



2020 4th 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)

Name Referral Required Network	Platinum POS Non-Gated Prime	Platinum Premier P Non-Gated Prime	Platinum Value P Non-Gated Prime	Platinum Premier S Non-Gated Select Care	Platinum Value S Non-Gated Select Care	Platinum Premier M Gated Millennium	Platinum Value M Gated Millennium	
Standard Rates								
Individual	\$1,164.71	\$1,105.58	\$1,079.15	\$1,013.65	\$989.44	\$947.61	\$924.84	
Individual/Spouse	\$2,329.44	\$2,211.16	\$2,158.29	\$2,027.31	\$1,978.89	\$1,895.22	\$1,849.67	
Individual/Children	\$1,980.02	\$1,879.49	\$1,834.55	\$1,723.21	\$1,682.06	\$1,610.95	\$1,572.22	
Family	\$3,319.45	\$3,150.90	\$3,075.57	\$2,888.92	\$2,819.91	\$2,700.69	\$2,635.79	
Age 29 Rates								
Individual	\$1,199.65	\$1,138.75	\$1,111.52	\$1,044.06	\$1,019.12	\$976.04	\$952.59	
Individual/Spouse	\$2,399.33	\$2,277.49	\$2,223.05	\$2,088.13	\$2,038.25	\$1,952.09	\$1,905.17	
Individual/Children	\$2,039.42	\$1,935.87	\$1,889.60	\$1,774.92	\$1,732.52	\$1,659.28	\$1,619.40	
Family	\$3,419.04	\$3,245.42	\$3,167.84	\$2,975.59	\$2,904.51	\$2,781.72	\$2,714.87	
Plan Benefits								
	In Network	Out of Network						
Referral Required	No	No	No	No	No	No	Yes	Yes
Deductible: Individual/Family	\$0	\$2,600/\$5,200	\$0	\$200/\$400	\$0	\$200/\$400	\$0	\$200/\$400
Rx Deductible: Individual/Family	\$0	N/A	\$0	Integrated	\$0	Integrated	\$0	Integrated
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$5,000/\$10,000	\$2,000/\$4,000	\$2,400/\$4,800	\$2,000/\$4,000	\$2,400/\$4,800	\$2,000/\$4,000	\$2,400/\$4,800
Primary Care Physician (PCP) office visit	3 free, then \$15	30% ^	3 free, then \$15	3 free, then \$15 *	3 free, then \$15	3 free, then \$15 *	3 free, then \$15	3 free, then \$15 *
Specialist office visit	\$35	30% ^	\$35	\$35 *	\$35	\$35 *	\$35	\$35 *
Urgent Care	\$75	30% ^	\$75	\$75 *	\$75	\$75 *	\$75	\$75 *
Emergency Room	20%	20% *	\$350	\$350 ^	\$350	\$350 ^	\$350	\$350 ^
Inpatient Admission	\$500	30% ^	\$500	\$500 ^	\$500	\$500 ^	\$500	\$500 ^
Dental (Routine)	\$15 +	N/A	\$15	\$15 *	\$15	\$15 *	\$15 +	\$15 * +
Vision (Eye Exam)	\$0 +	N/A	\$0	\$0 *	\$0	\$0 *	\$0 +	\$0 * +
Telemedicine	\$0	N/A	\$0	\$0 *	\$0	\$0 *	\$0	\$0 *
Acupuncture	\$0	N/A	\$0	\$0 *	\$0	\$0 *	N/A	N/A
Prescription Drugs	\$0/\$30/\$60	N/A	\$0/\$30/\$60	\$0 */\$30 ^/\$60 ^	\$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 4th 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)

