



Q1 2024 New York Small Group Plans | Upstate  
Region 7: Clinton and Essex counties

| Plan Name  | Anthem Platinum EPO 5/25 0%    | Anthem Platinum Blue Access EPO 5/25 0%    | Anthem Platinum EPO 20/40 0%    | Anthem Platinum Blue Access EPO 20/40 0%    |
|--|--------------------------------|--|---------------------------------|---|
| <b>Contract Code</b>   | 9B6V                           | 9TUM                                       | 9B6L                            | 9TUN  |
| <b>Premium</b>   |                                |  |                                 |   |
| Individual   | \$2,131.45                     | \$1,955.51                                 | \$2,113.56                      | \$1,939.04                                  |
| Individual + Spouse  | \$4,262.90                     | \$3,911.02                                 | \$4,227.12                      | \$3,878.08                                  |
| Individual + Child(ren)  | \$3,623.47                     | \$3,324.37                                 | \$3,593.05                      | \$3,296.37                                  |
| Family   | \$6,074.63                     | \$5,573.20                                 | \$6,023.65                      | \$5,526.26                                  |
| Plan Name  | Anthem Platinum EPO 5/25 0% WH | Anthem Platinum Blue Access EPO 5/25 0% WH | Anthem Platinum EPO 20/40 0% WH | Anthem Platinum Blue Access EPO 20/40 0% WH |
| <b>Contract Code</b>   | 9Y7T                           | 9TUK                                       | 9B6X                            | 9B6C  |
| <b>Enhanced Embedded Dental and Vision Premium</b>               |                                |  |                                 |   |
| Individual   | \$2,166.89                     | \$1,988.29                                 | \$2,148.82                      | \$1,971.81                                  |
| Individual + Spouse  | \$4,333.78                     | \$3,976.58                                 | \$4,297.64                      | \$3,943.62                                  |
| Individual + Child(ren)  | \$3,683.71                     | \$3,380.09                                 | \$3,652.99                      | \$3,352.08                                  |
| Family   | \$6,175.64                     | \$5,666.63                                 | \$6,124.14                      | \$5,619.66                                  |
| <b>Plan Details</b>  |                                |  |                                 |   |
| 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                                    |
| <b>Plan Benefits</b>   |                                |  |                                 |   |
| 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  
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| Plan Name  | Anthem Platinum Blue Access EPO 15/35 300 10%    | Anthem Gold EPO 25/50 0%    | Anthem Gold Blue Access EPO 25/50 0%    | Anthem Gold EPO 50/55 1000 10%              |
|--|--|-----------------------------|---|---|
| <b>Contract Code</b>   | 9B6K   | 9B6M                        | A7N0                                    | 9B6N  |
| <b>Premium</b>   |  |                             |   |   |
| Individual   | \$1,905.73                                       | \$1,924.51                  | \$1,765.76                              | \$1,831.31                                  |
| Individual + Spouse  | \$3,811.46                                       | \$3,849.02                  | \$3,531.52                              | \$3,662.62                                  |
| Individual + Child(ren)  | \$3,239.74                                       | \$3,271.67                  | \$3,001.79                              | \$3,113.23                                  |
| Family   | \$5,431.33                                       | \$5,484.85                  | \$5,032.42                              | \$5,219.23                                  |
| Plan Name  | Anthem Platinum Blue Access EPO 15/35 300 10% WH | Anthem Gold EPO 25/50 0% WH | Anthem Gold Blue Access EPO 25/50 0% WH | Anthem Gold EPO 50/55 1000 10% WH           |
| <b>Contract Code</b>   | 9TUJ   | 9B6D                        | A7N2                                    | 9B6H  |
| <b>Enhanced Embedded Dental and Vision Premium</b>               |  |                             |   |   |
| Individual   | \$1,938.86                                       | \$1,959.94                  | \$1,793.57                              | \$1,867.10                                  |
| Individual + Spouse  | \$3,877.72                                       | \$3,919.88                  | \$3,587.14                              | \$3,734.20                                  |
| Individual + Child(ren)  | \$3,296.06                                       | \$3,331.90                  | \$3,049.07                              | \$3,174.07                                  |
| Family   | \$5,525.75                                       | \$5,585.83                  | \$5,111.67                              | \$5,321.24                                  |
| <b>Plan Details</b>  |  |                             |   |   |
| 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                                    |
| <b>Plan Benefits</b>   |  |                             |   |   |
| 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/\$40/\$90              | \$10/\$40/\$90                          | \$10/\$40/\$80                              |

