



## 2020 1<sup>st</sup> Quarter Small Group Rate Sheet

New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties  
(Rockland County is excluded from Millennium Network Plans)

Plan Name	Platinum POS	Platinum Premier			Platinum Value			
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	
<b>Standard Rates</b>								
Individual	\$1,107.28	\$1,051.06	\$963.67	\$900.88	\$1,025.93	\$940.65	\$879.23	
Individual/Spouse	\$2,214.56	\$2,102.12	\$1,927.34	\$1,801.76	\$2,051.86	\$1,881.30	\$1,758.46	
Individual/Children	\$1,882.38	\$1,786.80	\$1,638.24	\$1,531.50	\$1,744.08	\$1,599.11	\$1,494.69	
Family	\$3,155.75	\$2,995.52	\$2,746.46	\$2,567.51	\$2,923.90	\$2,680.85	\$2,505.81	
<b>Age 29 Rates</b>								
Individual	\$1,140.50	\$1,082.59	\$992.58	\$927.91	\$1,056.71	\$968.87	\$905.61	
Individual/Spouse	\$2,281.00	\$2,165.18	\$1,985.16	\$1,855.82	\$2,113.42	\$1,937.74	\$1,811.22	
Individual/Children	\$1,938.85	\$1,840.40	\$1,687.39	\$1,577.45	\$1,796.41	\$1,647.08	\$1,539.54	
Family	\$3,250.43	\$3,085.38	\$2,828.85	\$2,644.54	\$3,011.62	\$2,761.28	\$2,580.99	
<b>Plan Benefits</b>								
	In Network	Out of Network						
Referral Required	No	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$0	\$2,600/\$5,200	\$0			\$200/\$400		
Rx Deductible: Ind/Family	\$0	N/A	\$0			Integrated		
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$5,000/\$10,000	\$2,000/\$4,000			\$2,400/\$4,800		
Primary Care Physician (PCP) office visit	3 free, then \$15	30% ^	3 free PCP visits, then \$15			3 free PCP visits, then \$15 *		
Specialist office visit	\$35	30% ^	\$35			\$35 *		
Urgent Care	\$75	30% ^	\$75			\$75 *		
Emergency Room	20%	20% *	\$350			\$350 ^		
Inpatient Admission	\$500	30% ^	\$500			\$500 ^		
Dental (Routine)	\$15 +	N/A	\$15			\$15 *		
Vision (Eye Exam)	\$0 +	N/A	\$0			\$0 *		
Telemedicine	\$0	N/A	\$0			\$0 *		
Acupuncture	\$0	N/A	\$0			\$0 *		
Prescription Drugs	\$0/\$30/\$60	N/A	\$0/\$30/\$60			\$0 */\$30 ^/\$60 ^		

+ POS and Millennium (M) plans have pediatric vision and dental only

^ After Deductible

\* Not Subject to Deductible



# 2020 1<sup>st</sup> Quarter Small Group Rate Sheet

New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties  
(Rockland County is excluded from Millennium Network Plans)

Plan Name	Gold POS		Gold Premier			Gold Value		
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	
<b>Standard Rates</b>								
Individual	\$913.61	\$859.17	\$787.94	\$735.69	\$816.20	\$748.58	\$698.69	
Individual/Spouse	\$1,827.22	\$1,718.34	\$1,575.88	\$1,471.38	\$1,632.40	\$1,497.16	\$1,397.38	
Individual/Children	\$1,553.14	\$1,460.59	\$1,339.50	\$1,250.67	\$1,387.54	\$1,272.59	\$1,187.77	
Family	\$2,603.79	\$2,448.63	\$2,245.63	\$2,096.72	\$2,326.17	\$2,133.45	\$1,991.27	
<b>Age 29 Rates</b>								
Individual	\$941.02	\$884.95	\$811.58	\$757.76	\$840.69	\$771.04	\$719.65	
Individual/Spouse	\$1,882.04	\$1,769.90	\$1,623.16	\$1,515.52	\$1,681.38	\$1,542.08	\$1,439.30	
Individual/Children	\$1,599.73	\$1,504.42	\$1,379.69	\$1,288.19	\$1,429.17	\$1,310.77	\$1,223.41	
Family	\$2,681.91	\$2,522.11	\$2,313.00	\$2,159.62	\$2,395.97	\$2,197.46	\$2,051.00	
<b>Plan Benefits</b>								
	In Network	Out of Network						
Referral Required	No	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$1,000/\$2,000	\$3,800/\$7,600	\$350/\$700			\$1,900/\$3,800		
Rx Deductible: Ind/Family	\$0	N/A	\$0			Integrated		
Out of Pocket Maximum: I/F	\$5,000/\$10,000	\$7,000/\$14,000	\$5,300/\$10,600			\$3,700/\$7,400		
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	3 free PCP visits, then \$40 *			3 free PCP visits, then \$25 *		
Specialist office visit	\$40 *	40% ^	\$60 *			\$40 *		
Urgent Care	\$75 *	40% ^	\$75 *			\$75 *		
Emergency Room	30% ^	30% ^	\$600 ^			\$500 ^		
Inpatient Admission	30% ^	40% ^	30% ^			30% ^		
Dental (Routine)	\$25 * +	N/A	\$40 *			\$25 *		
Vision (Eye Exam)	\$0 * +	N/A	\$0 *			\$0 *		
Telemedicine	\$0 *	N/A	\$0 *			\$0 *		
Acupuncture	\$0 *	N/A	\$0 *			\$0 *		
Prescription Drugs	\$0/\$35/\$75	N/A	\$0/\$40/\$80			\$0 */\$40 ^/\$80 ^		

