



2020 2nd 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)	
Standard Rates								
Individual	\$1,126.10	\$1,068.93	\$980.05	\$916.19	\$1,043.37	\$956.64	\$894.18	
Individual/Spouse	\$2,252.21	\$2,137.86	\$1,960.10	\$1,832.39	\$2,086.74	\$1,913.28	\$1,788.35	
Individual/Children	\$1,914.38	\$1,817.18	\$1,666.09	\$1,557.54	\$1,773.73	\$1,626.29	\$1,520.10	
Family	\$3,209.40	\$3,046.44	\$2,793.15	\$2,611.16	\$2,973.61	\$2,726.42	\$2,548.41	
Age 29 Rates								
Individual	\$1,159.88	\$1,101.00	\$1,009.45	\$943.68	\$1,074.67	\$985.34	\$921.01	
Individual/Spouse	\$2,319.78	\$2,201.99	\$2,018.91	\$1,887.37	\$2,149.35	\$1,970.68	\$1,842.01	
Individual/Children	\$1,971.81	\$1,871.69	\$1,716.08	\$1,604.27	\$1,826.95	\$1,675.08	\$1,565.71	
Family	\$3,305.69	\$3,137.83	\$2,876.94	\$2,689.50	\$3,062.82	\$2,808.22	\$2,624.87	
Plan Benefits								
	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 2nd 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)	
Standard Rates								
Individual	\$929.14	\$873.78	\$801.33	\$748.20	\$830.08	\$761.31	\$710.57	
Individual/Spouse	\$1,858.28	\$1,747.55	\$1,602.67	\$1,496.39	\$1,660.15	\$1,522.61	\$1,421.14	
Individual/Children	\$1,579.54	\$1,485.42	\$1,362.27	\$1,271.93	\$1,411.13	\$1,294.22	\$1,207.96	
Family	\$2,648.05	\$2,490.26	\$2,283.81	\$2,132.36	\$2,365.71	\$2,169.72	\$2,025.12	
Age 29 Rates								
Individual	\$957.01	\$899.99	\$825.37	\$770.65	\$854.98	\$784.15	\$731.89	
Individual/Spouse	\$1,914.03	\$1,799.99	\$1,650.75	\$1,541.28	\$1,709.96	\$1,568.30	\$1,463.77	
Individual/Children	\$1,626.93	\$1,530.00	\$1,403.14	\$1,310.09	\$1,453.47	\$1,333.05	\$1,244.21	
Family	\$2,727.50	\$2,564.99	\$2,352.32	\$2,196.33	\$2,436.70	\$2,234.82	\$2,085.87	
Plan Benefits								
	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

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2020 2nd 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)
Standard Rates							
Individual	\$707.90	\$735.94	\$675.12	\$629.54	\$711.56	\$652.79	\$608.56
Individual/Spouse	\$1,415.81	\$1,471.88	\$1,350.23	\$1,259.09	\$1,423.13	\$1,305.58	\$1,217.13
Individual/Children	\$1,203.44	\$1,251.10	\$1,147.69	\$1,070.22	\$1,209.66	\$1,109.75	\$1,034.55
Family	\$2,017.52	\$2,097.43	\$1,924.08	\$1,794.20	\$2,027.96	\$1,860.46	\$1,734.40
Age 29 Rates							
Individual	\$729.14	\$758.02	\$695.37	\$648.43	\$732.91	\$672.37	\$626.82
Individual/Spouse	\$1,458.28	\$1,516.04	\$1,390.73	\$1,296.86	\$1,465.82	\$1,344.76	\$1,253.64
Individual/Children	\$1,239.54	\$1,288.64	\$1,182.12	\$1,102.33	\$1,245.95	\$1,143.05	\$1,065.59
Family	\$2,078.05	\$2,160.36	\$1,981.79	\$1,848.02	\$2,088.80	\$1,916.28	\$1,786.43
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, 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

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2020 2nd 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)
Standard Rates							
Individual	\$626.08	\$634.38	\$582.12	\$542.13	\$605.85	\$555.96	\$517.55
Individual/Spouse	\$1,252.15	\$1,268.77	\$1,164.24	\$1,084.26	\$1,211.69	\$1,111.93	\$1,035.10
Individual/Children	\$1,064.33	\$1,078.46	\$989.60	\$921.63	\$1,029.94	\$945.14	\$879.84
Family	\$1,784.32	\$1,807.99	\$1,659.04	\$1,545.08	\$1,726.66	\$1,584.50	\$1,475.03
Age 29 Rates							
Individual	\$644.86	\$653.41	\$599.58	\$558.39	\$624.03	\$572.64	\$533.08
Individual/Spouse	\$1,289.72	\$1,306.82	\$1,199.17	\$1,116.79	\$1,248.04	\$1,145.28	\$1,066.16
Individual/Children	\$1,096.26	\$1,110.80	\$1,019.29	\$949.27	\$1,060.83	\$973.49	\$906.24
Family	\$1,837.85	\$1,862.23	\$1,708.81	\$1,591.42	\$1,778.46	\$1,632.03	\$1,519.28
Plan Benefits							
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% ^		