Name Referral Required Network	Gold POS Non-Gated Prime	Gold Premier P Non-Gated Prime	Gold Value P Non-Gated Prime	Gold Premier S Non-Gated Select Care	Gold Value S Non-Gated Select Care	Gold Premier M Gated Millennium	Gold Value M Gated Millennium	
Standard Rates								
Individual	\$961.00	\$903.74	\$858.54	\$828.80	\$787.41	\$773.86	\$734.94	
Individual/Spouse	\$1,922.00	\$1,807.47	\$1,717.07	\$1,657.63	\$1,574.81	\$1,547.70	\$1,469.87	
Individual/Children	\$1,633.70	\$1,536.35	\$1,459.52	\$1,408.98	\$1,338.60	\$1,315.54	\$1,249.38	
Family	\$2,738.85	\$2,575.64	\$2,446.83	\$2,362.11	\$2,244.12	\$2,205.48	\$2,094.56	
Age 29 Rates								
Individual	\$989.83	\$930.85	\$884.30	\$853.66	\$811.03	\$797.08	\$756.99	
Individual/Spouse	\$1,979.66	\$1,861.71	\$1,768.59	\$1,707.35	\$1,622.07	\$1,594.13	\$1,513.96	
Individual/Children	\$1,682.72	\$1,582.46	\$1,503.31	\$1,451.25	\$1,378.76	\$1,355.01	\$1,286.87	
Family	\$2,821.03	\$2,652.94	\$2,520.25	\$2,432.98	\$2,311.45	\$2,271.64	\$2,157.39	
Plan Benefits								
	In Network	Out of Network						
Referral Required	No	No	No	No	No	No	Yes	Yes
Deductible: Individual/Family	\$1,000/\$2,000	\$3,800/\$7,600	\$350/\$700	\$1,900/\$3,800	\$350/\$700	\$1,900/\$3,800	\$350/\$700	\$1,900/\$3,800
Rx Deductible: Individual/ Family	\$0	N/A	\$0	Integrated	\$0	Integrated	\$0	Integrated
Out of Pocket Maximum: I/F	\$5,000/\$10,000	\$7,000/\$14,000	\$5,300/\$10,600	\$3,700/\$7,400	\$5,300/\$10,600	\$3,700/\$7,400	\$5,300/\$10,600	\$3,700/\$7,400
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	3 free, then \$40 *	3 free, then \$25 *	3 free, then \$40 *	3 free, then \$25 *	3 free, then \$40 *	3 free, then \$25 *
Specialist office visit	\$40 *	40% ^	\$60 *	\$40 *	\$60 *	\$40 *	\$60 *	\$40 *
Urgent Care	\$75 *	40% ^	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	30% ^	30% ^	\$600 ^	\$500 ^	\$600 ^	\$500 ^	\$600 ^	\$500 ^
Inpatient Admission	30% ^	40% ^	30% ^	30% ^	30% ^	30% ^	30% ^	30% ^
Dental (Routine)	\$25 * +	N/A	\$40 *	\$25 *	\$40 *	\$25 *	\$40 * +	\$25 * +
Vision (Eye Exam)	\$0 * +	N/A	\$0 *	\$0 *	\$0 *	\$0 *	\$0 * +	\$0 * +
Telemedicine	\$0 *	N/A	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *
Acupuncture	\$0 *	N/A	\$0 *	\$0 *	\$0 *	\$0 *	N/A	N/A
Prescription Drugs	\$0/\$35/\$75	N/A	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^

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2020 4th Quarter Small Group Rate Sheet

