



**CHOICES
THAT
MATTER**

Medical Plan Offerings— Anthem 2025*

*Carrier availability is based on client headquartered location, as well as client selection.

Information shown in this document does not include all plan details or changes. Refer to the Carrier Certificate on TriNet (login.TriNet.com).

CHOICES THAT MATTER

INDEX

To use the index, hover your cursor over the section title and click. To get back to the index, click Alt+ Left Arrow.

[New Plan](#)

[Current Plans](#)

[Eliminated Plans](#)

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Anthem Plan Details: [New Plans](#)

Anthem BA EPO 1000

NEW for 2025

The [new](#) Anthem plan for the 2025 benefits plan year is listed on the following page.

Benefits	BA EPO 1000
Network Name	NY: Blue Access (Employer-Sponsored) Non-NY: National PPO Blue Card PPO
Single Deductible	\$1,000
Family Deductible	\$2,500
Single Deductible Out-of-Network	Not Covered
Family Deductible Out-of-Network	Not Covered
Single Out-of-Pocket Max	\$4,000
Family Out-of-Pocket Max	\$10,000
Single Out-of-Pocket Max Out-of-Network	Not Covered
Family Out-of-Pocket Max Out-of-Network	Not Covered
Co-Insurance	20%
Co-Insurance Out-of-Network	Not Covered
Doctor Visits	\$20
Specialist Visits	\$40
Lab & X-Ray	\$20
Emergency Room Visits	\$200
Urgent Care Visits	\$75
Outpatient Facility	20% after ded
Outpatient Surgery	\$40
Hospital Inpatient	20% after ded
Rx Deductible (Non-Generic)	\$100/\$200
Generic Rx (Tier 1)	\$10
Brand Rx (Tier 2)	\$35
Non-Formulary Rx (Tier 3)	\$70

CHOICES THAT MATTER

Anthem Plan Details: Current Plans

Anthem BA EPO 2500	Current Plan for 2025
Anthem BA EPO 5000	Current Plan for 2025
Anthem BA EPO/HDHP 3500	Current Plan for 2025
Anthem BA PPO 0-35	Current Plan for 2025
Anthem EPO 20	Current Plan for 2025
Anthem EPO 45	Current Plan for 2025
Anthem EPO 1000	Current Plan for 2025
Anthem EPO 4000	Current Plan for 2025
Anthem EPO/HDHP 6400	Current Plan for 2025
Anthem HDHP 3500	Current Plan for 2025
Anthem HDHP 6400	Current Plan for 2025
Anthem PPO 0-10	Current Plan for 2025
Anthem PPO 500	Current Plan for 2025
Anthem PPO 1000	Current Plan for 2025
Anthem PPO 2000	Current Plan for 2025

The current Anthem plans for the 2025 benefits plan year are listed on the following pages.



Benefits	BA EPO 2500	BA EPO 5000	BA EPO/HDHP 3500	BA PPO 0-35
Network Name	NY: Blue Access (Employer-Sponsored) Non-NY: National PPO Blue Card PPO	NY: Blue Access (Employer-Sponsored) Non-NY: National PPO Blue Card PPO	NY: Blue Access (Employer-Sponsored) Non-NY: National PPO Blue Card PPO	NY: Blue Access (Employer-Sponsored) Non-NY: National PPO Blue Card PPO
Single Deductible	\$2,500	\$5,000	\$3,500	\$0
Family Deductible	\$6,250	\$12,500	\$7,000	\$0
Single Deductible Out-of-Network	Not Covered	Not Covered	Not Covered	\$3,000
Family Deductible Out-of-Network	Not Covered	Not Covered	Not Covered	\$7,500
Single Out-of-Pocket Max	\$6,000	\$6,000	\$7,000	\$6,350
Family Out-of-Pocket Max	\$15,000	\$15,000	\$14,000	\$15,875
Single Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	Not Covered	\$10,500
Family Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	Not Covered	\$26,250
Co-Insurance	20%	30%	10%	0%
Co-Insurance Out-of-Network	Not Covered	Not Covered	Not Covered	30%
Doctor Visits	\$35	\$50	10% after ded	\$35
Specialist Visits	\$50	\$75	10% after ded	\$50
Lab & X-Ray	\$50/visit	\$75	10% after ded	\$0
Emergency Room Visits	\$300	\$400	10% after ded	\$400
Urgent Care Visits	\$75	\$75	10% after ded	\$75
Outpatient Facility	20% after ded	30% after ded	10% after ded	\$100
Outpatient Surgery	\$50	\$75	10% after ded	\$50
Hospital Inpatient	20% after ded	30% after ded	10% after ded	\$750
Rx Deductible (Non-Generic)	\$100/\$200	\$100/\$200	Integrated w/Med	N/A
Generic Rx (Tier 1)	\$10	\$10	\$10 after ded	\$10
Brand Rx (Tier 2)	\$35	\$35	\$35 after ded	\$50
Non-Formulary Rx (Tier 3)	\$70	\$70	\$70 after ded	\$80