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^ After Deductible

* Not Subject to Deductible



2020 2nd 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)	
Standard Rates								
Individual	\$1,280.93	\$1,215.89	\$1,114.79	\$1,042.16	\$1,186.82	\$1,088.16	\$1,017.11	
Individual/Spouse	\$2,561.86	\$2,431.79	\$2,229.59	\$2,084.32	\$2,373.64	\$2,176.32	\$2,034.22	
Individual/Children	\$2,177.58	\$2,067.02	\$1,895.15	\$1,771.68	\$2,017.60	\$1,849.87	\$1,729.09	
Family	\$3,650.65	\$3,465.30	\$3,177.17	\$2,970.16	\$3,382.43	\$3,101.25	\$2,898.77	
Age 29 Rates								
Individual	\$1,319.36	\$1,252.37	\$1,148.23	\$1,073.42	\$1,222.42	\$1,120.80	\$1,047.62	
Individual/Spouse	\$2,638.73	\$2,504.75	\$2,296.47	\$2,146.85	\$2,444.85	\$2,241.61	\$2,095.24	
Individual/Children	\$2,242.92	\$2,129.04	\$1,952.00	\$1,824.82	\$2,078.12	\$1,905.37	\$1,780.96	
Family	\$3,760.18	\$3,569.26	\$3,272.46	\$3,059.26	\$3,483.91	\$3,194.30	\$2,985.72	
Plan Benefits								
	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 ^		

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^ After Deductible

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2020 2nd 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)
Standard Rates								
Individual	\$1,056.89	\$993.91	\$911.52	\$851.07	\$944.19	\$865.98	\$808.26	
Individual/Spouse	\$2,113.77	\$1,987.83	\$1,823.03	\$1,702.13	\$1,888.39	\$1,731.95	\$1,616.52	
Individual/Children	\$1,796.70	\$1,689.65	\$1,549.58	\$1,446.81	\$1,605.13	\$1,472.16	\$1,374.05	
Family	\$3,012.13	\$2,832.66	\$2,597.82	\$2,425.53	\$2,690.95	\$2,468.04	\$2,303.55	
Age 29 Rates								
Individual	\$1,088.60	\$1,023.73	\$938.87	\$876.60	\$972.52	\$891.96	\$832.51	
Individual/Spouse	\$2,177.19	\$2,047.47	\$1,877.73	\$1,753.21	\$1,945.03	\$1,783.92	\$1,665.01	
Individual/Children	\$1,850.61	\$1,740.34	\$1,596.07	\$1,490.23	\$1,653.28	\$1,516.34	\$1,415.26	
Family	\$3,102.50	\$2,917.64	\$2,675.76	\$2,498.32	\$2,771.67	\$2,542.08	\$2,372.64	
Plan Benefits								
	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

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2020 2nd 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	\$805.23	\$837.12	\$767.94	\$716.09	\$809.39	\$742.54	\$692.23
Individual/Spouse	\$1,610.46	\$1,674.25	\$1,535.87	\$1,432.18	\$1,618.78	\$1,485.08	\$1,384.46
Individual/Children	\$1,368.89	\$1,423.11	\$1,305.49	\$1,217.35	\$1,375.96	\$1,262.32	\$1,176.79
Family	\$2,294.90	\$2,385.80	\$2,188.62	\$2,040.85	\$2,306.76	\$2,116.24	\$1,972.86
Age 29 Rates							
Individual	\$829.39	\$862.23	\$790.98	\$737.57	\$833.67	\$764.82	\$713.00
Individual/Spouse	\$1,658.77	\$1,724.47	\$1,581.94	\$1,475.14	\$1,667.35	\$1,529.63	\$1,426.00
Individual/Children	\$1,409.95	\$1,465.79	\$1,344.66	\$1,253.87	\$1,417.25	\$1,300.18	\$1,212.10
Family	\$2,363.74	\$2,457.37	\$2,254.27	\$2,102.07	\$2,375.98	\$2,179.73	\$2,032.05
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 2nd 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)
Standard Rates							
Individual	\$712.15	\$721.61	\$662.15	\$616.67	\$689.14	\$632.41	\$588.71
Individual/Spouse	\$1,424.31	\$1,443.22	\$1,324.30	\$1,233.34	\$1,378.28	\$1,264.82	\$1,177.42
Individual/Children	\$1,210.67	\$1,226.75	\$1,125.66	\$1,048.33	\$1,171.53	\$1,075.10	\$1,000.81
Family	\$2,029.64	\$2,056.60	\$1,887.12	\$1,757.51	\$1,964.05	\$1,802.37	\$1,677.83
Age 29 Rates							
Individual	\$733.51	\$743.26	\$682.01	\$635.17	\$709.81	\$651.38	\$606.37
Individual/Spouse	\$1,467.04	\$1,486.53	\$1,364.02	\$1,270.33	\$1,419.63	\$1,302.78	\$1,212.75
Individual/Children	\$1,246.98	\$1,263.55	\$1,159.42	\$1,079.79	\$1,206.69	\$1,107.36	\$1,030.84
Family	\$2,090.54	\$2,118.30	\$1,943.73	\$1,810.23	\$2,022.98	\$1,856.46	\$1,728.17
Plan Benefits							
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% ^		