New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties
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Name Referral Required Network	Silver HSA Non-Gated Prime	Silver Premier P Non-Gated Prime	Silver Value P Non-Gated Prime	Silver Premier S Non-Gated Select Care	Silver Value S Non-Gated Select Care	Silver Premier M Gated Millennium	Silver Value M Gated Millennium
Standard Rates							
Individual	\$732.17	\$761.17	\$735.96	\$698.27	\$675.18	\$651.12	\$629.43
Individual/Spouse	\$1,464.36	\$1,522.35	\$1,471.92	\$1,396.52	\$1,350.34	\$1,302.26	\$1,258.86
Individual/Children	\$1,244.71	\$1,294.00	\$1,251.13	\$1,187.04	\$1,147.81	\$1,106.91	\$1,070.03
Family	\$2,086.70	\$2,169.35	\$2,097.50	\$1,990.06	\$1,924.26	\$1,855.72	\$1,793.87
Age 29 Rates							
Individual	\$754.14	\$784.01	\$758.04	\$719.22	\$695.44	\$670.65	\$648.31
Individual/Spouse	\$1,508.28	\$1,568.02	\$1,516.08	\$1,438.41	\$1,390.87	\$1,341.33	\$1,296.62
Individual/Children	\$1,282.04	\$1,332.83	\$1,288.67	\$1,222.66	\$1,182.24	\$1,140.13	\$1,102.13
Family	\$2,149.31	\$2,234.44	\$2,160.42	\$2,049.74	\$1,981.99	\$1,911.39	\$1,847.69
Plan Benefits							
Referral Required	No	No	No	No	No	Yes	Yes
Deductible: Individual/Family	\$2,800/\$5,200	\$2,400/\$4,800	\$6,300/\$12,600	\$2,400/\$4,800	\$6,300/\$12,600	\$2,400/\$4,800	\$6,300/\$12,600
Rx Deductible: Individual/Family	Integrated	\$0	Integrated	\$0	Integrated	\$0	Integrated
Out of Pocket Maximum: I/F	\$5,800/\$11,600	\$7,800/\$15,600	\$6,300/\$12,600	\$7,800/\$15,600	\$6,300/\$12,600	\$7,800/\$15,600	\$6,300/\$12,600
Primary Care Physician (PCP) office visit	\$30 ^	3 free, then \$35 *	3 free, then \$10 *	3 free, then \$35 *	3 free, then \$10 *	3 free, then \$35 *	3 free, then \$10 *
Specialist office visit	\$50 ^	\$65 *	\$55 *	\$65 *	\$55 *	\$65 *	\$55 *
Urgent Care	\$75 ^	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	40% ^	40% ^	\$0 ^	40% ^	\$0 ^	40% ^	\$0 ^
Inpatient Admission	40% ^	40% ^	\$0 ^	40% ^	\$0 ^	40% ^	\$0 ^
Dental (Routine)	\$30 *	\$35 *	\$10 *	\$35 *	\$10 *	\$35 * +	\$10 * +
Vision (Eye Exam)	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 * +	\$0 * +
Telemedicine	\$0 ^	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *
Acupuncture	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	N/A	N/A
Prescription Drugs	\$15 ^/\$45 ^/\$80 ^	\$0/\$40/\$80	\$0 */\$0 ^/\$0 ^	\$0/\$40/\$80	\$0 */\$0 ^/\$0 ^	\$0/\$40/\$80	\$0 */\$0 ^/\$0 ^

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2020 4th Quarter Small Group Rate Sheet

