



Q1 2024 New York Small Group Plans | Mid-Hudson Dep 29
Region 3: Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties

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

Premium				
Individual	\$1,592.73	\$1,461.26	\$1,579.42	\$1,449.00
Individual + Spouse	\$3,185.46	\$2,922.52	\$3,158.84	\$2,898.00
Individual + Child(ren)	\$2,707.64	\$2,484.14	\$2,685.01	\$2,463.30
Family	\$4,539.28	\$4,164.59	\$4,501.35	\$4,129.65

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

Enhanced Embedded Dental and Vision Premium				
Individual	\$1,618.81	\$1,485.39	\$1,605.38	\$1,473.13
Individual + Spouse	\$3,237.62	\$2,970.78	\$3,210.76	\$2,946.26
Individual + Child(ren)	\$2,751.98	\$2,525.16	\$2,729.15	\$2,504.32
Family	\$4,613.61	\$4,233.36	\$4,575.33	\$4,198.42

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



Q1 2024 New York Small Group Plans | Mid-Hudson Dep 29
Region 3: Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties

Plan Name	Anthem Platinum Blue Access EPO 15/35 300 10%, Dep 29	Anthem Gold EPO 25/50 0%, Dep 29	Anthem Gold Blue Access EPO 25/50 0%, Dep 29	Anthem Gold EPO 50/55 1000 10%, Dep 29
Contract Code	9Y30	9TPY	9TSS	9Y4E

Premium	Anthem Platinum Blue Access EPO 15/35 300 10%, Dep 29	Anthem Gold EPO 25/50 0%, Dep 29	Anthem Gold Blue Access EPO 25/50 0%, Dep 29	Anthem Gold EPO 50/55 1000 10%, Dep 29
Individual	\$1,424.09	\$1,434.26	\$1,315.84	\$1,368.40
Individual + Spouse	\$2,848.18	\$2,868.52	\$2,631.68	\$2,736.80
Individual + Child(ren)	\$2,420.95	\$2,438.24	\$2,236.93	\$2,326.28
Family	\$4,058.66	\$4,087.64	\$3,750.14	\$3,899.94

Plan Name	Anthem Platinum Blue Access EPO 15/35 300 10% WH, Dep 29	Anthem Gold EPO 25/50 0% WH, Dep 29	Anthem Gold Blue Access EPO 25/50 0% WH, Dep 29	Anthem Gold EPO 50/55 1000 10% WH, Dep 29
Contract Code	9Y4V	9TTE	9TTK	9Y5D

Enhanced Embedded Dental and Vision Premium	Anthem Platinum Blue Access EPO 15/35 300 10% WH, Dep 29	Anthem Gold EPO 25/50 0% WH, Dep 29	Anthem Gold Blue Access EPO 25/50 0% WH, Dep 29	Anthem Gold EPO 50/55 1000 10% WH, Dep 29
Individual	\$1,448.48	\$1,460.22	\$1,343.62	\$1,394.74
Individual + Spouse	\$2,896.96	\$2,920.44	\$2,687.24	\$2,789.48
Individual + Child(ren)	\$2,462.42	\$2,482.37	\$2,284.15	\$2,371.06
Family	\$4,128.17	\$4,161.63	\$3,829.32	\$3,975.01

Plan Details	Anthem Platinum Blue Access EPO 15/35 300 10% WH, Dep 29	Anthem Gold EPO 25/50 0% WH, Dep 29	Anthem Gold Blue Access EPO 25/50 0% WH, Dep 29	Anthem Gold EPO 50/55 1000 10% WH, Dep 29
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	Anthem Platinum Blue Access EPO 15/35 300 10% WH, Dep 29	Anthem Gold EPO 25/50 0% WH, Dep 29	Anthem Gold Blue Access EPO 25/50 0% WH, Dep 29	Anthem Gold EPO 50/55 1000 10% WH, Dep 29
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%, Dep 29	Anthem Gold EPO 25/40 1500 20%, Dep 29	Anthem Gold EPO 20/50 1600 10% w/HSA, Dep 29	Anthem Gold Blue Access EPO 20/50 1600 10% w/HSA, Dep 29
Contract Code	9TQN	9Y3Q	9TT1	A7GT

Premium				
Individual	\$1,275.28	\$1,349.75	\$1,314.53	\$1,206.02
Individual + Spouse	\$2,550.56	\$2,699.50	\$2,629.06	\$2,412.04
Individual + Child(ren)	\$2,167.98	\$2,294.58	\$2,234.70	\$2,050.23
Family	\$3,634.55	\$3,846.79	\$3,746.41	\$3,437.16

Plan Name	Anthem Gold Blue Access 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	Anthem Gold Blue Access EPO 20/50 1600 10% w/HSA WH, Dep 29
Contract Code	9TRW	9Y6Q	9TPF	A7GD

Enhanced Embedded Dental and Vision Premium				
Individual	\$1,299.67	\$1,376.22	\$1,340.88	\$1,230.41
Individual + Spouse	\$2,599.34	\$2,752.44	\$2,681.76	\$2,460.82
Individual + Child(ren)	\$2,209.44	\$2,339.57	\$2,279.50	\$2,091.70
Family	\$3,704.06	\$3,922.23	\$3,821.51	\$3,506.67

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	Ded, then \$500 Copay	Ded, then \$500 Copay	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	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	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%, Dep 29	Anthem Gold Blue Access EPO 15/35 1750 10%, Dep 29	Anthem Gold EPO 25/45 1850 20%, Dep 29	Anthem Gold Blue Access EPO 25/45 1850 20%, Dep 29
Contract Code	9TQ4	A7DY	9TRF	A7FK