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| Plan Name  | Anthem Gold Blue Access EPO 50/55 1000 0%    | Anthem Gold EPO 20/50 1600 10% w/HSA        | Anthem Gold Blue Access EPO 20/50 1600 10% w/HSA    | Anthem Gold EPO 15/35 1750 10%              |
|--|--|---|---|---|
| <b>Contract Code</b>   | A7MY   | A7MZ  | A7DQ  | 9B6Y  |
| <b>Premium</b>   |  |   |   |   |
| Individual   | \$1,706.58                                   | \$1,759.02                                  | \$1,613.91  | \$1,800.13                                  |
| Individual + Spouse  | \$3,413.16                                   | \$3,518.04                                  | \$3,227.82  | \$3,600.26                                  |
| Individual + Child(ren)  | \$2,901.19                                   | \$2,990.33                                  | \$2,743.65  | \$3,060.22                                  |
| Family   | \$4,863.75                                   | \$5,013.21                                  | \$4,599.64  | \$5,130.37                                  |
| Plan Name  | Anthem Gold Blue Access EPO 50/55 1000 0% WH | Anthem Gold EPO 20/50 1600 10% w/HSA WH     | Anthem Gold Blue Access EPO 20/50 1600 10% w/HSA WH | Anthem Gold EPO 15/35 1750 10% WH           |
| <b>Contract Code</b>   | 9B6T   | 9B6G  | A7DS  | A7MX  |
| <b>Enhanced Embedded Dental and Vision Premium</b>               |  |   |   |   |
| Individual   | \$1,739.71                                   | \$1,794.81                                  | \$1,647.05  | \$1,835.92                                  |
| Individual + Spouse  | \$3,479.42                                   | \$3,589.62                                  | \$3,294.10  | \$3,671.84                                  |
| Individual + Child(ren)  | \$2,957.51                                   | \$3,051.18                                  | \$2,799.99  | \$3,121.06                                  |
| Family   | \$4,958.17                                   | \$5,115.21                                  | \$4,694.09  | \$5,232.37                                  |
| <b>Plan Details</b>  |  |   |   |   |
| 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                                     | Non-Embedded                                | Non-Embedded  | Embedded                                    |
| <b>Plan Benefits</b>   |  |   |   |   |
| INN Deductible (Ind / Fam)                                       | \$1,000/\$2,000                              | \$1,600/\$3,200                             | \$1,600/\$3,200                                     | \$1,750/\$3,500                             |
| OON Deductible (Ind / Fam)                                       | -  | -   | -   | -   |
| INN Coinsurance  | 0%   | 10%   | 10%   | 10%   |
| OON Coinsurance  | -  | -   | -   | -   |
| INN Out of Pocket Max (Ind / Fam)                                | \$7,000/\$14,000                             | \$5,100/\$10,200                            | \$5,100/\$10,200                                    | \$8,700/\$17,400                            |
| OON Out of Pocket Max (Ind / Fam)                                | -  | -   | -   | -   |
| Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO | \$0  | Ded, then \$0                               | Ded, then \$0                                       | \$0   |
| Primary Care Visit   | \$50   | Ded, then \$20 Copay                        | Ded, then \$20 Copay                                | \$15  |
| Specialist Visit   | \$55   | Ded, then \$50 Copay                        | Ded, then \$50 Copay                                | \$35  |
| Emergency Room   | Ded, then \$500 Copay                        | Ded, then \$500 Copay                       | Ded, then \$500 Copay                               | Ded, then \$750 Copay                       |
| Urgent Care  | \$60   | Ded, then \$100 Copay                       | Ded, then \$100 Copay                               | \$60  |
| Inpatient Facility   | Ded, then \$500 Copay                        | Ded, then \$1,000 Copay                     | Ded, then \$1,000 Copay                             | Ded, then 10%                               |