New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties
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Name	Bronze HSA	Bronze Premier P	Bronze Value P	Bronze Premier S	Bronze Value S	Bronze Premier M	Bronze Value M
Referral Required Network	Non-Gated Prime	Non-Gated Prime	Non-Gated Prime	Non-Gated Select Care	Non-Gated Select Care	Gated Millennium	Gated Millennium
Standard Rates							
Individual	\$647.54	\$656.13	\$626.62	\$602.08	\$575.02	\$560.72	\$535.30
Individual/Spouse	\$1,295.09	\$1,312.28	\$1,253.24	\$1,204.16	\$1,150.05	\$1,121.44	\$1,070.60
Individual/Children	\$1,100.82	\$1,115.44	\$1,065.26	\$1,023.53	\$977.55	\$953.23	\$910.01
Family	\$1,845.50	\$1,869.99	\$1,785.86	\$1,715.92	\$1,638.83	\$1,598.06	\$1,525.61
Age 29 Rates							
Individual	\$666.97	\$675.81	\$645.42	\$620.14	\$592.27	\$577.54	\$551.36
Individual/Spouse	\$1,333.95	\$1,351.63	\$1,290.84	\$1,240.29	\$1,184.55	\$1,155.09	\$1,102.71
Individual/Children	\$1,133.85	\$1,148.88	\$1,097.20	\$1,054.24	\$1,006.87	\$981.82	\$937.32
Family	\$1,900.86	\$1,926.09	\$1,839.44	\$1,767.40	\$1,687.99	\$1,645.98	\$1,571.38
Plan Benefits							
Referral Required	No	No	No	No	No	Yes	Yes
Deductible: Individual/Family	\$6,300/\$12,600	\$4,600/\$9,200	\$8,150/\$16,300	\$4,600/\$9,200	\$8,150/\$16,300	\$4,600/\$9,200	\$8,150/\$16,300
Rx Deductible: Individual/ Family	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$7,900/\$15,800	\$8,150/\$16,300	\$7,900/\$15,800	\$8,150/\$16,300	\$7,900/\$15,800	\$8,150/\$16,300
Primary Care Physician (PCP) office visit	50% ^	3 free, then \$40 ^	3 free, then 0% ^	3 free, then \$40 ^	3 free, then 0% ^	3 free, then \$40 ^	3 free, then 0% ^
Specialist office visit	50% ^	\$70 ^	0% ^	\$70 ^	0% ^	\$70 ^	0% ^
Urgent Care	\$75 ^	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	50% ^	50% ^	0% ^	50% ^	0% ^	50% ^	0% ^
Inpatient Admission	50% ^	50% ^	0% ^	50% ^	0% ^	50% ^	0% ^
Dental (Routine)	50% *	\$40 *	\$35 *	\$40 *	\$35 *	\$40 * +	\$35 * +
Vision (Eye Exam)	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 * +	\$0 * +
Telemedicine	\$0 ^	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *
Acupuncture	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	N/A	N/A
Prescription Drugs	\$15 ^/\$65 ^/\$80 ^	\$25^/50% ^/50% ^	\$35 */0% ^/0% ^	\$25^/50% ^/50% ^	\$35 */0% ^/0% ^	\$25^/50% ^/50% ^	\$35 */0% ^/0% ^

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2020 4th Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)							
Name	Platinum POS	Platinum Premier P	Platinum Value P	Platinum Premier S	Platinum Value S	Platinum Premier M	Platinum Value M
Referral Required Network	Non-Gated Prime	Non-Gated Prime	Non-Gated Prime	Non-Gated Select Care	Non-Gated Select Care	Gated Millennium	Gated Millennium
Standard Rates							
Individual	\$1,324.86	\$1,257.58	\$1,227.52	\$1,153.01	\$1,125.47	\$1,077.90	\$1,051.98
Individual/Spouse	\$2,649.70	\$2,515.17	\$2,455.03	\$2,306.04	\$2,250.95	\$2,155.79	\$2,103.97
Individual/Children	\$2,252.25	\$2,137.90	\$2,086.78	\$1,960.14	\$1,913.30	\$1,832.43	\$1,788.37
Family	\$3,775.83	\$3,584.12	\$3,498.41	\$3,286.11	\$3,207.59	\$3,072.00	\$2,998.17
Age 29 Rates							
Individual	\$1,364.61	\$1,295.31	\$1,264.35	\$1,187.60	\$1,159.23	\$1,110.24	\$1,083.54
Individual/Spouse	\$2,729.21	\$2,590.63	\$2,528.68	\$2,375.21	\$2,318.48	\$2,220.47	\$2,167.08
Individual/Children	\$2,319.83	\$2,202.04	\$2,149.38	\$2,018.93	\$1,970.70	\$1,887.39	\$1,842.03
Family	\$3,889.11	\$3,691.65	\$3,603.37	\$3,384.67	\$3,303.83	\$3,164.16	\$3,088.10
Plan Benefits							
	In Network	Out of Network					
Referral Required	No	No	No	No	No	No	Yes
Deductible: Individual/Family	\$0	\$2,600/\$5,200	\$0	\$200/\$400	\$0	\$200/\$400	\$0
Rx Deductible: Individual/Family	\$0	N/A	\$0	Integrated	\$0	Integrated	\$0
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$5,000/\$10,000	\$2,000/\$4,000	\$2,400/\$4,800	\$2,000/\$4,000	\$2,400/\$4,800	\$2,000/\$4,000
Primary Care Physician (PCP) office visit	3 free, then \$15	30% ^	3 free, then \$15	3 free, then \$15 *	3 free, then \$15	3 free, then \$15 *	3 free, then \$15
Specialist office visit	\$35	30% ^	\$35	\$35 *	\$35	\$35 *	\$35
Urgent Care	\$75	30% ^	\$75	\$75 *	\$75	\$75 *	\$75
Emergency Room	20%	20% *	\$350	\$350 ^	\$350	\$350 ^	\$350
Inpatient Admission	\$500	30% ^	\$500	\$500 ^	\$500	\$500 ^	\$500
Dental (Routine)	\$15 +	N/A	\$15	\$15 *	\$15	\$15 *	\$15 +
Vision (Eye Exam)	\$0 +	N/A	\$0	\$0 *	\$0	\$0 *	\$0 +
Telemedicine	\$0	N/A	\$0	\$0 *	\$0	\$0 *	\$0
Acupuncture	\$0	N/A	\$0	\$0 *	\$0	\$0 *	N/A
Prescription Drugs	\$0/\$30/\$60	N/A	\$0/\$30/\$60	\$0 */\$30 ^/\$60 ^	\$0/\$30/\$60	\$0 */\$30 ^/\$60 ^	\$0/\$30/\$60

