ded, then \$50 Copay/Ded, then \$150 Copay	Ded, then \$25 Copay/Ded, then \$40 Copay	\$150/\$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 \$40 Copay/Ded, then \$40 Copay	\$250/\$250
Rx Deductible	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	NA	NA
Rx Copay (Tier 1 / 2 / 3)	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$35/\$70	\$15/\$65/\$95

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Plan Name	Anthem Silver Connection EPO 60/125 0%, Dep 29	Anthem Silver EPO 40/70 2600 30%, Dep 29	Anthem Silver Blue Access EPO 40/70 2600 30%, Dep 29	Anthem Silver Connection EPO 40/70 2600 30%, Dep 29
Contract Code	A2Z7	A2WK	A2SF	A2V5

Premium				
Individual	\$1,101.46	\$1,214.02	\$1,113.84	\$1,040.38
Individual + Spouse	\$2,202.92	\$2,428.04	\$2,227.68	\$2,080.76
Individual + Child(ren)	\$1,872.48	\$2,063.83	\$1,893.53	\$1,768.65
Family	\$3,139.16	\$3,459.96	\$3,174.44	\$2,965.08

Plan Name	Anthem Silver Connection EPO 60/125 0% WH, Dep 29	Anthem Silver EPO 40/70 2600 30% WH, Dep 29	Anthem Silver Blue Access EPO 40/70 2600 30% WH, Dep 29	Anthem Silver Connection EPO 40/70 2600 30% WH, Dep 29
Contract Code	A2XB	A2YP	A2P4	A2XN

Enhanced Embedded Dental and Vision Premium				
Individual	\$1,124.90	\$1,240.87	\$1,138.72	\$1,064.21
Individual + Spouse	\$2,249.80	\$2,481.74	\$2,277.44	\$2,128.42
Individual + Child(ren)	\$1,912.33	\$2,109.48	\$1,935.82	\$1,809.16
Family	\$3,205.97	\$3,536.48	\$3,245.35	\$3,033.00

Plan Details				
Network	Connection	PPO/EPO	Blue Access	Connection
National Access via Bluecard Program	Full Access	Full Access	Full Access	Full Access
Gatekeeper	No	No	No	No
Rx Network	Advantage with R90	Base with R90	Base with R90	Advantage with R90
Formulary	Select	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	\$2,600/\$5,200	\$2,600/\$5,200	\$2,600/\$5,200
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	0%	30%	30%	30%
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	\$60	\$40	\$40	\$40
Specialist Visit	\$125	\$70	\$70	\$70
Emergency Room	\$2,800	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay
Urgent Care	\$125	\$75	\$75	\$75
Inpatient Facility	\$2,800	Ded, then 30%	Ded, then 30%	Ded, then 30%
Ambulatory Surgical Center/Outpatient Facility Surgery	\$500/\$1,000	Ded, then \$150 Copay/Ded, then \$300 Copay	Ded, then \$150 Copay/Ded, then \$300 Copay	Ded, then \$150 Copay/Ded, then \$300 Copay
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0
INN Lab (Office; Outpatient Hospital)	\$60/\$20	\$0/\$0	\$0/\$0	\$0/\$0
INN X-Ray (Office; Outpatient Hospital)	\$150/\$150	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)	\$250/\$250	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	NA	Tiers 2 & 3, \$200/\$400	Tiers 2 & 3, \$200/\$400	Tiers 2 & 3, \$200/\$400
Rx Copay (Tier 1 / 2 / 3)	\$15/\$65/\$95	\$35/\$70/\$100	\$35/\$70/\$100	\$35/\$70/\$100

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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 Connection EPO 20/50 3250 25% w/HSA, Dep 29	Anthem Silver EPO 40/80 3250 50%, Dep 29
Contract Code	A2UA	A2Q2	A2YJ	A2X8

Premium				
Individual	\$1,178.74	\$1,081.45	\$1,010.10	\$1,164.13
Individual + Spouse	\$2,357.48	\$2,162.90	\$2,020.20	\$2,328.26
Individual + Child(ren)	\$2,003.86	\$1,838.47	\$1,717.17	\$1,979.02
Family	\$3,359.41	\$3,082.13	\$2,878.79	\$3,317.77

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 Connection EPO 20/50 3250 25% w/HSA WH, Dep 29	Anthem Silver EPO 40/80 3250 50% WH, Dep 29
Contract Code	A2UG	A2PT	A2V3	A2UP

Enhanced Embedded Dental and Vision Premium				
Individual	\$1,205.59	\$1,106.33	\$1,033.93	\$1,190.98
Individual + Spouse	\$2,411.18	\$2,212.66	\$2,067.86	\$2,381.96
Individual + Child(ren)	\$2,049.50	\$1,880.76	\$1,757.68	\$2,024.67
Family	\$3,435.93	\$3,153.04	\$2,946.70	\$3,394.29

