



**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](https://login.TriNet.com)).

# CHOICES THAT MATTER

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# CHOICES THAT MATTER

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
<b>Network Name</b>	NY: Blue Access (Employer-Sponsored) Non-NY: National PPO Blue Card PPO
<b>Single Deductible</b>	\$1,000
<b>Family Deductible</b>	\$2,500
<b>Single Deductible Out-of-Network</b>	Not Covered
<b>Family Deductible Out-of-Network</b>	Not Covered
<b>Single Out-of-Pocket Max</b>	\$4,000
<b>Family Out-of-Pocket Max</b>	\$10,000
<b>Single Out-of-Pocket Max Out-of-Network</b>	Not Covered
<b>Family Out-of-Pocket Max Out-of-Network</b>	Not Covered
<b>Co-Insurance</b>	20%
<b>Co-Insurance Out-of-Network</b>	Not Covered
<b>Doctor Visits</b>	\$20
<b>Specialist Visits</b>	\$40
<b>Lab &amp; X-Ray</b>	\$20
<b>Emergency Room Visits</b>	\$200
<b>Urgent Care Visits</b>	\$75
<b>Outpatient Facility</b>	20% after ded
<b>Outpatient Surgery</b>	\$40
<b>Hospital Inpatient</b>	20% after ded
<b>Rx Deductible (Non-Generic)</b>	\$100/\$200
<b>Generic Rx (Tier 1)</b>	\$10
<b>Brand Rx (Tier 2)</b>	\$35
<b>Non-Formulary Rx (Tier 3)</b>	\$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
<b>Network Name</b>	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
<b>Single Deductible</b>	\$2,500	\$5,000	\$3,500	\$0
<b>Family Deductible</b>	\$6,250	\$12,500	\$7,000	\$0
<b>Single Deductible Out-of-Network</b>	Not Covered	Not Covered	Not Covered	\$3,000
<b>Family Deductible Out-of-Network</b>	Not Covered	Not Covered	Not Covered	\$7,500
<b>Single Out-of-Pocket Max</b>	\$6,000	\$6,000	\$7,000	\$6,350
<b>Family Out-of-Pocket Max</b>	\$15,000	\$15,000	\$14,000	\$15,875
<b>Single Out-of-Pocket Max Out-of-Network</b>	Not Covered	Not Covered	Not Covered	\$10,500
<b>Family Out-of-Pocket Max Out-of-Network</b>	Not Covered	Not Covered	Not Covered	\$26,250
<b>Co-Insurance</b>	20%	30%	10%	0%
<b>Co-Insurance Out-of-Network</b>	Not Covered	Not Covered	Not Covered	30%
<b>Doctor Visits</b>	\$35	\$50	10% after ded	\$35
<b>Specialist Visits</b>	\$50	\$75	10% after ded	\$50
<b>Lab &amp; X-Ray</b>	\$50/visit	\$75	10% after ded	\$0
<b>Emergency Room Visits</b>	\$300	\$400	10% after ded	\$400
<b>Urgent Care Visits</b>	\$75	\$75	10% after ded	\$75
<b>Outpatient Facility</b>	20% after ded	30% after ded	10% after ded	\$100
<b>Outpatient Surgery</b>	\$50	\$75	10% after ded	\$50
<b>Hospital Inpatient</b>	20% after ded	30% after ded	10% after ded	\$750
<b>Rx Deductible (Non-Generic)</b>	\$100/\$200	\$100/\$200	Integrated w/Med	N/A
<b>Generic Rx (Tier 1)</b>	\$10	\$10	\$10 after ded	\$10
<b>Brand Rx (Tier 2)</b>	\$35	\$35	\$35 after ded	\$50
<b>Non-Formulary Rx (Tier 3)</b>	\$70	\$70	\$70 after ded	\$80