Benefits	EPO 20	EPO 45	EPO 1000	EPO 4000
Network Name	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO
Single Deductible	\$0	\$0	\$1,000	\$4,000
Family Deductible	\$0	\$0	\$2,500	\$8,000
Single Deductible Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Family Deductible Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Single Out-of-Pocket Max	\$3,500	\$4,500	\$4,000	\$6,400
Family Out-of-Pocket Max	\$8,750	\$11,250	\$10,000	\$12,800
Single Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Family Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Co-Insurance	0%	0%	20%	20%
Co-Insurance Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Doctor Visits	\$20	\$45	\$20	\$40
Specialist Visits	\$40	\$65	\$40	\$75
Lab & X-Ray	\$0	\$0	\$20	\$75/visit
Emergency Room Visits	\$200	\$300	\$200	\$200
Urgent Care Visits	\$75	\$100	\$75	\$75
Outpatient Facility	\$100	\$250	20% after ded	20% after ded
Outpatient Surgery	\$40	\$65	\$40	20% after ded
Hospital Inpatient	\$750	\$500/day; days 1-5	20% after ded	20% after ded
Rx Deductible (Non-Generic)	\$100/\$200	\$100/\$200	\$100/\$200	\$100/\$200
Generic Rx (Tier 1)	\$10	\$10	\$10	\$10
Brand Rx (Tier 2)	\$35	\$35	\$35	\$35
Non-Formulary Rx (Tier 3)	\$70	\$70	\$70	\$70



Benefits	EPO/HDHP 6400	HDHP 3500	HDHP 6400	PPO 0-10
Network Name	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO
Single Deductible	\$6,400	\$3,500	\$6,400	\$0
Family Deductible	\$12,800	\$7,000	\$12,800	\$0
Single Deductible Out-of-Network	Not Covered	\$7,000	\$12,800	\$2,500
Family Deductible Out-of-Network	Not Covered	\$14,000	\$25,600	\$6,250
Single Out-of-Pocket Max	\$6,400	\$7,000	\$6,750	\$2,500
Family Out-of-Pocket Max	\$12,800	\$14,000	\$13,500	\$6,250
Single Out-of-Pocket Max Out-of-Network	Not Covered	\$13,000	\$13,500	\$5,000
Family Out-of-Pocket Max Out-of-Network	Not Covered	\$26,000	\$27,000	\$12,500
Co-Insurance	0%	10%	20%	0%
Co-Insurance Out-of-Network	Not Covered	30%	40%	30%
Doctor Visits	0% after ded	10% after ded	20% after ded	\$10
Specialist Visits	0% after ded	10% after ded	20% after ded	\$20
Lab & X-Ray	0% after ded	10% after ded	20% after ded	\$0
Emergency Room Visits	0% after ded	10% after ded	20% after ded	\$150
Urgent Care Visits	0% after ded	10% after ded	20% after ded	\$75
Outpatient Facility	0% after ded	10% after ded	20% after ded	\$100
Outpatient Surgery	0% after ded	10% after ded	20% after ded	\$20
Hospital Inpatient	0% after ded	10% after ded	20% after ded	\$250/day; days 1-3
Rx Deductible (Non-Generic)	Integrated w/Med	Integrated w/Med	Integrated w/Med	N/A
Generic Rx (Tier 1)	0% after ded	\$10 after ded	\$10 after ded	\$10
Brand Rx (Tier 2)	0% after ded	\$35 after ded	\$35 after ded	\$35
Non-Formulary Rx (Tier 3)	0% after ded	\$55 after ded	\$70 after ded	\$70



Benefits	PPO 500	PPO 1000	PPO 2000
	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO
Network Name			
Single Deductible	\$500	\$1,000	\$2,000
Family Deductible	\$1,250	\$2,000	\$4,000
Single Deductible Out-of-Network	\$1,000	\$2,000	\$4,000
Family Deductible Out-of-Network	\$2,500	\$4,000	\$8,000
Single Out-of-Pocket Max	\$5,000	\$6,000	\$6,000
Family Out-of-Pocket Max	\$12,500	\$12,000	\$12,000
Single Out-of-Pocket Max Out-of-Network	\$10,000	\$12,000	\$12,000
Family Out-of-Pocket Max Out-of-Network	\$25,000	\$24,000	\$24,000
Co-Insurance	10%	20%	20%
Co-Insurance Out-of-Network	30%	30%	40%
Doctor Visits	\$20	\$20	\$30
Specialist Visits	\$40	\$40	\$60
Lab & X-Ray	\$40/visit	\$40/visit	\$60/visit
Emergency Room Visits	\$200	\$200	\$200
Urgent Care Visits	\$75	\$75	\$75
Outpatient Facility	10% after ded	20% after ded	20% after ded
Outpatient Surgery	\$40	\$40	\$60
Hospital Inpatient	10% after ded	20% after ded	20% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A
Generic Rx (Tier 1)	\$10	\$10	\$10
Brand Rx (Tier 2)	\$35	\$35	\$35
Non-Formulary Rx (Tier 3)	\$70	\$70	\$70

CHOICES THAT MATTER

Anthem: Eliminated Plans

For 2025, the following plans will no longer be offered:

Anthem BA PPO 3000	ELIMINATED for 2025
Anthem PPO 0-30	ELIMINATED for 2025