| Ambulatory Surgical Center/Outpatient Facility Surgery           | Ded, then \$150 Copay/Ded, then \$300 Copay  | Ded, then \$300 Copay/Ded, then \$500 Copay | Ded, then \$300 Copay/Ded, then \$500 Copay         | Ded, then \$150 Copay/Ded, then \$300 Copay |
| Preferred Lab / Preferred Office Lab                             | \$0  | Ded, then \$0                               | Ded, then \$0                                       | \$0   |
| INN Lab (Office; Outpatient Hospital)                            | \$0/\$0                                      | Ded, then \$25 Copay/Ded, then \$25 Copay   | Ded, then \$25 Copay/Ded, then \$25 Copay           | \$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                     | Med Ded                                     | Med Ded   | Tiers 2 & 3, \$150/\$300                    |
| 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 15/35 1750 10%           | Anthem Gold EPO 25/45 1850 20%              | Anthem Gold Blue Access EPO 25/45 1850 20%           | Anthem Gold Healthy New York Blue Access GEPO 25/40 600 0% |
|--|--|---|--|--|
| <b>Contract Code</b>   | A7DW   | A7N1  | 9B6W   | 9TUL   |
| <b>Premium</b>   |  |   |  |  |
| Individual   | \$1,651.48   | \$1,787.20                                  | \$1,639.78   | \$1,374.90   |
| Individual + Spouse  | \$3,302.96   | \$3,574.40                                  | \$3,279.56   | \$2,749.80   |
| Individual + Child(ren)  | \$2,807.52   | \$3,038.24                                  | \$2,787.63   | \$2,337.33   |
| Family   | \$4,706.72   | \$5,093.52                                  | \$4,673.37   | \$3,918.47   |
| <b>Plan Name</b>   | <b>Anthem Gold Blue Access EPO 15/35 1750 10% WH</b> | <b>Anthem Gold EPO 25/45 1850 20% WH</b>    | <b>Anthem Gold Blue Access EPO 25/45 1850 20% WH</b> | <b>Not Offered</b>   |
| <b>Contract Code</b>   | A7DV   | 9B6A  | 9B6J   |  |
| <b>Enhanced Embedded Dental and Vision Premium</b>               |  |   |  |  |
| Individual   | \$1,684.79   | \$1,823.16                                  | \$1,673.09   |  |
| Individual + Spouse  | \$3,369.58   | \$3,646.32                                  | \$3,346.18   |  |
| Individual + Child(ren)  | \$2,864.14   | \$3,099.37                                  | \$2,844.25   |  |
| Family   | \$4,801.65   | \$5,196.01                                  | \$4,768.31   |  |
| <b>Plan Details</b>  |  |   |  |  |
| 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   |
| <b>Plan Benefits</b>   |  |   |  |  |
| INN Deductible (Ind / Fam)                                       | \$1,750/\$3,500                                      | \$1,850/\$3,700                             | \$1,850/\$3,700                                      | \$600/\$1,200  |
| OON Deductible (Ind / Fam)                                       | -  | -   | -  | -  |
| INN Coinsurance  | 10%  | 20%   | 20%  | 0%   |
| OON Coinsurance  | -  | -   | -  | -  |
| INN Out of Pocket Max (Ind / Fam)                                | \$8,700/\$17,400                                     | \$6,500/\$13,000                            | \$6,500/\$13,000                                     | \$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   | \$15   | \$25  | \$25   | Ded, then \$25 Copay                                       |
| Specialist Visit   | \$35   | \$45  | \$45   | Ded, then \$40 Copay                                       |
| Emergency Room   | Ded, then \$750 Copay                                | Ded, then \$750 Copay                       | Ded, then \$750 Copay                                | Ded, then \$150 Copay                                      |
| Urgent Care  | \$60   | \$60  | \$60   | Ded, then \$60 Copay                                       |
| Inpatient Facility   | Ded, then 10%  | Ded, then 20%                               | 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 \$500 Copay | Ded, then \$150 Copay/Ded, then \$500 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)                          | 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 \$25 Copay/Ded, then \$40 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 \$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/\$40/\$80                                       | \$10/\$50/\$90                              | \$10/\$50/\$90                                       | \$10/\$35/\$70   |