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

Benefits	EPO/HDHP 6400	HDHP 3500	HDHP 6400	PPO 0-10
<b>Network Name</b>	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
<b>Single Deductible</b>	\$6,400	\$3,500	\$6,400	\$0
<b>Family Deductible</b>	\$12,800	\$7,000	\$12,800	\$0
<b>Single Deductible Out-of-Network</b>	Not Covered	\$7,000	\$12,800	\$2,500
<b>Family Deductible Out-of-Network</b>	Not Covered	\$14,000	\$25,600	\$6,250
<b>Single Out-of-Pocket Max</b>	\$6,400	\$7,000	\$6,750	\$2,500
<b>Family Out-of-Pocket Max</b>	\$12,800	\$14,000	\$13,500	\$6,250
<b>Single Out-of-Pocket Max Out-of-Network</b>	Not Covered	\$13,000	\$13,500	\$5,000
<b>Family Out-of-Pocket Max Out-of-Network</b>	Not Covered	\$26,000	\$27,000	\$12,500
<b>Co-Insurance</b>	0%	10%	20%	0%
<b>Co-Insurance Out-of-Network</b>	Not Covered	30%	40%	30%
<b>Doctor Visits</b>	0% after ded	10% after ded	20% after ded	\$10
<b>Specialist Visits</b>	0% after ded	10% after ded	20% after ded	\$20
<b>Lab &amp; X-Ray</b>	0% after ded	10% after ded	20% after ded	\$0
<b>Emergency Room Visits</b>	0% after ded	10% after ded	20% after ded	\$150
<b>Urgent Care Visits</b>	0% after ded	10% after ded	20% after ded	\$75
<b>Outpatient Facility</b>	0% after ded	10% after ded	20% after ded	\$100
<b>Outpatient Surgery</b>	0% after ded	10% after ded	20% after ded	\$20
<b>Hospital Inpatient</b>	0% after ded	10% after ded	20% after ded	\$250/day; days 1-3
<b>Rx Deductible (Non-Generic)</b>	Integrated w/Med	Integrated w/Med	Integrated w/Med	N/A
<b>Generic Rx (Tier 1)</b>	0% after ded	\$10 after ded	\$10 after ded	\$10
<b>Brand Rx (Tier 2)</b>	0% after ded	\$35 after ded	\$35 after ded	\$35
<b>Non-Formulary Rx (Tier 3)</b>	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
<b>Network Name</b>			
<b>Single Deductible</b>	\$500	\$1,000	\$2,000
<b>Family Deductible</b>	\$1,250	\$2,000	\$4,000
<b>Single Deductible Out-of-Network</b>	\$1,000	\$2,000	\$4,000
<b>Family Deductible Out-of-Network</b>	\$2,500	\$4,000	\$8,000
<b>Single Out-of-Pocket Max</b>	\$5,000	\$6,000	\$6,000
<b>Family Out-of-Pocket Max</b>	\$12,500	\$12,000	\$12,000
<b>Single Out-of-Pocket Max Out-of-Network</b>	\$10,000	\$12,000	\$12,000
<b>Family Out-of-Pocket Max Out-of-Network</b>	\$25,000	\$24,000	\$24,000
<b>Co-Insurance</b>	10%	20%	20%
<b>Co-Insurance Out-of-Network</b>	30%	30%	40%
<b>Doctor Visits</b>	\$20	\$20	\$30
<b>Specialist Visits</b>	\$40	\$40	\$60
<b>Lab &amp; X-Ray</b>	\$40/visit	\$40/visit	\$60/visit
<b>Emergency Room Visits</b>	\$200	\$200	\$200
<b>Urgent Care Visits</b>	\$75	\$75	\$75
<b>Outpatient Facility</b>	10% after ded	20% after ded	20% after ded
<b>Outpatient Surgery</b>	\$40	\$40	\$60
<b>Hospital Inpatient</b>	10% after ded	20% after ded	20% after ded
<b>Rx Deductible (Non-Generic)</b>	N/A	N/A	N/A
<b>Generic Rx (Tier 1)</b>	\$10	\$10	\$10
<b>Brand Rx (Tier 2)</b>	\$35	\$35	\$35
<b>Non-Formulary Rx (Tier 3)</b>	\$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