+ POS and Millennium (M) plans have pediatric vision and dental only

^ After Deductible

\* Not Subject to Deductible



## 2020 1<sup>st</sup> Quarter Small Group Rate Sheet

New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties  
(Rockland County is excluded from Millennium Network Plans)

Plan Name	Silver Plus HSA	Silver Premier			Silver Value		
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)
<b>Standard Rates</b>							
Individual	\$696.07	\$723.64	\$663.83	\$619.02	\$699.67	\$641.88	\$598.39
Individual/Spouse	\$1,392.14	\$1,447.28	\$1,327.66	\$1,238.04	\$1,399.34	\$1,283.76	\$1,196.78
Individual/Children	\$1,183.32	\$1,230.19	\$1,128.51	\$1,052.33	\$1,189.44	\$1,091.20	\$1,017.26
Family	\$1,983.80	\$2,062.37	\$1,891.92	\$1,764.21	\$1,994.06	\$1,829.36	\$1,705.41
<b>Age 29 Rates</b>							
Individual	\$716.95	\$745.35	\$683.74	\$637.59	\$720.66	\$661.14	\$616.34
Individual/Spouse	\$1,433.90	\$1,490.70	\$1,367.48	\$1,275.18	\$1,441.32	\$1,322.28	\$1,232.68
Individual/Children	\$1,218.82	\$1,267.10	\$1,162.36	\$1,083.90	\$1,225.12	\$1,123.94	\$1,047.78
Family	\$2,043.31	\$2,124.25	\$1,948.66	\$1,817.13	\$2,053.88	\$1,884.25	\$1,756.57
<b>Plan Benefits</b>							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$2,800/\$5,200	\$2,400/\$4,800			\$6,300/\$12,600		
Rx Deductible: Ind/Family	Integrated	\$0			Integrated		
Out of Pocket Maximum: I/F	\$5,800/\$11,600	\$7,800/\$15,600			\$6,300/\$12,600		
Primary Care Physician (PCP) office visit	\$30 ^	3 free PCP visits, then \$35 *			3 free, then \$10 *		
Specialist office visit	\$50 ^	\$65 *			\$55 *		
Urgent Care	\$75 ^	\$75 *			\$75 *		
Emergency Room	40% ^	40% ^			\$0 ^		
Inpatient Admission	40% ^	40% ^			\$0 ^		
Dental (Routine)	\$30 *	\$35 *			\$10 *		
Vision (Eye Exam)	\$0 *	\$0 *			\$0 *		
Telemedicine	\$0 ^	\$0 *			\$0 *		
Acupuncture	\$0 *	\$0 *			\$0 *		
Prescription Drugs	\$15 ^/\$45 ^/\$80 ^	\$0/\$40/\$80			\$0 */\$0 ^/\$0 ^		

+ POS and Millennium (M) plans have pediatric vision and dental only

^ After Deductible

\* Not Subject to Deductible



## 2020 1<sup>st</sup> Quarter Small Group Rate Sheet

New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties  
(Rockland County is excluded from Millennium Network Plans)

Plan Name	Bronze Plus HSA	Bronze Premier			Bronze Value		
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)
<b>Standard Rates</b>							
Individual	\$615.61	\$623.78	\$572.39	\$533.07	\$595.72	\$546.67	\$508.90
Individual/Spouse	\$1,231.22	\$1,247.56	\$1,144.78	\$1,066.14	\$1,191.44	\$1,093.34	\$1,017.80
Individual/Children	\$1,046.54	\$1,060.43	\$973.06	\$906.22	\$1,012.72	\$929.34	\$865.13
Family	\$1,754.49	\$1,777.77	\$1,631.31	\$1,519.25	\$1,697.80	\$1,558.01	\$1,450.37
<b>Age 29 Rates</b>							
Individual	\$634.08	\$642.49	\$589.56	\$549.06	\$613.59	\$563.07	\$524.17
Individual/Spouse	\$1,268.16	\$1,284.98	\$1,179.12	\$1,098.12	\$1,227.18	\$1,126.14	\$1,048.34
Individual/Children	\$1,077.94	\$1,092.23	\$1,002.25	\$933.40	\$1,043.10	\$957.22	\$891.09
Family	\$1,807.13	\$1,831.10	\$1,680.25	\$1,564.82	\$1,748.73	\$1,604.75	\$1,493.88
<b>Plan Benefits</b>							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$6,300/\$12,600	\$4,600/\$9,200			\$8,150/\$16,300		
Rx Deductible: Ind/Family	Integrated	Integrated			Integrated		
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$7,900/\$15,800			\$8,150/\$16,300		
Primary Care Physician (PCP) office visit	50% ^	3 free PCP visits, then \$40 ^			3 free PCP visits, then 0% ^		
Specialist office visit	50% ^	\$70 ^			0% ^		
Urgent Care	\$75 ^	\$75 *			\$75 *		
Emergency Room	50% ^	50% ^			0% ^		
Inpatient Admission	50% ^	50% ^			0% ^		
Dental (Routine)	50% *	\$40 *			\$35 *		
Vision (Eye Exam)	\$0 *	\$0 *			\$0 *		
Telemedicine	\$0 ^	\$0 *			\$0 *		
Acupuncture	\$0 *	\$0 *			\$0 *		
Prescription Drugs	\$15 ^/\$65 ^/\$80 ^	\$25 ^/50% ^/50% ^			\$35 ^/0% ^/0% ^		