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|---------------|---|----------------------------------|--|--|
| Contract Code | A2TW                                    | A2TX                             | 9Y7U   | A2U2                                   |

| Premium                 | Anthem Silver Blue Access EPO 60/125 0% | Anthem Silver EPO 40/70 2600 30% | Anthem Silver Blue Access EPO 40/70 2600 30% | Anthem Silver EPO 20/50 3250 25% w/HSA |
|-------------------------|---|----------------------------------|--|--|
| Individual              | \$1,563.24                              | \$1,609.49                       | \$1,476.78                                   | \$1,562.71                             |
| Individual + Spouse     | \$3,126.48                              | \$3,218.98                       | \$2,953.56                                   | \$3,125.42                             |
| Individual + Child(ren) | \$2,657.51                              | \$2,736.13                       | \$2,510.53                                   | \$2,656.61                             |
| Family                  | \$4,455.23                              | \$4,587.05                       | \$4,208.82                                   | \$4,453.72                             |

| Plan Name     | Anthem Silver Blue Access EPO 60/125 0% WH | Anthem Silver EPO 40/70 2600 30% WH | Anthem Silver Blue Access EPO 40/70 2600 30% WH | Anthem Silver EPO 20/50 3250 25% w/HSA WH |
|---------------|--|-------------------------------------|---|---|
| Contract Code | 9B68                                       | A2TZ                                | 9B6S  | A2TY                                      |

| Enhanced Embedded Dental and Vision Premium | Anthem Silver Blue Access EPO 60/125 0% WH | Anthem Silver EPO 40/70 2600 30% WH | Anthem Silver Blue Access EPO 40/70 2600 30% WH | Anthem Silver EPO 20/50 3250 25% w/HSA WH |
|---|--|-------------------------------------|---|---|
| Individual                                  | \$1,595.84                                 | \$1,645.63                          | \$1,510.09                                      | \$1,598.85                                |
| Individual + Spouse                         | \$3,191.68                                 | \$3,291.26                          | \$3,020.18                                      | \$3,197.70                                |
| Individual + Child(ren)                     | \$2,712.93                                 | \$2,797.57                          | \$2,567.15                                      | \$2,718.05                                |
| Family                                      | \$4,548.14                                 | \$4,690.05                          | \$4,303.76                                      | \$4,556.72                                |

| Plan Details                               | Anthem Silver Blue Access EPO 60/125 0% WH | Anthem Silver EPO 40/70 2600 30% WH | Anthem Silver Blue Access EPO 40/70 2600 30% WH | Anthem Silver EPO 20/50 3250 25% w/HSA WH |
|--|--|-------------------------------------|---|---|
| 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 Silver Blue Access EPO 60/125 0% WH | Anthem Silver EPO 40/70 2600 30% WH         | Anthem Silver Blue Access EPO 40/70 2600 30% WH | Anthem Silver EPO 20/50 3250 25% w/HSA WH   |
|--|--|---|---|---|
| INN Deductible (Ind / Fam)                                       | \$0/\$0                                    | \$2,600/\$5,200                             | \$2,600/\$5,200                                 | \$3,250/\$6,500                             |
| OON Deductible (Ind / Fam)                                       | -  | -   | -   | -   |
| INN Coinsurance  | 0%   | 30%   | 30%   | 25%   |
| OON Coinsurance  | -  | -   | -   | -   |
| INN Out of Pocket Max (Ind / Fam)                                | \$9,450/\$18,900                           | \$9,450/\$18,900                            | \$9,450/\$18,900                                | \$8,000/\$16,000                            |
| 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   | \$60                                       | \$40  | \$40  | Ded, then \$20 Copay                        |
| Specialist Visit   | \$125                                      | \$70  | \$70  | Ded, then \$50 Copay                        |
| Emergency Room   | \$2,800                                    | Ded, then \$500 Copay                       | Ded, then \$500 Copay                           | Ded, then \$500 Copay                       |
| Urgent Care  | \$125                                      | \$75  | \$75  | Ded, then \$100 Copay                       |
| Inpatient Facility   | \$2,800                                    | Ded, then 30%                               | Ded, then 30%                                   | Ded, then \$1,500 Copay                     |
| 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 \$300 Copay/Ded, then \$500 Copay |
| Preferred Lab / Preferred Office Lab                             | \$0  | \$0   | \$0   | Ded, then \$0                               |
| INN Lab (Office; Outpatient Hospital)                            | \$60/\$20                                  | \$0/\$0                                     | \$0/\$0   | Ded, then \$25 Copay/Ded, then \$25 Copay   |
| 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                        | Med Ded                                     |
| Rx Copay (Tier 1 / 2 / 3)  | \$15/\$65/\$95                             | \$35/\$70/\$100                             | \$35/\$70/\$100                                 | \$10/\$50/\$90                              |