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2020 4th Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)								
Name Referral Required Network	Gold POS Non-Gated Prime	Gold Premier P Non-Gated Prime	Gold Value P Non-Gated Prime	Gold Premier S Non-Gated Select Care	Gold Value S Non-Gated Select Care	Gold Premier M Gated Millennium	Gold Value M Gated Millennium	
Standard Rates								
Individual	\$1,093.13	\$1,027.99	\$976.56	\$942.78	\$895.67	\$880.25	\$835.97	
Individual/Spouse	\$2,186.24	\$2,055.99	\$1,953.14	\$1,885.54	\$1,791.33	\$1,760.50	\$1,671.95	
Individual/Children	\$1,858.30	\$1,747.58	\$1,660.17	\$1,602.71	\$1,522.64	\$1,496.42	\$1,421.17	
Family	\$3,115.42	\$2,929.79	\$2,783.22	\$2,686.89	\$2,552.67	\$2,508.69	\$2,382.54	
Age 29 Rates								
Individual	\$1,125.92	\$1,058.83	\$1,005.86	\$971.06	\$922.54	\$906.66	\$861.05	
Individual/Spouse	\$2,251.84	\$2,117.68	\$2,011.73	\$1,942.11	\$1,845.09	\$1,813.32	\$1,722.11	
Individual/Children	\$1,914.07	\$1,800.02	\$1,709.97	\$1,650.79	\$1,568.34	\$1,541.32	\$1,463.79	
Family	\$3,208.88	\$3,017.68	\$2,866.71	\$2,767.51	\$2,629.25	\$2,583.98	\$2,453.99	
Plan Benefits								
	In Network	Out of Network						
Referral Required	No	No	No	No	No	No	Yes	Yes
Deductible: Individual/Family	\$1,000/\$2,000	\$3,800/\$7,600	\$350/\$700	\$1,900/\$3,800	\$350/\$700	\$1,900/\$3,800	\$350/\$700	\$1,900/\$3,800
Rx Deductible: Individual/Family	\$0	N/A	\$0	Integrated	\$0	Integrated	\$0	Integrated
Out of Pocket Maximum: I/F	\$5,000/\$10,000	\$7,000/\$14,000	\$5,300/\$10,600	\$3,700/\$7,400	\$5,300/\$10,600	\$3,700/\$7,400	\$5,300/\$10,600	\$3,700/\$7,400
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	3 free, then \$40 *	3 free, then \$25 *	3 free, then \$40 *	3 free, then \$25 *	3 free, then \$40 *	3 free, then \$25 *
Specialist office visit	\$40 *	40% ^	\$60 *	\$40 *	\$60 *	\$40 *	\$60 *	\$40 *
Urgent Care	\$75 *	40% ^	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	30% ^	30% ^	\$600 ^	\$500 ^	\$600 ^	\$500 ^	\$600 ^	\$500 ^
Inpatient Admission	30% ^	40% ^	30% ^	30% ^	30% ^	30% ^	30% ^	30% ^
Dental (Routine)	\$25 * +	N/A	\$40 *	\$25 *	\$40 *	\$25 *	\$40 * +	\$25 * +
Vision (Eye Exam)	\$0 * +	N/A	\$0 *	\$0 *	\$0 *	\$0 *	\$0 * +	\$0 * +
Telemedicine	\$0 *	N/A	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *
Acupuncture	\$0 *	N/A	\$0 *	\$0 *	\$0 *	\$0 *	N/A	N/A
Prescription Drugs	\$0/\$35/\$75	N/A	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^