+ POS and Millennium (M) plans have pediatric vision and dental only

^ After Deductible

\* Not Subject to Deductible



# 2020 1<sup>st</sup> Quarter Small Group Rate Sheet

## Long Island (Nassau & Suffolk Counties)

Plan Name	Platinum POS		Platinum Premier			Platinum Value		
Gated Status Network	Non-Gated Prime		Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)
<b>Standard Rates</b>								
Individual	\$1,259.52	\$1,195.57	\$1,096.16	\$1,024.74	\$1,166.98	\$1,069.97	\$1,000.11	
Individual/Spouse	\$2,519.04	\$2,391.14	\$2,192.32	\$2,049.48	\$2,333.96	\$2,139.94	\$2,000.22	
Individual/Children	\$2,141.18	\$2,032.47	\$1,863.47	\$1,742.06	\$1,983.87	\$1,818.95	\$1,700.19	
Family	\$3,589.63	\$3,407.37	\$3,124.06	\$2,920.51	\$3,325.89	\$3,049.41	\$2,850.31	
<b>Age 29 Rates</b>								
Individual	\$1,297.31	\$1,231.44	\$1,129.04	\$1,055.48	\$1,201.99	\$1,102.07	\$1,030.11	
Individual/Spouse	\$2,594.62	\$2,462.88	\$2,258.08	\$2,110.96	\$2,403.98	\$2,204.14	\$2,060.22	
Individual/Children	\$2,205.43	\$2,093.45	\$1,919.37	\$1,794.32	\$2,043.38	\$1,873.52	\$1,751.19	
Family	\$3,697.33	\$3,509.60	\$3,217.76	\$3,008.12	\$3,425.67	\$3,140.90	\$2,935.81	
<b>Plan Benefits</b>								
	In Network	Out of Network						
Referral Required	No	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$0	\$2,600/\$5,200	\$0			\$200/\$400		
Rx Deductible: Ind/Family	\$0	N/A	\$0			Integrated		
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$5,000/\$10,000	\$2,000/\$4,000			\$2,400/\$4,800		
Primary Care Physician (PCP) office visit	3 free, then \$15	30% ^	3 free PCP visits, then \$15			3 free PCP visits, then \$15 *		
Specialist office visit	\$35	30% ^	\$35			\$35 *		
Urgent Care	\$75	30% ^	\$75			\$75 *		
Emergency Room	20%	20% *	\$350			\$350 ^		
Inpatient Admission	\$500	30% ^	\$500			\$500 ^		
Dental (Routine)	\$15 +	N/A	\$15			\$15 *		
Vision (Eye Exam)	\$0 +	N/A	\$0			\$0 *		
Telemedicine	\$0	N/A	\$0			\$0 *		
Acupuncture	\$0	N/A	\$0			\$0 *		
Prescription Drugs	\$0/\$30/\$60	N/A	\$0/\$30/\$60			\$0 */\$30 ^/\$60 ^		

+ POS and Millennium (M) plans have pediatric vision and dental only

^ After Deductible

\* Not Subject to Deductible



## 2020 1<sup>st</sup> Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)								
Plan Name	Gold POS	Gold Premier			Gold Value			
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	
<b>Standard Rates</b>								
Individual	\$1,039.22	\$977.30	\$896.28	\$836.84	\$928.41	\$851.50	\$794.75	
Individual/Spouse	\$2,078.44	\$1,954.60	\$1,792.56	\$1,673.68	\$1,856.82	\$1,703.00	\$1,589.50	
Individual/Children	\$1,766.67	\$1,661.41	\$1,523.68	\$1,422.63	\$1,578.30	\$1,447.55	\$1,351.08	
Family	\$2,961.78	\$2,785.31	\$2,554.40	\$2,384.99	\$2,645.97	\$2,426.78	\$2,265.04	
<b>Age 29 Rates</b>								
Individual	\$1,070.40	\$1,006.62	\$923.17	\$861.95	\$956.26	\$877.05	\$818.59	
Individual/Spouse	\$2,140.80	\$2,013.24	\$1,846.34	\$1,723.90	\$1,912.52	\$1,754.10	\$1,637.18	
Individual/Children	\$1,819.68	\$1,711.25	\$1,569.39	\$1,465.32	\$1,625.64	\$1,490.99	\$1,391.60	
Family	\$3,050.64	\$2,868.87	\$2,631.03	\$2,456.56	\$2,725.34	\$2,499.59	\$2,332.98	
<b>Plan Benefits</b>								
	In Network	Out of Network						
Referral Required	No	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$1,000/\$2,000	\$3,800/\$7,600	\$350/\$700			\$1,900/\$3,800		
Rx Deductible: Ind/Family	\$0	N/A	\$0			Integrated		
Out of Pocket Maximum: I/F	\$5,000/\$10,000	\$7,000/\$14,000	\$5,300/\$10,600			\$3,700/\$7,400		
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	3 free PCP visits, then \$40 *			3 free PCP visits, then \$25 *		
Specialist office visit	\$40 *	40% ^	\$60 *			\$40 *		
Urgent Care	\$75 *	40% ^	\$75 *			\$75 *		
Emergency Room	30% ^	30% ^	\$600 ^			\$500 ^		
Inpatient Admission	30% ^	40% ^	30% ^			30% ^		
Dental (Routine)	\$25 * +	N/A	\$40 *			\$25 *		
Vision (Eye Exam)	\$0 * +	N/A	\$0 *			\$0 *		
Telemedicine	\$0 *	N/A	\$0 *			\$0 *		
Acupuncture	\$0 *	N/A	\$0 *			\$0 *		
Prescription Drugs	\$0/\$35/\$75	N/A	\$0/\$40/\$80			\$0 */\$40 ^/\$80 ^		

