



Service Station Dealers &
Automotive Services of Greater NY

January 2025 Anthem National Network Plan Medical Election Form

Full Name _____ Station Name _____ Effective Date _____

Home Address _____ City _____ State _____ Zip _____

Email Address _____ Home Phone Number _____ Fax Number _____

| Plan Features | ASO Plan | | Liberty Plan | Silver 2500 Plan | | Base Plan |
|--|-------------------------------------|-------------------|-------------------------------------|-------------------------------------|-----------------------------|-------------------------------------|
| | In-Network | Out-of-Network | In-Network | In-Network | Out-of-Network | In-Network Only |
| Deductible / Maximum Period | 1/1 – 12/31 | | 1/1 – 12/31 | 1/1 – 12/31 | | 1/1 – 12/31 |
| Network | Anthem National PPO | | Anthem National PPO | Anthem National PPO | | Anthem National PPO |
| PCP Selection & Referrals | Not Required | | Not Required | Not Required | | Not Required |
| Part D Creditable | Creditable | | Creditable | Creditable | | Creditable |
| Plan Year Deductibles (Indiv / Family) | \$0 | \$1,500 / \$3,750 | \$0 | \$2,500 / \$7,500 | \$5,000 / \$15,000 | \$3,000/\$6,000 |
| Deductible Type | Aggregate | | Aggregate | Embedded | | Aggregate |
| Plan Year Out-of-Pocket Max (Indiv / Family) | N/A | | \$5,350 / \$10,700 | \$9,100 / \$18,200 | \$13,500 / \$36,000 | \$5,350 / \$10,700 |
| Maximum Type | Aggregate | | Aggregate | Embedded | | Aggregate |
| Primary Care Visit | \$25 Copay | 30% after Ded | \$30 Copay | \$30 Copay | 50% after Ded | 50% after Ded |
| Specialist Visit | \$25 Copay | 30% after Ded | \$50 Copay | \$30 Copay | 50% after Ded | 50% after Ded |
| Diagnostic Lab in PCP Office | \$10 Copay | 30% after Ded | \$20 Copay | \$30 Copay | 50% after Ded | 50% after Ded |
| Diagnostic Lab in Specialist Office | \$100 Copay | 30% after Ded | \$75 Copay | \$30 Copay | 50% after Ded | 50% after Ded |
| X-Ray in PCP Office | \$50 Copay | 30% after Ded | \$75 Copay | 20% after Ded | 50% after Ded | 50% after Ded |
| X-Ray in Specialist | \$100 Copay | 30% after Ded | \$75 Copay | 20% after Ded | 50% after Ded | 50% after Ded |
| Hospital Outpatient Surgery | \$100 Copay | 30% after Ded | \$150 Copay | 20% after Ded | 50% after Ded | 50% after Ded |
| Hospital/Maternity Inpatient Services, | \$250 Copay | 30% after Ded | \$500 Copay | 20% after Ded | \$300 Copay & 50% after Ded | 50% after Ded |
| Mental Health Office Visit | \$25 Copay | 30% after Ded | \$50 Copay | \$30 Copay | 50% after Ded | Not Covered |
| Ambulance Services | No Charge | Not Covered | No Charge | 20% after Ded | 50% after Ded | 50% after Ded |
| Emergency Room | \$100 Copay | 30% after Ded | \$150 Copay | \$200 Copay | 50% after Ded | 50% after Ded |
| Urgent Care | \$25 Copay | 30% after Ded | \$30 Copay | 20% after Ded | 50% after Ded | 50% after Ded |
| Prescription Drug Coverage | | | | | | |
| Rx Plan Year Deductible | \$0 | N/A | \$100 / \$300 | \$0 | N/A | \$0 |
| Retail (max 30 days) | \$15/\$35/\$45 | N/A | \$15/\$35/\$75 | \$10/\$50/\$100 | N/A | \$10/\$35/\$70 |
| Mail Order | \$20/\$70/\$90 (max 60 days) | N/A | \$30/\$70/\$150 (max 60 days) | \$20/\$100/\$200 (31-90 days) | N/A | \$25/\$87.50/\$175 (max 60 days) |
| MONTHLY PREMIUM AND PLAN SELECTION | | | | | | |
| Single | <input type="checkbox"/> \$1,322.00 | | <input type="checkbox"/> \$1,170.00 | <input type="checkbox"/> \$1,052.00 | | <input type="checkbox"/> \$827.00 |
| EE/Spouse | <input type="checkbox"/> \$2,504.00 | | <input type="checkbox"/> \$2,295.00 | <input type="checkbox"/> \$1,887.00 | | <input type="checkbox"/> \$1,531.00 |
| EE/Child(ren) | <input type="checkbox"/> \$2,265.00 | | <input type="checkbox"/> \$1,919.00 | <input type="checkbox"/> \$1,468.00 | | <input type="checkbox"/> \$1,298.00 |
| Family | <input type="checkbox"/> \$2,981.00 | | <input type="checkbox"/> \$2,725.00 | <input type="checkbox"/> \$2,266.00 | | <input type="checkbox"/> \$1,883.00 |

- Birth Certificates must be submitted for all dependents, marriage licenses must be submitted for all spouses.
- Member application, Participating Member – Terms & Conditions, Member Dues Authorization form must be completed in addition to this medical election form.
- Specialty Rx not covered - Member needs to contact Payer Matrix at 877-305-6202
- Provider Search: www.Anthem.com → 'Find Care' → 'Basic Search as Guest' → select 'Medical Plan or Network (may also include dental, vision, or pharmacy benefits)' → Select <Your State> → Select 'Medical (Employer-Sponsored)' → Select 'National PPO (BlueCard PPO)' → Click 'Continue' to search

"By signing below, in order to avoid cancellation, I agree to pay all insurance premiums by the end of the billing month."

Signature _____

Date _____

Please return completed form via Secure Fax to:
(914) 962-0108. If you have any questions, please call (866) 573-4768 ext. 2481