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* Not Subject to Deductible



2020 2nd 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)
Standard Rates					
Individual	\$1,349.94	\$1,281.40	\$1,174.85	\$1,250.76	\$1,146.78
Individual/Spouse	\$2,699.87	\$2,562.80	\$2,349.70	\$2,501.51	\$2,293.56
Individual/Children	\$2,294.89	\$2,178.38	\$1,997.25	\$2,126.29	\$1,949.53
Family	\$3,847.31	\$3,651.99	\$3,348.32	\$3,564.66	\$3,268.32
Age 29 Rates					
Individual	\$1,390.44	\$1,319.84	\$1,210.10	\$1,288.28	\$1,181.18
Individual/Spouse	\$2,780.86	\$2,639.68	\$2,420.20	\$2,576.57	\$2,362.37
Individual/Children	\$2,363.73	\$2,243.74	\$2,057.17	\$2,190.09	\$2,008.02
Family	\$3,962.73	\$3,761.55	\$3,448.78	\$3,671.61	\$3,366.37
Plan Benefits					
	In Network	Out of Network			
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$0	\$2,600/\$5,200	\$0	\$0	\$200/\$400
Rx Deductible: Indl/Family	\$0	N/A	\$0	\$0	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
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 2nd 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)
Standard Rates					
Individual	\$1,113.82	\$1,047.46	\$960.62	\$995.06	\$912.63
Individual/Spouse	\$2,227.64	\$2,094.92	\$1,921.24	\$1,990.13	\$1,825.25
Individual/Children	\$1,893.49	\$1,780.69	\$1,633.05	\$1,691.61	\$1,551.46
Family	\$3,174.38	\$2,985.26	\$2,737.76	\$2,835.94	\$2,600.98
Age 29 Rates					
Individual	\$1,147.23	\$1,078.88	\$989.44	\$1,024.91	\$940.01
Individual/Spouse	\$2,294.47	\$2,157.77	\$1,978.88	\$2,049.82	\$1,880.01
Individual/Children	\$1,950.30	\$1,834.11	\$1,682.05	\$1,742.35	\$1,598.00
Family	\$3,269.62	\$3,074.82	\$2,819.91	\$2,921.00	\$2,679.01
Plan Benefits					
	In Network	Out of Network			
Referral Required	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 2nd 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)
Standard Rates					
Individual	\$848.61	\$882.23	\$809.31	\$853.00	\$782.54
Individual/Spouse	\$1,697.21	\$1,764.45	\$1,618.62	\$1,706.00	\$1,565.08
Individual/Children	\$1,442.62	\$1,499.79	\$1,375.83	\$1,450.10	\$1,330.32
Family	\$2,418.53	\$2,514.35	\$2,306.53	\$2,431.05	\$2,230.24
Age 29 Rates					
Individual	\$874.07	\$908.70	\$833.59	\$878.59	\$806.02
Individual/Spouse	\$1,748.12	\$1,817.38	\$1,667.17	\$1,757.17	\$1,612.03
Individual/Children	\$1,485.91	\$1,544.77	\$1,417.10	\$1,493.60	\$1,370.22
Family	\$2,491.07	\$2,589.77	\$2,375.71	\$2,503.98	\$2,297.14
Plan Benefits					
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 \$35 *	3 free PCP visits, then \$10 *	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 2nd 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)
Standard Rates					
Individual	\$750.52	\$760.48	\$697.82	\$726.27	\$666.47
Individual/Spouse	\$1,501.03	\$1,520.96	\$1,395.65	\$1,452.54	\$1,332.94
Individual/Children	\$1,275.88	\$1,292.82	\$1,186.30	\$1,234.66	\$1,133.00
Family	\$2,138.96	\$2,167.37	\$1,988.80	\$2,069.87	\$1,899.44
Age 29 Rates					
Individual	\$773.04	\$783.29	\$718.75	\$748.06	\$686.46
Individual/Spouse	\$1,546.06	\$1,566.59	\$1,437.51	\$1,496.11	\$1,372.93
Individual/Children	\$1,314.16	\$1,331.60	\$1,221.88	\$1,271.70	\$1,166.99
Family	\$2,203.14	\$2,232.39	\$2,048.45	\$2,131.96	\$1,956.42
Plan Benefits					
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% ^	