+ POS and Millennium (M) plans have pediatric vision and dental only

^ After Deductible

\* Not Subject to Deductible



## 2020 1<sup>st</sup> Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)							
Plan Name	Silver Plus HSA	Silver Premier			Silver Value		
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)
Standard Rates							
Individual	\$791.77	\$823.13	\$755.10	\$704.12	\$795.86	\$730.13	\$680.66
Individual/Spouse	\$1,583.54	\$1,646.26	\$1,510.20	\$1,408.24	\$1,591.72	\$1,460.26	\$1,361.32
Individual/Children	\$1,346.01	\$1,399.32	\$1,283.67	\$1,197.00	\$1,352.96	\$1,241.22	\$1,157.12
Family	\$2,256.54	\$2,345.92	\$2,152.04	\$2,006.74	\$2,268.20	\$2,080.87	\$1,939.88
Age 29 Rates							
Individual	\$815.52	\$847.82	\$777.75	\$725.24	\$819.74	\$752.03	\$701.08
Individual/Spouse	\$1,631.04	\$1,695.64	\$1,555.50	\$1,450.48	\$1,639.48	\$1,504.06	\$1,402.16
Individual/Children	\$1,386.38	\$1,441.29	\$1,322.18	\$1,232.91	\$1,393.56	\$1,278.45	\$1,191.84
Family	\$2,324.23	\$2,416.29	\$2,216.59	\$2,066.93	\$2,336.26	\$2,143.29	\$1,998.08
Plan Benefits							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$2,800/\$5,200	\$2,400/\$4,800			\$6,300/\$12,600		
Rx Deductible: Ind/Family	Integrated	\$0			Integrated		
Out of Pocket Maximum: I/F	\$5,800/\$11,600	\$7,800/\$15,600			\$6,300/\$12,600		
Primary Care Physician (PCP) office visit	\$30 ^	3 free PCP visits, then \$35 *			3 free PCP visits, then \$10 *		
Specialist office visit	\$50 ^	\$65 *			\$55 *		
Urgent Care	\$75 ^	\$75 *			\$75 *		
Emergency Room	40% ^	40% ^			\$0 ^		
Inpatient Admission	40% ^	40% ^			\$0 ^		
Dental (Routine)	\$30 *	\$35 *			\$10 *		
Vision (Eye Exam)	\$0 *	\$0 *			\$0 *		
Telemedicine	\$0 ^	\$0 *			\$0 *		
Acupuncture	\$0 *	\$0 *			\$0 *		
Prescription Drugs	\$15 ^/\$45 ^/\$80 ^	\$0/\$40/\$80			\$0 */\$0 ^/\$0 ^		

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^ After Deductible

\* Not Subject to Deductible



# 2020 1<sup>st</sup> Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)							
Plan Name	Bronze Plus HSA	Bronze Premier			Bronze Value		
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)
<b>Standard Rates</b>							
Individual	\$700.25	\$709.55	\$651.08	\$606.36	\$677.62	\$621.84	\$578.87
Individual/Spouse	\$1,400.50	\$1,419.10	\$1,302.16	\$1,212.72	\$1,355.24	\$1,243.68	\$1,157.74
Individual/Children	\$1,190.43	\$1,206.24	\$1,106.84	\$1,030.81	\$1,151.95	\$1,057.13	\$984.08
Family	\$1,995.71	\$2,022.22	\$1,855.58	\$1,728.13	\$1,931.22	\$1,772.24	\$1,649.78
<b>Age 29 Rates</b>							
Individual	\$721.26	\$730.84	\$670.61	\$624.55	\$697.95	\$640.50	\$596.24
Individual/Spouse	\$1,442.52	\$1,461.68	\$1,341.22	\$1,249.10	\$1,395.90	\$1,281.00	\$1,192.48
Individual/Children	\$1,226.14	\$1,242.43	\$1,140.04	\$1,061.74	\$1,186.52	\$1,088.85	\$1,013.61
Family	\$2,055.59	\$2,082.89	\$1,911.24	\$1,779.97	\$1,989.16	\$1,825.43	\$1,699.28
<b>Plan Benefits</b>							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$6,300/\$12,600	\$4,600/\$9,200			\$8,150/\$16,300		
Rx Deductible: Ind/Family	Integrated	Integrated			Integrated		
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$7,900/\$15,800			\$8,150/\$16,300		
Primary Care Physician (PCP) office visit	50% ^	3 free PCP visits, then \$40 ^			3 free PCP visits, then 0% ^		
Specialist office visit	50% ^	\$70 ^			0% ^		
Urgent Care	\$75 ^	\$75 *			\$75 *		
Emergency Room	50% ^	50% ^			0% ^		
Inpatient Admission	50% ^	50% ^			0% ^		
Dental (Routine)	50% *	\$40 *			\$35 *		
Vision (Eye Exam)	\$0 *	\$0 *			\$0 *		
Telemedicine	\$0 ^	\$0 *			\$0 *		
Acupuncture	\$0 *	\$0 *			\$0 *		
Prescription Drugs	\$15 ^/\$65 ^/\$80 ^	\$25 ^/50% ^/50% ^			\$35 ^/0% ^/0% ^		

