



2025 3rd Quarter Anthem Albany Region	Anthem Platinum Blue Access EPO 5/25 0% 8AFD	Anthem Gold EPO 25/50 0% 8AF8	Anthem Gold Blue Access EPO 30/65 1500 20% 8P71	Anthem Silver Blue Access EPO 60/125 0% 8AF9	Anthem Silver Blue Access EPO 45/75 2600 30% 8AF6	Anthem Bronze EPO 20/50 6100 50% w/HSA 8AGS	Anthem Bronze Blue Access EPO 5250 50% w/HSA 8AFZ
Small Group (2 to 100) Plan comparison							
Benefits	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible							
Single	N/A	N/A	\$1,500	N/A	\$2,600	\$6,100	\$5,250
Family	N/A	N/A	\$3,000	N/A	\$5,200	\$12,200	\$10,500
Out of Pocket Maximum							
Single	\$3,900	\$8,700	\$7,250	\$9,200	\$9,200	\$8,000	\$8,000
Family	\$7,800	\$17,400	\$14,500	\$18,400	\$18,400	\$16,000	\$16,000
Coinsurance	N/A	100%	80%	100%	70%	50%	50%
Office Visits							
Primary Care Office Visit	\$5 copay	\$25 copay	Deductible then \$30 copay	\$60 copay	\$45 copay	Deductible then \$20 copay	Deductible then 50% coinsurance
Specialist Office Visit	\$25 copay	\$50 copay	Deductible then \$65 copay	\$125 copay	\$75 copay	Deductible then \$50 copay	Deductible then 50% coinsurance
Hospital Services							
In-patient Hospital	\$400 copay	\$500 copay	Deductible then 80% coinsurance	\$2,800 copay/day (1 day max.)	Deductible then 70% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
Outpatient Surgery Facility	\$300 copay	\$250 copay	Deductible then \$250 copay	\$1,000 copay per visit	Deductible then \$500	Deductible then 50% coinsurance	Deductible then 50% coinsurance
Outpatient Surgery - Surgeon's Service	\$50 copay	\$25 copay	Deductible then 20% copay	\$500 copay per visit	Deductible then \$300 copay	Deductible then 50% coinsurance	Deductible then 50% coinsurance
Emergency Room Care	\$300 copay	\$850 copay	Deductible then \$500 copay	\$2,800 copay	Deductible then \$1,000 copay	Deductible then \$100 copay	Deductible then 50% coinsurance
Urgent Care	\$50 copay	\$75 copay	Deductible then \$75 copay	\$200 copay	\$75 copay	Deductible then 50% coinsurance	Deductible then 50% coinsurance
Outpatient Lab & X-ray	100% coinsurance/\$150 copay	100% coinsurance / \$150 copay	100% coinsurance/\$150 copay after deductible	\$20 copay/\$150 copay	100% coinsurance/ \$150 copay after deductible	Deductible then 50% coinsurance	Deductible then 50% coinsurance
Advanced Imaging	\$250 copay	\$250 copay	Deductible then \$250 copay	\$300 copay	Deductible then \$250 copay	Deductible then 50% coinsurance	Deductible then 50% coinsurance
RX							
Deductible	\$100	\$200	\$200	\$100	\$300	Deductible then 50% coinsurance	Medical deductible applies
Tier 1	Deductible then \$10 copay	Deductible then \$10 copay	Deductible then \$10 copay	Deductible then \$15 copay	Deductible then \$35 copay	Deductible then 50% coinsurance	Deductible then \$10 copay
Tier 2	Deductible then \$35 copay	Deductible then \$65 copay	Deductible then \$50 copay	Deductible then \$65 copay	Deductible then \$70 copay	Deductible then 50% coinsurance	Deductible then 50% coinsurance
Tier 3	Deductible then \$70 copay	Deductible then \$95 copay	Deductible then \$90 copay	Deductible then \$95 copay	Deductible then \$100 copay	Deductible then 50% coinsurance	Deductible then 50% coinsurance
Rates							
Employee	\$1,196.11	\$1,174.31	\$1,007.92	\$958.47	\$903.29	\$830.68	\$762.56
Employee + Spouse	\$2,392.22	\$2,348.62	\$2,015.84	\$1,916.94	\$1,806.58	\$1,661.36	\$1,525.12
Employee + Child(ren)	\$2,033.39	\$1,996.33	\$1,713.46	\$1,629.40	\$1,535.59	\$1,412.16	\$1,296.35
Family	\$3,408.91	\$3,346.78	\$2,872.57	\$2,731.64	\$2,574.38	\$2,367.44	\$2,173.30