Plan Details				
Network	PPO/EPO	Blue Access	Connection	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	Advantage with R90	Base with R90
Formulary	Traditional Open	Traditional Open	Select	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%	25%	50%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$8,000/\$16,000	\$8,000/\$16,000	\$8,000/\$16,000	\$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	Ded, then \$0	\$0
Primary Care Visit	Ded, then \$20 Copay	Ded, then \$20 Copay	Ded, then \$20 Copay	\$40
Specialist Visit	Ded, then \$50 Copay	Ded, then \$50 Copay	Ded, then \$50 Copay	\$80
Emergency Room	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then 50%
Urgent Care	Ded, then \$100 Copay	Ded, then \$100 Copay	Ded, then \$100 Copay	\$80
Inpatient Facility	Ded, then \$1,500 Copay	Ded, then \$1,500 Copay	Ded, then \$1,500 Copay	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 \$500 Copay	Ded, then \$300 Copay/Ded, then 50%
Preferred Lab / Preferred Office Lab	Ded, then \$0	Ded, then \$0	Ded, then \$0	\$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	\$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 \$50 Copay/Ded, then \$150 Copay	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 \$250 Copay	Ded, then \$150 Copay/Ded, then 50%
Rx Deductible	Med Ded	Med Ded	Med Ded	Tiers 2 & 3, \$200/\$400
Rx Copay (Tier 1 / 2 / 3)	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90	\$25/\$75/\$90

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Plan Name	Anthem Silver Blue Access EPO 40/80 3250 50%, Dep 29	Anthem Silver Connection EPO 40/80 3250 50%, 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	A2PL	A2VU	A2VJ	A2QN
Premium				
Individual	\$1,068.03	\$997.46	\$1,148.72	\$1,053.94
Individual + Spouse	\$2,136.06	\$1,994.92	\$2,297.44	\$2,107.88
Individual + Child(ren)	\$1,815.65	\$1,695.68	\$1,952.82	\$1,791.70
Family	\$3,043.89	\$2,842.76	\$3,273.85	\$3,003.73
Plan Name	Anthem Silver Blue Access EPO 40/80 3250 50% WH, Dep 29	Anthem Silver Connection EPO 40/80 3250 50% 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	A2S0	A2Y6	A2XW	A2R4
Enhanced Embedded Dental and Vision Premium				
Individual	\$1,092.91	\$1,021.42	\$1,175.58	\$1,078.82
Individual + Spouse	\$2,185.82	\$2,042.84	\$2,351.16	\$2,157.64
Individual + Child(ren)	\$1,857.95	\$1,736.41	\$1,998.49	\$1,833.99
Family	\$3,114.79	\$2,911.05	\$3,350.40	\$3,074.64
Plan Details				
Network	Blue Access	Connection	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	Advantage with R90	Base with R90	Base with R90
Formulary	Traditional Open	Select	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	50%	50%	30%	30%
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	\$40	\$40	Ded, then \$20 Copay	Ded, then \$20 Copay
Specialist Visit	\$80	\$80	Ded, then \$50 Copay	Ded, then \$50 Copay
Emergency Room	Ded, then 50%	Ded, then 50%	Ded, then \$500 Copay	Ded, then \$500 Copay
Urgent Care	\$80	\$80	Ded, then \$100 Copay	Ded, then \$100 Copay
Inpatient Facility	Ded, then 50%	Ded, then 50%	Ded, then \$1,500 Copay	Ded, then \$1,500 Copay
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 \$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	\$20/\$25	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%	Ded, then \$75 Copay/Ded, then 50%	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%	Ded, then \$150 Copay/Ded, then 50%	Ded, then \$150 Copay/Ded, then \$250 Copay	Ded, then \$150 Copay/Ded, then \$250 Copay
Rx Deductible	Tiers 2 & 3, \$200/\$400	Tiers 2 & 3, \$200/\$400	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)	\$25/\$75/\$90	\$25/\$75/\$90	\$10/\$50/\$90	\$10/\$50/\$90

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Plan Name	Anthem Silver Connection EPO 50/100 4000 20% w/HSA, Dep 29	Anthem Silver Blue Access EPO 30/75 4550 50%, 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	A2W7	A2R2	9FVJ	9FS4

Premium				
Individual	\$979.43	\$1,061.71	\$1,048.81	\$962.32
Individual + Spouse	\$1,958.86	\$2,123.42	\$2,097.62	\$1,924.64
Individual + Child(ren)	\$1,665.03	\$1,804.91	\$1,782.98	\$1,635.94
Family	\$2,791.38	\$3,025.87	\$2,989.11	\$2,742.61

Plan Name	Anthem Silver Connection EPO 50/100 4000 20% w/HSA WH, Dep 29	Anthem Silver Blue Access EPO 30/75 4550 50% 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	A2WR	A2QB	9FWL	9FTY

Enhanced Embedded Dental and Vision Premium				
Individual	\$1,003.39	\$1,086.72	\$1,075.92	\$987.46
Individual + Spouse	\$2,006.78	\$2,173.44	\$2,151.84	\$1,974.92
Individual + Child(ren)	\$1,705.76	\$1,847.42	\$1,829.06	\$1,678.68
Family	\$2,859.66	\$3,097.15	\$3,066.37	\$2,814.26