+ POS and Millennium (M) plans have pediatric vision and dental only

^ After Deductible

\* Not Subject to Deductible





## 2020 1<sup>st</sup> Quarter Small Group Rate Sheet

### Mid-Hudson (Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster counties)

Plan Name	Platinum POS		Platinum Premier		Platinum Value	
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	
<b>Standard Rates</b>						
Individual	\$1,327.37	\$1,259.98	\$1,229.85	\$1,155.21	\$1,127.61	
Individual/Spouse	\$2,654.74	\$2,519.96	\$2,459.70	\$2,310.42	\$2,255.22	
Individual/Children	\$2,256.53	\$2,141.97	\$2,090.75	\$1,963.86	\$1,916.94	
Family	\$3,783.00	\$3,590.94	\$3,505.07	\$3,292.35	\$3,213.69	
<b>Age 29 Rates</b>						
Individual	\$1,367.19	\$1,297.78	\$1,266.75	\$1,189.87	\$1,161.44	
Individual/Spouse	\$2,734.38	\$2,595.56	\$2,533.50	\$2,379.74	\$2,322.88	
Individual/Children	\$2,324.22	\$2,206.23	\$2,153.48	\$2,022.78	\$1,974.45	
Family	\$3,896.49	\$3,698.67	\$3,610.24	\$3,391.13	\$3,310.10	
<b>Plan Benefits</b>						
	In Network	Out of Network				
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$0	\$2,600/\$5,200	\$0	\$0	\$200/\$400	\$200/\$400
Rx Deductible: Indl/Family	\$0	N/A	\$0	\$0	Integrated	Integrated
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$5,000/\$10,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,400/\$4,800	\$2,400/\$4,800
Primary Care Physician (PCP) office visit	3 free, then \$15	30% ^	3 free PCP visits, then \$15	3 free PCP visits, then \$15	3 free PCP visits, then \$15 *	3 free PCP visits, then \$15 *
Specialist office visit	\$35	30% ^	\$35	\$35	\$35 *	\$35 *
Urgent Care	\$75	30% ^	\$75	\$75	\$75 *	\$75 *
Emergency Room	20%	20% *	\$350	\$350	\$350 ^	\$350 ^
Inpatient Admission	\$500	30% ^	\$500	\$500	\$500 ^	\$500 ^
Dental (Routine)	\$15 +	N/A	\$15	\$15	\$15 *	\$15 *
Vision (Eye Exam)	\$0 +	N/A	\$0	\$0	\$0 *	\$0 *
Telemedicine	\$0	N/A	\$0	\$0	\$0 *	\$0 *
Acupuncture	\$0	N/A	\$0	\$0	\$0 *	\$0 *
Prescription Drugs	\$0/\$30/\$60	N/A	\$0/\$30/\$60	\$0/\$30/\$60	\$0 */\$30 ^/\$60 ^	\$0 */\$30 ^/\$60 ^

+ POS and Millennium (M) plans have pediatric vision and dental only

^ After Deductible

\* Not Subject to Deductible



## 2020 1<sup>st</sup> Quarter Small Group Rate Sheet

Mid-Hudson (Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster counties)

Plan Name	Gold POS		Gold Premier		Gold Value	
Gated Status	Non-Gated		Non-Gated	Non-Gated	Non-Gated	Non-Gated
Network	Prime		Prime (-P)	Select Care (-S)	Prime (-P)	Select Care (-S)
<b>Standard Rates</b>						
Individual	\$1,095.20		\$1,029.95	\$944.56	\$978.43	\$897.37
Individual/Spouse	\$2,190.40		\$2,059.90	\$1,889.12	\$1,956.86	\$1,794.74
Individual/Children	\$1,861.84		\$1,750.92	\$1,605.75	\$1,663.33	\$1,525.53
Family	\$3,121.32		\$2,935.36	\$2,692.00	\$2,788.53	\$2,557.50
<b>Age 29 Rates</b>						
Individual	\$1,128.06		\$1,060.85	\$972.90	\$1,007.78	\$924.29
Individual/Spouse	\$2,256.12		\$2,121.70	\$1,945.80	\$2,015.56	\$1,848.58
Individual/Children	\$1,917.70		\$1,803.45	\$1,653.93	\$1,713.23	\$1,571.29
Family	\$3,214.97		\$3,023.42	\$2,772.77	\$2,872.17	\$2,634.23
<b>Plan Benefits</b>						
	In Network	Out of Network				
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$1,000/\$2,000	\$3,800/\$7,600	\$350/\$700	\$350/\$700	\$1,900/\$3,800	\$1,900/\$3,800
Rx Deductible: Ind/Family	\$0	N/A	\$0	\$0	Integrated	Integrated
Out of Pocket Maximum: I/F	\$5,000/\$10,000	\$7,000/\$14,000	\$5,300/\$10,600	\$5,300/\$10,600	\$3,700/\$7,400	\$3,700/\$7,400
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	3 free PCP visits, then \$40 *	3 free PCP visits, then \$40 *	3 free PCP visits, then \$25 *	3 free PCP visits, then \$25 *
Specialist office visit	\$40 *	40% ^	\$60 *	\$60 *	\$40 *	\$40 *
Urgent Care	\$75 *	40%^	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	30% ^	30% ^	\$600 ^	\$600 ^	\$500^	\$500^
Inpatient Admission	30% ^	40% ^	30% ^	30% ^	30% ^	30% ^
Dental (Routine)	\$25 * +	N/A	\$40 *	\$40 *	\$25 *	\$25 *
Vision (Eye Exam)	\$0 * +	N/A	\$0 *	\$0 *	\$0 *	\$0 *
Telemedicine	\$0 *	N/A	\$0 *	\$0 *	\$0 *	\$0 *
Acupuncture	\$0 *	N/A	\$0 *	\$0 *	\$0 *	\$0 *
Prescription Drugs	\$0/\$35/\$75	N/A	\$0/\$40/\$80	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^	\$0 */\$40 ^/\$80 ^