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Q1 2024 New York Small Group Plans | Upstate  
Region 7: Clinton and Essex counties

| Plan Name  | Anthem Silver Blue Access EPO 20/50 3250 25% w/HSA    | Anthem Silver EPO 40/80 3250 50%    | Anthem Silver Blue Access EPO 40/80 3250 50%    | Anthem Silver EPO 20/50 4000 30% w/HSA      |
|--|---|-------------------------------------|---|---|
| <b>Contract Code</b>   | 9Y7S  | 9B67                                | 9B6Z  | 9B6P  |
| <b>Premium</b>   |   |                                     |   |   |
| Individual   | \$1,433.72  | \$1,543.40                          | \$1,416.01                                      | \$1,522.85                                  |
| Individual + Spouse  | \$2,867.44  | \$3,086.80                          | \$2,832.02                                      | \$3,045.70                                  |
| Individual + Child(ren)  | \$2,437.32  | \$2,623.78                          | \$2,407.22                                      | \$2,588.85                                  |
| Family   | \$4,086.10  | \$4,398.69                          | \$4,035.63                                      | \$4,340.12                                  |
| Plan Name  | Anthem Silver Blue Access EPO 20/50 3250 25% w/HSA WH | Anthem Silver EPO 40/80 3250 50% WH | Anthem Silver Blue Access EPO 40/80 3250 50% WH | Anthem Silver EPO 20/50 4000 30% w/HSA WH   |
| <b>Contract Code</b>   | 9Y7P  | A2U1                                | 9Y7V  | A2U0  |
| <b>Enhanced Embedded Dental and Vision Premium</b>               |   |                                     |   |   |
| Individual   | \$1,467.21  | \$1,579.37                          | \$1,449.49                                      | \$1,558.99                                  |
| Individual + Spouse  | \$2,934.42  | \$3,158.74                          | \$2,898.98                                      | \$3,117.98                                  |
| Individual + Child(ren)  | \$2,494.26  | \$2,684.93                          | \$2,464.13                                      | \$2,650.28                                  |
| Family   | \$4,181.55  | \$4,501.20                          | \$4,131.05                                      | \$4,443.12                                  |
| <b>Plan Details</b>  |   |                                     |   |   |
| 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                                    |
| <b>Plan Benefits</b>   |   |                                     |   |   |
| INN Deductible (Ind / Fam)                                       | \$3,250/\$6,500                                       | \$3,250/\$6,500                     | \$3,250/\$6,500                                 | \$4,000/\$8,000                             |
| OON Deductible (Ind / Fam)                                       | -   | -                                   | -   | -   |
| INN Coinsurance  | 25%   | 50%                                 | 50%   | 30%   |
| OON Coinsurance  | -   | -                                   | -   | -   |
| INN Out of Pocket Max (Ind / Fam)                                | \$8,000/\$16,000                                      | \$9,450/\$18,900                    | \$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   | \$0                                 | \$0   | Ded, then \$0                               |
| Primary Care Visit   | Ded, then \$20 Copay                                  | \$40                                | \$40  | Ded, then \$20 Copay                        |
| Specialist Visit   | Ded, then \$50 Copay                                  | \$80                                | \$80  | Ded, then \$50 Copay                        |
| Emergency Room   | Ded, then \$500 Copay                                 | Ded, then 50%                       | Ded, then 50%                                   | Ded, then \$500 Copay                       |
| Urgent Care  | Ded, then \$100 Copay                                 | \$80                                | \$80  | Ded, then \$100 Copay                       |
| Inpatient Facility   | Ded, then \$1,500 Copay                               | Ded, then 50%                       | Ded, then 50%                                   | 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 50% | Ded, then \$300 Copay/Ded, then 50%             | Ded, then \$300 Copay/Ded, then \$500 Copay |
| Preferred Lab / Preferred Office Lab                             | Ded, then \$0   | \$0                                 | \$0   | Ded, then \$0                               |
| INN Lab (Office; Outpatient Hospital)                            | Ded, then \$25 Copay/Ded, then \$25 Copay             | \$20/\$25                           | \$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 \$75 Copay/Ded, then 50%  | 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 50% | Ded, then \$150 Copay/Ded, then 50%             | Ded, then \$150 Copay/Ded, then \$250 Copay |
| Rx Deductible  | Med Ded   | Tiers 2 & 3, \$200/\$400            | Tiers 2 & 3, \$200/\$400                        | Med Ded                                     |
| Rx Copay (Tier 1 / 2 / 3)  | \$10/\$50/\$90  | \$25/\$75/\$90                      | \$25/\$75/\$90                                  | \$10/\$50/\$90                              |