Plan Details				
Network	Connection	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	Advantage with R90	Base with R90	Base with R90	Base with R90
Formulary	Select	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)	\$4,000/\$8,000	\$4,550/\$9,100	\$6,100/\$12,200	\$6,100/\$12,200
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	20%	50%	50%	50%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$7,800/\$15,600	\$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	Ded, then \$0	\$0	Ded, then \$0	Ded, then \$0
Primary Care Visit	Ded, then \$50 Copay	\$30	Ded, then \$20 Copay	Ded, then \$20 Copay
Specialist Visit	Ded, then \$100 Copay	\$75	Ded, then \$50 Copay	Ded, then \$50 Copay
Emergency Room	Ded, then \$500 Copay	Ded, then 50%	Ded, then \$500 Copay	Ded, then \$500 Copay
Urgent Care	Ded, then \$100 Copay	\$75	Ded, then \$100 Copay	Ded, then \$100 Copay
Inpatient Facility	Ded, then \$1,500 Copay	Ded, then 50%	Ded, then \$1,000 Copay	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 50%	Ded, then \$300 Copay/Ded, then \$500 Copay	Ded, then \$300 Copay/Ded, then \$500 Copay
Preferred Lab / Preferred Office Lab	Ded, then \$0	\$0	Ded, then \$0	Ded, then \$0
INN Lab (Office; Outpatient Hospital)	Ded, then \$25 Copay/Ded, then \$25 Copay	\$20/\$25	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 \$75 Copay/Ded, then 50%	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 50%	Ded, then \$150 Copay/Ded, then \$250 Copay	Ded, then \$150 Copay/Ded, then \$250 Copay
Rx Deductible	Med Ded	Tiers 2 & 3, \$200/\$400	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)	\$10/\$50/\$90	\$25/\$75/\$90	50%/50%/50%	50%/50%/50%

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Plan Name	Anthem Bronze Connection EPO 20/50 6100 50% w/HSA, Dep 29	Anthem Bronze Blue Access EPO 20/50 7000 50% w/HSA, Dep 29	Anthem Bronze Connection EPO 20/50 7000 50% w/HSA, Dep 29	Anthem Bronze Blue Access EPO 20/50 8450 50%, Dep 29
Contract Code	9FTB	9FXD	9FXW	B9XL

Premium				
Individual	\$898.34	\$954.42	\$890.96	\$922.69
Individual + Spouse	\$1,796.68	\$1,908.84	\$1,781.92	\$1,845.38
Individual + Child(ren)	\$1,527.18	\$1,622.51	\$1,514.63	\$1,568.57
Family	\$2,560.27	\$2,720.10	\$2,539.24	\$2,629.67

Plan Name	Anthem Bronze Connection EPO 20/50 6100 50% w/HSA WH, Dep 29	Anthem Bronze Blue Access EPO 20/50 7000 50% w/HSA WH, Dep 29	Anthem Bronze Connection EPO 20/50 7000 50% w/HSA WH, Dep 29	Anthem Bronze Blue Access EPO 20/50 8450 50% WH, Dep 29
Contract Code	B9X8	9FW1	B9WY	9FX3

Enhanced Embedded Dental and Vision Premium				
Individual	\$922.56	\$979.43	\$914.92	\$947.83
Individual + Spouse	\$1,845.12	\$1,958.86	\$1,829.84	\$1,895.66
Individual + Child(ren)	\$1,568.35	\$1,665.03	\$1,555.36	\$1,611.31
Family	\$2,629.30	\$2,791.38	\$2,607.52	\$2,701.32

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

Plan Benefits				
INN Deductible (Ind / Fam)	\$6,100/\$12,200	\$7,000/\$14,000	\$7,000/\$14,000	\$8,450/\$16,900
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	50%	50%	50%	50%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$8,000/\$16,000	\$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	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 \$300 Copay	Ded, then \$300 Copay	Ded, then \$300 Copay
Urgent Care	Ded, then \$100 Copay	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	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	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)	50%/50%/50%	50%/50%/50%	50%/50%/50%	50%/50%/50%

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



Plan Name	Anthem Bronze Connection EPO 20/50 8450 50%, Dep 29
Contract Code	9FVO

Premium	
Individual	\$861.21
Individual + Spouse	\$1,722.42
Individual + Child(ren)	\$1,464.06
Family	\$2,454.45

Plan Name	Anthem Bronze Connection EPO 20/50 8450 50% WH, Dep 29
Contract Code	9FVT

Enhanced Embedded Dental and Vision Premium	
Individual	\$885.44
Individual + Spouse	\$1,770.88
Individual + Child(ren)	\$1,505.25
Family	\$2,523.50

Plan Details	
Network	Connection
National Access via Bluecard Program	Full Access
Gatekeeper	No
Rx Network	Advantage with R90
Formulary	Select
Creditability Coverage Status	Fail
Embedded / Non-Embedded Medical Deductible	Embedded

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

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