

Karen Landau @ HMS Agency, Inc.	2026 New Plan Option 1	2026 New Plan Option 2	2026 New Plan Option 3	2026 New Plan Option 4	2026 New Plan Option 5	2026 New Plan Option 6
Carrier	Highmark of NENY	Highmark of NENY	Highmark of NENY	Highmark of NENY	Anthem BlueCross	Anthem BlueCross
Product Type	POS w/PPO WRAP	POS	POS w/PPO WRAP	POS	EPO	EPO
Metal Tier	Gold	Gold	Silver	Bronze	Gold	Silver
Plan Name	Gold High EX	Gold Radius High *Guest Membership	Silver 6300 EX	Bronze Value POS	Gold Blue Access EPO 30/60/0% (938A)	Silver Blue Access Virtual Access Plus EPO 60/125 0% (93C2)
Networks	BlueCard	Local	BlueCard	Local	Blue Access	Blue Access
Aggregate / Embedded	Embedded	Embedded	Ded: AGG OOP: EMB	Embedded	Embedded	Embedded
HSA Qualified	No	No	Yes	Yes	No	No
Deductible (Single / Family)	None	None	\$2,500 / \$5,000 (AGG)	\$7,500 / \$15,000 (EMB)	\$0 / \$0	\$0 / \$0
Coinsurance	None	None	0%	0%	0%	0%
Out of Pocket Max (Single / Family)	\$9,100/\$18,200 (EMB)	\$9,100 / \$18,200 (EMB)	\$7,500 / \$15,000 (EMB)	\$7,500 / \$15,000 (EMB)	\$9,150 / \$18,300 (EMB)	\$10,150 / \$20,300 (EMB)
Office Visit	\$30 Copay	\$30 Copay	Ded then \$40	Ded then Covered in Full	\$30 Copay	Virtual: Covered in Full Office: \$60 Copay
Specialist Visit	\$50 Copay	\$50 Copay	Ded then \$60	Ded then Covered in Full	\$60 Copay	\$125 Copay
Labs (Outpatient)	\$50 Copay	\$50 Copay	Ded then \$60	Ded then Covered in Full	Covered in Full	Office: \$125 Copay OP Hosp: \$20 Copay
X-Rays (Outpatient)	\$50 Copay	\$50 Copay	Ded then \$60	Ded then Covered in Full	Office: \$100 Copay OP Hosp: \$150 Copay	Office: \$200 Copay OP Hosp: \$200 Copay
Chemotherapy OP Facility	\$30 / \$50 Phys. Administered meds: Cost included in Copay	\$30 / \$50 Phys. Administered meds: Cost included in Copay	Ded then \$40 / \$60 Phys. Administered meds: Cost included in Ded / Copay	Ded then Covered in Full Phys. Administered meds: Cost included in Ded / Copay	\$60 Copay Meds dispensed in office: \$500 Copay per visit	\$60 Copay Meds dispensed in office: \$400 Copay
Radiation	\$30 / \$50 Phys. Administered meds: Cost included in Copay	\$30 / \$50 Phys. Administered meds: Cost included in Copay	Ded then \$40 / \$60 Phys. Administered meds: Cost included in Ded / Copay	Ded then Covered in Full Phys. Administered meds: Cost included in Ded / Copay	\$60 Copay Meds dispensed in office: \$500 Copay per visit	\$60 Copay Meds dispensed in office: \$400 Copay
Inpatient Surgery / Hospital	\$1,000	\$1,000	Ded then \$1,000	Ded then Covered in Full	Physician: Covered in Full Facility: \$600 Copay	Physician: Covered in Full Facility: \$2,800 Copay
Outpatient Surgery / Facility	\$250	\$250	Ded then \$350	Ded then Covered in Full	Physician: Covered in Full Facility: \$300 Copay	Physician: Covered in Full Facility: \$500 Copay
Emergency Room Visit	\$300	\$300	Ded then \$250	Ded then Covered in Full	\$850 Copay	\$2,800 Copay
Urgent Care	\$75	\$75	Ded then \$75	Ded Then Covered in Full	\$90 Copay	\$200 Copay
Chiropractic	\$30	\$30	Ded then \$40	Ded then Covered in Full	\$60 Copay	\$60 Copay
TeleMedicine	Covered in Full	Covered in Full	Ded Then Covered in Full	Covered in Full	Virtual Visit through Sydney: Covered in Full / Specialist: \$60 Copay	Virtual Visit through Sydney: Covered in Full Specialist: \$125 Copay
Pediatric Dental	Embedded see below	Embedded see below	Embedded see below	Embedded see below	Embedded	Embedded
Pediatric Vision	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Adult Vision	Blue365 Vision Discount Program MUST be a Davis Vision Par Provider	Blue365 Vision Discount Program MUST be a Davis Vision Par Provider	Blue365 Vision Discount Program MUST be a Davis Vision Par Provider	Blue365 Vision Discount Program MUST be a Davis Vision Par Provider	\$20 Copay (Exam Only)	\$20 Copay (Exam Only)
Prescription Copay	\$10 / \$55 / 50% Preventive Enhanced Drug List	\$10 / \$55 / 50% Preventive Enhanced Drug List	Ded then \$10 / \$40 / 50% Preventive Enhanced Drug List	Ded then Covered in Full	Tier 2/3 Ded \$200 / \$400 \$10 / \$65 / \$100	Tier 2/3 Ded: \$200/\$400 \$15 / \$75 / \$100
Out-of-Network Benefit	No out of network, but the National Network applies as IN network when using participating providers out of the area.	\$5000/\$10,000 Deductible, then 50% up to \$10,000 / \$20,000 annual out of pocket maximum.	No out of network, but the National Network applies as IN network when using participating providers out of the area.	\$5000/\$10,000 Deductible, then 50% up to \$10,000 / \$20,000 annual out of pocket maximum.	No out of network, but the National Network applies as IN network when using participating providers out of the area.	No out of network, but the National Network applies as IN network when using participating providers out of the area.
Medical Monthly Rates	<u>2026 Rates</u>	<u>2026 Rates</u>	<u>2026 Rates</u>	<u>2026 Rates</u>	<u>2026 Rates</u>	<u>2026 Rates</u>
Employee	\$1,213.96	\$1,195.70	\$1,002.75	\$884.94	\$1,200.06	\$1,065.43
Employee + Spouse	\$2,427.90	\$2,391.39	\$2,005.49	\$1,769.88	\$2,400.12	\$2,130.86
Employee + Child(ren)	\$2,063.72	\$2,032.68	\$1,704.67	\$1,504.40	\$2,040.10	\$1,811.23
Family	\$3,459.76	\$3,407.73	\$2,857.82	\$2,522.08	\$3,420.17	\$3,036.48
Pediatric Dental Rates	Rates embedded in the monthly premium. Subject to any deductible that may apply.	Rates embedded in the monthly premium. Subject to any deductible that may apply.	Rates embedded in the monthly premium. Subject to any deductible that may apply.	Rates embedded in the monthly premium. Subject to any deductible that may apply.	#N/A	#N/A

**This analysis is intended to provide a high level overview of coverage. In the event of any conflict between this analysis and the member's Certificate and any applicable Rider(s) issued by the carrier, the Certificate and Rider(s) will be the controlling documents.