+ POS and Millennium (M) plans have pediatric vision and dental only

^ After Deductible

\* Not Subject to Deductible



## 2020 1<sup>st</sup> Quarter Small Group Rate Sheet

Mid-Hudson (Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster counties)

Plan Name	Silver Plus HSA	Silver Premier		Silver Value	
Gated Status	Non-Gated	Non-Gated	Non-Gated	Non-Gated	Non-Gated
Network	Prime	Prime (-P)	Select Care (-S)	Prime (-P)	Select Care (-S)
<b>Standard Rates</b>					
Individual	\$834.42	\$867.48	\$795.78	\$838.74	\$769.46
Individual/Spouse	\$1,668.84	\$1,734.96	\$1,591.56	\$1,677.48	\$1,538.92
Individual/Children	\$1,418.51	\$1,474.72	\$1,352.83	\$1,425.86	\$1,308.08
Family	\$2,378.10	\$2,472.32	\$2,267.97	\$2,390.41	\$2,192.96
<b>Age 29 Rates</b>					
Individual	\$859.45	\$893.50	\$819.65	\$863.90	\$792.54
Individual/Spouse	\$1,718.90	\$1,787.00	\$1,639.30	\$1,727.80	\$1,585.08
Individual/Children	\$1,461.07	\$1,518.95	\$1,393.41	\$1,468.63	\$1,347.32
Family	\$2,449.43	\$2,546.48	\$2,336.00	\$2,462.12	\$2,258.74
<b>Plan Benefits</b>					
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$2,800/\$5,200	\$2,400/\$4,800	\$2,400/\$4,800	\$6,300/\$12,600	\$6,300/\$12,600
Rx Deductible: Ind/Family	Integrated	\$0	\$0	Integrated	Integrated
Out of Pocket Maximum: I/F	\$5,800/\$11,600	\$7,800/\$15,600	\$7,800/\$15,600	\$6,300/\$12,600	\$6,300/\$12,600
Primary Care Physician (PCP) office visit	\$30 ^	3 free PCP visits, then \$35 *		3 free PCP visits, then \$10 *	
Specialist office visit	\$50 ^	\$65 *	\$65 *	\$55 *	\$55 *
Urgent Care	\$75 ^	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	40% ^	40% ^	40% ^	\$0 ^	\$0 ^
Inpatient Admission	40% ^	40% ^	40% ^	\$0 ^	\$0 ^
Dental (Routine)	\$30 *	\$35 *	\$35 *	\$10 *	\$10 *
Vision (Eye Exam)	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *
Telemedicine	\$0 ^	\$0 *	\$0 *	\$0 *	\$0 *
Acupuncture	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *
Prescription Drugs	\$15 ^/\$45 ^/\$80 ^	\$0/\$40/\$80	\$0/\$40/\$80	\$0 */\$0 ^/\$0 ^	\$0 */\$0 ^/\$0 ^

+ POS and Millennium (M) plans have pediatric vision and dental only

^ After Deductible

\* Not Subject to Deductible



# 2020 1<sup>st</sup> Quarter Small Group Rate Sheet

## Mid-Hudson (Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster counties)

Plan Name	Bronze Plus HSA	Bronze Premier		Bronze Value	
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)
<b>Standard Rates</b>					
Individual	\$737.97	\$747.77	\$686.16	\$714.13	\$655.33
Individual/Spouse	\$1,475.94	\$1,495.54	\$1,372.32	\$1,428.26	\$1,310.66
Individual/Children	\$1,254.55	\$1,271.21	\$1,166.47	\$1,214.02	\$1,114.06
Family	\$2,103.21	\$2,131.14	\$1,955.56	\$2,035.27	\$1,867.69
<b>Age 29 Rates</b>					
Individual	\$760.11	\$770.20	\$706.74	\$735.55	\$674.99
Individual/Spouse	\$1,520.22	\$1,540.40	\$1,413.48	\$1,471.10	\$1,349.98
Individual/Children	\$1,292.19	\$1,309.34	\$1,201.46	\$1,250.44	\$1,147.48
Family	\$2,166.31	\$2,195.07	\$2,014.21	\$2,096.32	\$1,923.72
<b>Plan Benefits</b>					
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$6,300/\$12,600	\$4,600/\$9,200	\$4,600/\$9,200	\$8,150/\$16,300	\$8,150/\$16,300
Rx Deductible: Ind/ Family	Integrated	Integrated	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$7,900/\$15,800	\$7,900/\$15,800	\$8,150/\$16,300	\$8,150/\$16,300
Primary Care Physician (PCP) office visit	50% ^	3 free PCP visits, then \$40 ^		3 free PCP visits, then 0% ^	
Specialist office visit	50% ^	\$70 ^	\$70 ^	0% ^	0% ^
Urgent Care	\$75 ^	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	50% ^	50% ^	50% ^	0% ^	0% ^
Inpatient Admission	50% ^	50% ^	50% ^	0% ^	0% ^
Dental (Routine)	50% *	\$40 *	\$40 *	\$35 *	\$35 *
Vision (Eye Exam)	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *
Telemedicine	\$0 ^	\$0 *	\$0 *	\$0 *	\$0 *
Acupuncture	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *
Prescription Drugs	\$15 ^/\$65 ^/\$80 ^	\$25 ^/50% ^/50% ^		\$35 ^/0% ^/0% ^	