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^ After Deductible

* Not Subject to Deductible



2020 2nd 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)
Standard Rates					
Individual	\$1,349.36	\$1,280.85	\$1,174.34	\$1,250.22	\$1,146.29
Individual/Spouse	\$2,698.71	\$2,561.70	\$2,348.68	\$2,500.44	\$2,292.58
Individual/Child	\$2,293.90	\$2,177.45	\$1,996.38	\$2,125.37	\$1,948.69
Family	\$3,845.66	\$3,650.42	\$3,346.87	\$3,563.12	\$3,266.93
Age 29 Rates					
Individual	\$1,389.84	\$1,319.28	\$1,209.57	\$1,287.73	\$1,180.68
Individual/Spouse	\$2,779.66	\$2,638.55	\$2,419.14	\$2,575.45	\$2,361.35
Individual/Child	\$2,362.71	\$2,242.76	\$2,056.27	\$2,189.13	\$2,007.15
Family	\$3,961.02	\$3,759.93	\$3,447.27	\$3,670.02	\$3,364.93
Plan Benefits					
	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 ^

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^ After Deductible

* Not Subject to Deductible



2020 2nd 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	\$1,113.34	\$1,047.00	\$960.20	\$994.64	\$912.23
Individual/Spouse	\$2,226.68	\$2,094.00	\$1,920.40	\$1,989.27	\$1,824.46
Individual/Child	\$1,892.68	\$1,779.90	\$1,632.35	\$1,690.88	\$1,550.79
Family	\$3,173.02	\$2,983.96	\$2,736.57	\$2,834.71	\$2,599.85
Age 29 Rates					
Individual	\$1,146.74	\$1,078.41	\$989.01	\$1,024.48	\$939.60
Individual/Spouse	\$2,293.48	\$2,156.83	\$1,978.00	\$2,048.95	\$1,879.19
Individual/Child	\$1,949.46	\$1,833.31	\$1,681.30	\$1,741.61	\$1,597.31
Family	\$3,268.20	\$3,073.49	\$2,818.66	\$2,919.76	\$2,677.85
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 2nd 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)
Standard Rates					
Individual	\$848.24	\$881.84	\$808.95	\$852.62	\$782.21
Individual/Spouse	\$1,696.48	\$1,763.68	\$1,617.90	\$1,705.24	\$1,564.41
Individual/Child	\$1,442.00	\$1,499.13	\$1,375.22	\$1,449.46	\$1,329.75
Family	\$2,417.48	\$2,513.25	\$2,305.52	\$2,429.97	\$2,229.28
Age 29 Rates					
Individual	\$873.69	\$908.30	\$833.22	\$878.20	\$805.68
Individual/Spouse	\$1,747.37	\$1,816.59	\$1,666.44	\$1,756.40	\$1,611.33
Individual/Child	\$1,485.27	\$1,544.10	\$1,416.47	\$1,492.94	\$1,369.63
Family	\$2,490.00	\$2,588.63	\$2,374.67	\$2,502.87	\$2,296.15
Plan Benefits					
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 2nd 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)
Standard Rates					
Individual	\$750.19	\$760.16	\$697.52	\$725.95	\$666.19
Individual/Spouse	\$1,500.38	\$1,520.31	\$1,395.04	\$1,451.91	\$1,332.37
Individual/Child	\$1,275.33	\$1,292.27	\$1,185.78	\$1,234.12	\$1,132.52
Family	\$2,138.04	\$2,166.44	\$1,987.93	\$2,068.97	\$1,898.63
Age 29 Rates					
Individual	\$772.70	\$782.96	\$718.45	\$747.73	\$686.18
Individual/Spouse	\$1,545.39	\$1,565.92	\$1,436.90	\$1,495.46	\$1,372.34
Individual/Child	\$1,313.59	\$1,331.03	\$1,221.37	\$1,271.14	\$1,166.49
Family	\$2,202.18	\$2,231.43	\$2,047.58	\$2,131.03	\$1,955.59
Plan Benefits					
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