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2020 4th Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)							
Name Referral Required Network	Silver HSA Non-Gated Prime	Silver Premier P Non-Gated Prime	Silver Value P Non-Gated Prime	Silver Premier S Non-Gated Select Care	Silver Value S Non-Gated Select Care	Silver Premier M Gated Millennium	Silver Value M Gated Millennium
Standard Rates							
Individual	\$832.84	\$865.82	\$837.14	\$794.27	\$768.00	\$740.64	\$715.97
Individual/Spouse	\$1,665.68	\$1,731.66	\$1,674.29	\$1,588.53	\$1,536.01	\$1,481.29	\$1,431.94
Individual/Children	\$1,415.83	\$1,471.90	\$1,423.14	\$1,350.25	\$1,305.60	\$1,259.09	\$1,217.15
Family	\$2,373.59	\$2,467.61	\$2,385.85	\$2,263.67	\$2,188.81	\$2,110.82	\$2,040.51
Age 29 Rates							
Individual	\$857.83	\$891.79	\$862.25	\$818.10	\$791.04	\$762.86	\$737.45
Individual/Spouse	\$1,715.65	\$1,783.60	\$1,724.52	\$1,636.18	\$1,582.08	\$1,525.72	\$1,474.89
Individual/Children	\$1,458.30	\$1,516.05	\$1,465.84	\$1,390.77	\$1,344.76	\$1,296.87	\$1,253.67
Family	\$2,444.79	\$2,541.64	\$2,457.45	\$2,331.56	\$2,254.48	\$2,174.15	\$2,101.72
Plan Benefits							
Referral Required	No	No	No	No	No	Yes	Yes
Deductible: Individual/Family	\$2,800/\$5,200	\$2,400/\$4,800	\$6,300/\$12,600	\$2,400/\$4,800	\$6,300/\$12,600	\$2,400/\$4,800	\$6,300/\$12,600
Rx Deductible: Individual/Family	Integrated	\$0	Integrated	\$0	Integrated	\$0	Integrated
Out of Pocket Maximum: I/F	\$5,800/\$11,600	\$7,800/\$15,600	\$6,300/\$12,600	\$7,800/\$15,600	\$6,300/\$12,600	\$7,800/\$15,600	\$6,300/\$12,600
Primary Care Physician (PCP) office visit	\$30 ^	3 free, then \$35 *	3 free, then \$10 *	3 free, then \$35 *	3 free, then \$10 *	3 free, then \$35 *	3 free, then \$10 *
Specialist office visit	\$50 ^	\$65 *	\$55 *	\$65 *	\$55 *	\$65 *	\$55 *
Urgent Care	\$75 ^	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	40% ^	40% ^	\$0 ^	40% ^	\$0 ^	40% ^	\$0 ^
Inpatient Admission	40% ^	40% ^	\$0 ^	40% ^	\$0 ^	40% ^	\$0 ^
Dental (Routine)	\$30 *	\$35 *	\$10 *	\$35 *	\$10 *	\$35 * +	\$10 * +
Vision (Eye Exam)	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 * +	\$0 * +
Telemedicine	\$0 ^	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *
Acupuncture	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	N/A	N/A
Prescription Drugs	\$15 ^/\$45 ^/\$80 ^	\$0/\$40/\$80	\$0 ^/\$0 ^/\$0 ^	\$0/\$40/\$80	\$0 ^/\$0 ^/\$0 ^	\$0/\$40/\$80	\$0 ^/\$0 ^/\$0 ^