+ POS and Millennium (M) plans have pediatric vision and dental only

^ After Deductible

\* Not Subject to Deductible



## 2020 1<sup>st</sup> Quarter Small Group Rate Sheet

Albany and Upstate					
Plan Name	Platinum POS	Platinum Premier		Platinum Value	
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)
<b>Standard Rates</b>					
Individual	\$1,326.80	\$1,259.44	\$1,154.71	\$1,229.32	\$1,127.13
Individual/Spouse	\$2,255.56	\$2,141.05	\$1,963.01	\$2,089.84	\$1,916.12
Individual/Child	\$2,653.60	\$2,518.88	\$2,309.42	\$2,458.64	\$2,254.26
Family	\$3,781.38	\$3,589.40	\$3,290.92	\$3,503.56	\$3,212.32
<b>Age 29 Rates</b>					
Individual	\$1,366.60	\$1,297.22	\$1,189.35	\$1,266.20	\$1,160.94
Individual/Spouse	\$2,323.22	\$2,594.44	\$2,021.90	\$2,152.54	\$1,973.60
Individual/Child	\$2,733.20	\$2,205.27	\$2,378.70	\$2,532.40	\$2,321.88
Family	\$3,894.81	\$3,697.08	\$3,389.65	\$3,608.67	\$3,308.68
<b>Plan Benefits</b>					
	In Network	Out of Network			
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$0	\$2,600/\$5,200	\$0	\$200/\$400	\$200/\$400
Rx Deductible: Indl/Family	\$0	N/A	\$0	Integrated	Integrated
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$5,000/\$10,000	\$2,000/\$4,000	\$2,400/\$4,800	\$2,400/\$4,800
Primary Care Physician (PCP) office visit	3 free, then \$15	30% ^	3 free PCP visits, then \$15	3 free PCP visits, then \$15 *	3 free PCP visits, then \$15 *
Specialist office visit	\$35	30% ^	\$35	\$35	\$35 *
Urgent Care	\$75	30% ^	\$75	\$75	\$75 *
Emergency Room	20%	20% *	\$350	\$350	\$350 ^
Inpatient Admission	\$500	30% ^	\$500	\$500	\$500 ^
Dental (Routine)	\$15 +	N/A	\$15	\$15	\$15 *
Vision (Eye Exam)	\$0 +	N/A	\$0	\$0	\$0 *
Telemedicine	\$0	N/A	\$0	\$0	\$0 *
Acupuncture	\$0	N/A	\$0	\$0	\$0 *
Prescription Drugs	\$0/\$30/\$60	N/A	\$0/\$30/\$60	\$0 */\$30 ^/\$60 ^	\$0 */\$30 ^/\$60 ^

+ POS and Millennium (M) plans have pediatric vision and dental only

^ After Deductible

\* Not Subject to Deductible



## 2020 1<sup>st</sup> Quarter Small Group Rate Sheet

Albany and Upstate					
Plan Name	Gold POS	Gold Premier		Gold Value	
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)
Standard Rates					
Individual	\$1,094.73	\$1,029.50	\$944.15	\$978.01	\$896.98
Individual/Spouse	\$1,861.04	\$1,750.15	\$1,605.06	\$1,662.62	\$1,524.87
Individual/Child	\$2,189.46	\$2,059.00	\$1,888.30	\$1,956.02	\$1,793.96
Family	\$3,119.98	\$2,934.08	\$2,690.83	\$2,787.33	\$2,556.39
Age 29 Rates					
Individual	\$1,127.57	\$1,060.39	\$972.47	\$1,007.35	\$923.89
Individual/Spouse	\$1,916.87	\$1,802.66	\$1,653.20	\$1,712.50	\$1,570.61
Individual/Child	\$2,255.14	\$2,120.78	\$1,944.94	\$2,014.70	\$1,847.78
Family	\$3,213.57	\$3,022.11	\$2,771.54	\$2,870.95	\$2,633.09
Plan Benefits					
	In Network	Out of Network			
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$1,000/\$2,000	\$3,800/\$7,600	\$350/\$700	\$1,900/\$3,800	
Rx Deductible: Ind/Family	\$0	N/A	\$0	Integrated	
Out of Pocket Maximum: I/F	\$5,000/\$10,000	\$7,000/\$14,000	\$5,300/\$10,600	\$3,700/\$7,400	
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	3 free PCP visits, then \$40 *	3 free PCP visits, then \$25 *	
Specialist office visit	\$40 *	40% ^	\$60 *	\$40 *	
Urgent Care	\$75 *	40%^	\$75 *	\$75 *	
Emergency Room	30% ^	30% ^	\$600 ^	\$500^	
Inpatient Admission	30% ^	40% ^	30% ^	30% ^	
Dental (Routine)	\$25 * +	N/A	\$40 *	\$25 *	
Vision (Eye Exam)	\$0 * +	N/A	\$0 *	\$0 *	
Telemedicine	\$0 *	N/A	\$0 *	\$0 *	
Acupuncture	\$0 *	N/A	\$0 *	\$0 *	
Prescription Drugs	\$0/\$35/\$75	N/A	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^	