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| Plan Name     | Anthem Silver Blue Access EPO 20/50 4000 30% w/HSA | Anthem Silver Blue Access EPO 30/75 4550 50% | Anthem Bronze EPO 20/50 6100 50% w/HSA | Anthem Bronze Blue Access EPO 20/50 6100 50% w/HSA |
|---------------|--|--|--|--|
| Contract Code | 9Y7Q   | 9B6E   | 9B6Q                                   | 9FRR   |

| Premium                 |            |            |            |            |
|-------------------------|------------|------------|------------|------------|
| Individual              | \$1,397.23 | \$1,407.50 | \$1,390.49 | \$1,275.68 |
| Individual + Spouse     | \$2,794.46 | \$2,815.00 | \$2,780.98 | \$2,551.36 |
| Individual + Child(ren) | \$2,375.29 | \$2,392.75 | \$2,363.83 | \$2,168.66 |
| Family                  | \$3,982.11 | \$4,011.38 | \$3,962.90 | \$3,635.69 |

| Plan Name     | Anthem Silver Blue Access EPO 20/50 4000 30% w/HSA WH | Anthem Silver Blue Access EPO 30/75 4550 50% WH | Anthem Bronze EPO 20/50 6100 50% w/HSA WH | Anthem Bronze Blue Access EPO 20/50 6100 50% w/HSA WH |
|---------------|---|---|---|---|
| Contract Code | 9Y7R  | 9B69  | 9FSL                                      | 9FSN  |

| Enhanced Embedded Dental and Vision Premium |            |            |            |            |
|---|------------|------------|------------|------------|
| Individual                                  | \$1,430.71 | \$1,441.17 | \$1,426.99 | \$1,309.52 |
| Individual + Spouse                         | \$2,861.42 | \$2,882.34 | \$2,853.98 | \$2,619.04 |
| Individual + Child(ren)                     | \$2,432.21 | \$2,449.99 | \$2,425.88 | \$2,226.18 |
| Family                                      | \$4,077.52 | \$4,107.33 | \$4,066.92 | \$3,732.13 |

| 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)                                       | \$4,000/\$8,000                             | \$4,550/\$9,100                     | \$6,100/\$12,200                            | \$6,100/\$12,200                            |
| OON Deductible (Ind / Fam)                                       | -   | -                                   | -   | -   |
| INN Coinsurance  | 30%   | 50%                                 | 50%   | 50%   |
| OON Coinsurance  | -   | -                                   | -   | -   |
| INN Out of Pocket Max (Ind / Fam)                                | \$8,000/\$16,000                            | \$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 \$20 Copay                        | \$30                                | Ded, then \$20 Copay                        | Ded, then \$20 Copay                        |
| Specialist Visit   | Ded, then \$50 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 Blue Access EPO 20/50 7000 50% w/HSA    | Anthem Bronze Blue Access EPO 20/50 8450 50%    |
|--|---|---|
| <b>Contract Code</b>   | 9FSS  | 9B6U  |
| <b>Premium</b>   |   |   |
| Individual   | \$1,265.23  | \$1,223.06                                      |
| Individual + Spouse  | \$2,530.46  | \$2,446.12                                      |
| Individual + Child(ren)  | \$2,150.89  | \$2,079.20                                      |
| Family   | \$3,605.91  | \$3,485.72                                      |
| Plan Name  | Anthem Bronze Blue Access EPO 20/50 7000 50% w/HSA WH | Anthem Bronze Blue Access EPO 20/50 8450 50% WH |
| <b>Contract Code</b>   | 9FSR  | 9B6R  |
| <b>Enhanced Embedded Dental and Vision Premium</b>               |   |   |
| Individual   | \$1,298.89  | \$1,257.08                                      |
| Individual + Spouse  | \$2,597.78  | \$2,514.16                                      |
| Individual + Child(ren)  | \$2,208.11  | \$2,137.04                                      |
| Family   | \$3,701.84  | \$3,582.68                                      |
| <b>Plan Details</b>  |   |   |
| 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  |
| <b>Plan Benefits</b>   |   |   |
| 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%                                     |