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

^ After Deductible

* Not Subject to Deductible



2020 4th Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)							
Name Referral Required Network	Bronze HSA Non-Gated Prime	Bronze Premier P Non-Gated Prime	Bronze Value P Non-Gated Prime	Bronze Premier S Non-Gated Select Care	Bronze Value S Non-Gated Select Care	Bronze Premier M Gated Millennium	Bronze Value M Gated Millennium
Standard Rates							
Individual	\$736.57	\$746.36	\$712.77	\$684.86	\$654.09	\$637.81	\$608.90
Individual/Spouse	\$1,473.14	\$1,492.70	\$1,425.54	\$1,369.71	\$1,308.19	\$1,275.63	\$1,217.80
Individual/Children	\$1,252.18	\$1,268.81	\$1,211.70	\$1,164.26	\$1,111.97	\$1,084.27	\$1,035.12
Family	\$2,099.23	\$2,127.12	\$2,031.40	\$1,951.83	\$1,864.17	\$1,817.78	\$1,735.36
Age 29 Rates							
Individual	\$758.67	\$768.75	\$734.15	\$705.41	\$673.71	\$656.94	\$627.17
Individual/Spouse	\$1,517.34	\$1,537.50	\$1,468.30	\$1,410.79	\$1,347.45	\$1,313.89	\$1,254.34
Individual/Children	\$1,289.74	\$1,306.88	\$1,248.06	\$1,199.18	\$1,145.34	\$1,116.82	\$1,066.18
Family	\$2,162.22	\$2,190.93	\$2,092.35	\$2,010.38	\$1,920.12	\$1,872.30	\$1,787.43
Plan Benefits							
Referral Required	No	No	No	No	No	Yes	Yes
Deductible: Individual/Family	\$6,300/\$12,600	\$4,600/\$9,200	\$8,150/\$16,300	\$4,600/\$9,200	\$8,150/\$16,300	\$4,600/\$9,200	\$8,150/\$16,300
Rx Deductible: Individual/ Family	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$7,900/\$15,800	\$8,150/\$16,300	\$7,900/\$15,800	\$8,150/\$16,300	\$7,900/\$15,800	\$8,150/\$16,300
Primary Care Physician (PCP) office visit	50% ^	3 free, then \$40 ^	3 free, then 0% ^	3 free, then \$40 ^	3 free, then 0% ^	3 free, then \$40 ^	3 free, then 0% ^
Specialist office visit	50% ^	\$70 ^	0% ^	\$70 ^	0% ^	\$70 ^	0% ^
Urgent Care	\$75 ^	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	50% ^	50% ^	0% ^	50% ^	0% ^	50% ^	0% ^
Inpatient Admission	50% ^	50% ^	0% ^	50% ^	0% ^	50% ^	0% ^
Dental (Routine)	50% *	\$40 *	\$35 *	\$40 *	\$35 *	\$40 * +	\$35 * +
Vision (Eye Exam)	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 * +	\$0 * +
Telemedicine	\$0 ^	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *
Acupuncture	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	N/A	N/A
Prescription Drugs	\$15 ^/\$65 ^/\$80 ^	\$25^/50% ^/50% ^	\$35 */0% ^/0% ^	\$25^/50% ^/50% ^	\$35 */0% ^/0% ^	\$25^/50% ^/50% ^	\$35 */0% ^/0% ^