Premium				
Individual	\$1,345.18	\$1,234.06	\$1,335.53	\$1,225.32
Individual + Spouse	\$2,690.36	\$2,468.12	\$2,671.06	\$2,450.64
Individual + Child(ren)	\$2,286.81	\$2,097.90	\$2,270.40	\$2,083.04
Family	\$3,833.76	\$3,517.07	\$3,806.26	\$3,492.16

Plan Name	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	Anthem Gold Blue Access EPO 25/45 1850 20% WH, Dep 29
Contract Code	9TR9	A7F9	9TQG	A7HM

Enhanced Embedded Dental and Vision Premium				
Individual	\$1,371.53	\$1,258.58	\$1,362.01	\$1,249.84
Individual + Spouse	\$2,743.06	\$2,517.16	\$2,724.02	\$2,499.68
Individual + Child(ren)	\$2,331.60	\$2,139.59	\$2,315.42	\$2,124.73
Family	\$3,908.86	\$3,586.95	\$3,881.73	\$3,562.04

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%, Dep 29	Anthem Silver Blue Access 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
Contract Code	9Y1M	A2W5	A2WK	A2SF

Premium				
Individual	\$1,027.47	\$1,168.07	\$1,202.76	\$1,103.51
Individual + Spouse	\$2,054.94	\$2,336.14	\$2,405.52	\$2,207.02
Individual + Child(ren)	\$1,746.70	\$1,985.72	\$2,044.69	\$1,875.97
Family	\$2,928.29	\$3,329.00	\$3,427.87	\$3,145.00

Plan Name	Not Offered	Anthem Silver Blue Access 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
Contract Code		A2YW	A2YP	A2P4

Enhanced Embedded Dental and Vision Premium				
Individual		\$1,192.20	\$1,229.37	\$1,128.16
Individual + Spouse		\$2,384.40	\$2,458.74	\$2,256.32
Individual + Child(ren)		\$2,026.74	\$2,089.93	\$1,917.87
Family		\$3,397.77	\$3,503.70	\$3,215.26

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, Dep 29	Anthem Silver Blue Access EPO 20/50 3250 25% w/HSA, Dep 29	Anthem Silver EPO 40/80 3250 50%, Dep 29	Anthem Silver Blue Access EPO 40/80 3250 50%, Dep 29
Contract Code	A2UA	A2Q2	A2X8	A2PL

Premium	A2UA	A2Q2	A2X8	A2PL
Individual	\$1,167.81	\$1,071.43	\$1,153.33	\$1,058.12
Individual + Spouse	\$2,335.62	\$2,142.86	\$2,306.66	\$2,116.24
Individual + Child(ren)	\$1,985.28	\$1,821.43	\$1,960.66	\$1,798.80
Family	\$3,328.26	\$3,053.58	\$3,286.99	\$3,015.64

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 40/80 3250 50% WH, Dep 29	Anthem Silver Blue Access EPO 40/80 3250 50% WH, Dep 29
Contract Code	A2UG	A2PT	A2UP	A2SO

Enhanced Embedded Dental and Vision Premium	A2UG	A2PT	A2UP	A2SO
Individual	\$1,194.41	\$1,096.08	\$1,179.94	\$1,082.77
Individual + Spouse	\$2,388.82	\$2,192.16	\$2,359.88	\$2,165.54
Individual + Child(ren)	\$2,030.50	\$1,863.34	\$2,005.90	\$1,840.71
Family	\$3,404.07	\$3,123.83	\$3,362.83	\$3,085.89

Plan Details	A2UG	A2PT	A2UP	A2SO
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	A2UG	A2PT	A2UP	A2SO
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 Dep 29
Region 3: Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties

Plan Name	Anthem Silver EPO 20/50 4000 30% w/HSA, Dep 29	Anthem Silver Blue Access EPO 20/50 4000 30% 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
Contract Code	A2VJ	A2QN	A2R2	9FVJ

Premium				
Individual	\$1,138.07	\$1,044.17	\$1,051.86	\$1,039.08
Individual + Spouse	\$2,276.14	\$2,088.34	\$2,103.72	\$2,078.16
Individual + Child(ren)	\$1,934.72	\$1,775.09	\$1,788.16	\$1,766.44
Family	\$3,243.50	\$2,975.88	\$2,997.80	\$2,961.38

Plan Name	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	Anthem Silver Blue Access EPO 30/75 4550 50% WH, Dep 29	Anthem Bronze EPO 20/50 6100 50% w/HSA WH, Dep 29
Contract Code	A2XW	A2R4	A2QB	9FWL

Enhanced Embedded Dental and Vision Premium				
Individual	\$1,164.68	\$1,068.82	\$1,076.64	\$1,065.95
Individual + Spouse	\$2,329.36	\$2,137.64	\$2,153.28	\$2,131.90
Individual + Child(ren)	\$1,979.96	\$1,816.99	\$1,830.29	\$1,812.12
Family	\$3,319.34	\$3,046.14	\$3,068.42	\$3,037.96

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 Dep 29
Region 3: Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties

Plan Name	Anthem Bronze Blue Access EPO 20/50 6100 50% w/HSA, Dep 29	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	9FS4	9FXD	B9XL

Premium			
Individual	\$953.39	\$945.57	\$914.14
Individual + Spouse	\$1,906.78	\$1,891.14	\$1,828.28
Individual + Child(ren)	\$1,620.76	\$1,607.47	\$1,554.04
Family	\$2,717.16	\$2,694.87	\$2,605.30

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

Enhanced Embedded Dental and Vision Premium			
Individual	\$978.30	\$970.35	\$939.05
Individual + Spouse	\$1,956.60	\$1,940.70	\$1,878.10
Individual + Child(ren)	\$1,663.11	\$1,649.60	\$1,596.39
Family	\$2,788.16	\$2,765.50	\$2,676.29

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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