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^ After Deductible

\* Not Subject to Deductible



## 2020 1<sup>st</sup> Quarter Small Group Rate Sheet

Albany and Upstate					
Plan Name	Silver Plus HSA	Silver Premier		Silver Value	
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)
<b>Standard Rates</b>					
Individual	\$834.06	\$867.10	\$795.43	\$838.37	\$769.13
Individual/Spouse	\$1,417.90	\$1,474.07	\$1,352.23	\$1,425.23	\$1,307.52
Individual/Child	\$1,668.12	\$1,734.20	\$1,590.86	\$1,676.74	\$1,538.26
Family	\$2,377.07	\$2,471.24	\$2,266.98	\$2,389.35	\$2,192.02
<b>Age 29 Rates</b>					
Individual	\$859.08	\$893.11	\$819.29	\$863.52	\$792.20
Individual/Spouse	\$1,460.44	\$1,518.29	\$1,392.79	\$1,467.98	\$1,346.74
Individual/Child	\$1,718.16	\$1,786.22	\$1,638.58	\$1,727.04	\$1,584.40
Family	\$2,448.38	\$2,545.36	\$2,334.98	\$2,461.03	\$2,257.77
<b>Plan Benefits</b>					
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$2,800/\$5,200	\$2,400/\$4,800	\$2,400/\$4,800	\$6,300/\$12,600	\$6,300/\$12,600
Rx Deductible: Ind/Family	Integrated	\$0	\$0	Integrated	Integrated
Out of Pocket Maximum: I/F	\$5,800/\$11,600	\$7,800/\$15,600	\$7,800/\$15,600	\$6,300/\$12,600	\$6,300/\$12,600
Primary Care Physician (PCP) office visit	\$30 ^	3 free PCP visits, then \$35 *		3 free PCP visits, then \$10 *	
Specialist office visit	\$50 ^	\$65 *		\$55 *	
Urgent Care	\$75 ^	\$75 *		\$75 *	
Emergency Room	40% ^	40% ^		\$0 ^	
Inpatient Admission	40% ^	40% ^		\$0 ^	
Dental (Routine)	\$30 *	\$35 *		\$10 *	
Vision (Eye Exam)	\$0 *	\$0 *		\$0 *	
Telemedicine	\$0 ^	\$0 *		\$0 *	
Acupuncture	\$0 *	\$0 *		\$0 *	
Prescription Drugs	\$15 ^/\$45 ^/\$80 ^	\$0/\$40/\$80		\$0 */\$0 ^/\$0 ^	

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^ After Deductible

\* Not Subject to Deductible



## 2020 1<sup>st</sup> Quarter Small Group Rate Sheet

Albany and Upstate					
Plan Name	Bronze Plus HSA	Bronze Premier		Bronze Value	
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)
<b>Standard Rates</b>					
Individual	\$737.65	\$747.45	\$685.86	\$713.82	\$655.05
Individual/Spouse	\$1,254.01	\$1,270.67	\$1,165.96	\$1,213.49	\$1,113.59
Individual/Child	\$1,475.30	\$1,494.90	\$1,371.72	\$1,427.64	\$1,310.10
Family	\$2,102.30	\$2,130.23	\$1,954.70	\$2,034.39	\$1,866.89
<b>Age 29 Rates</b>					
Individual	\$759.78	\$769.87	\$706.44	\$735.23	\$674.70
Individual/Spouse	\$1,291.63	\$1,308.78	\$1,200.95	\$1,249.89	\$1,146.99
Individual/Child	\$1,519.56	\$1,539.74	\$1,412.88	\$1,470.46	\$1,349.40
Family	\$2,165.37	\$2,194.13	\$2,013.35	\$2,095.41	\$1,922.90
<b>Plan Benefits</b>					
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$6,300/\$12,600	\$4,600/\$9,200	\$4,600/\$9,200	\$8,150/\$16,300	\$8,150/\$16,300
Rx Deductible: Ind/ Family	Integrated	Integrated	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$7,900/\$15,800	\$7,900/\$15,800	\$8,150/\$16,300	\$8,150/\$16,300
Primary Care Physician (PCP) office visit	50% ^	3 free PCP visits, then \$40 ^		3 free PCP visits, then 0% ^	
Specialist office visit	50% ^	\$70 ^		0% ^	
Urgent Care	\$75 ^	\$75 *		\$75 *	
Emergency Room	50% ^	50% ^		0% ^	
Inpatient Admission	50% ^	50% ^		0% ^	
Dental (Routine)	50% *	\$40 *		\$35 *	
Vision (Eye Exam)	\$0 *	\$0 *		\$0 *	
Telemedicine	\$0 ^	\$0 *		\$0 *	
Acupuncture	\$0 *	\$0 *		\$0 *	
Prescription Drugs	\$15 ^/\$65 ^/\$80 ^	\$25^/50% ^/50% ^		\$35 */0% ^/0% ^	

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^ After Deductible

\* Not Subject to Deductible