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

^ After Deductible

* Not Subject to Deductible



2020 4th Quarter Small Group Rate Sheet

Mid-Hudson (Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster counties)						
Name Referral Required Network	Platinum POS Non-Gated Prime	Platinum Premier P Non-Gated Prime	Platinum Value P Non-Gated Prime	Platinum Premier S Non-Gated Select Care	Platinum Value S Non-Gated Select Care	
Standard Rates						
Individual	\$1,396.23	\$1,325.33	\$1,293.64	\$1,215.13	\$1,186.11	
Individual/Spouse	\$2,792.45	\$2,650.68	\$2,587.29	\$2,430.26	\$2,372.20	
Individual/Children	\$2,373.58	\$2,253.07	\$2,199.20	\$2,065.73	\$2,016.38	
Family	\$3,979.23	\$3,777.21	\$3,686.89	\$3,463.13	\$3,380.39	
Age 29 Rates						
Individual	\$1,438.12	\$1,365.09	\$1,332.45	\$1,251.58	\$1,221.69	
Individual/Spouse	\$2,876.21	\$2,730.19	\$2,664.92	\$2,503.18	\$2,443.37	
Individual/Children	\$2,444.78	\$2,320.67	\$2,265.18	\$2,127.71	\$2,076.88	
Family	\$4,098.61	\$3,890.53	\$3,797.51	\$3,567.04	\$3,481.80	
Plan Benefits						
	In Network	Out of Network				
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$0	\$2,600/\$5,200	\$0	\$200/\$400	\$0	\$200/\$400
Rx Deductible: Individual/Family	\$0	N/A	\$0	Integrated	\$0	Integrated
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$5,000/\$10,000	\$2,000/\$4,000	\$2,400/\$4,800	\$2,000/\$4,000	\$2,400/\$4,800
Primary Care Physician (PCP) office visit	3 free, then \$15	30% ^	3 free, then \$15	3 free, then \$15 *	3 free, then \$15	3 free, 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 4th Quarter Small Group Rate Sheet

Mid-Hudson (Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster counties)						
Name Referral Required Network	Gold POS Non-Gated Prime	Gold Premier P Non-Gated Prime	Gold Value P Non-Gated Prime	Gold Premier S Non-Gated Select Care	Gold Value S Non-Gated Select Care	
Standard Rates						
Individual	\$1,152.01	\$1,083.38	\$1,029.18	\$993.56	\$943.92	
Individual/Spouse	\$2,304.02	\$2,166.75	\$2,058.37	\$1,987.12	\$1,887.84	
Individual/Children	\$1,958.42	\$1,841.75	\$1,749.62	\$1,689.04	\$1,604.65	
Family	\$3,283.22	\$3,087.62	\$2,933.18	\$2,831.63	\$2,690.17	
Age 29 Rates						
Individual	\$1,186.57	\$1,115.88	\$1,060.06	\$1,023.37	\$972.24	
Individual/Spouse	\$2,373.15	\$2,231.76	\$2,120.11	\$2,046.73	\$1,944.47	
Individual/Children	\$2,017.18	\$1,897.00	\$1,802.09	\$1,739.72	\$1,652.80	
Family	\$3,381.73	\$3,180.25	\$3,021.16	\$2,916.60	\$2,770.87	
Plan Benefits						
	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	\$1,900/\$3,800	\$350/\$700	\$1,900/\$3,800
Rx Deductible: Individual/ Family	\$0	N/A	\$0	Integrated	\$0	Integrated
Out of Pocket Maximum: I/F	\$5,000/\$10,000	\$7,000/\$14,000	\$5,300/\$10,600	\$3,700/\$7,400	\$5,300/\$10,600	\$3,700/\$7,400
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	3 free, then \$40 *	3 free, then \$25 *	3 free, then \$40 *	3 free, then \$25 *
Specialist office visit	\$40 *	40% ^	\$60 *	\$40 *	\$60 *	\$40 *
Urgent Care	\$75 *	40%^	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	30% ^	30% ^	\$600 ^	\$500^	\$600 ^	\$500^
Inpatient Admission	30% ^	40% ^	30% ^	30% ^	30% ^	30% ^
Dental (Routine)	\$25 * +	N/A	\$40 *	\$25 *	\$40 *	\$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 4th Quarter Small Group Rate Sheet

Mid-Hudson (Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster counties)					
Name Referral Required Network	Silver HSA Non-Gated Prime	Silver Premier P Non-Gated Prime	Silver Value P Non-Gated Prime	Silver Premier S Non-Gated Select Care	Silver Value S Non-Gated Select Care
Standard Rates					
Individual	\$877.71	\$912.48	\$882.25	\$837.06	\$809.37
Individual/Spouse	\$1,755.40	\$1,824.96	\$1,764.50	\$1,674.12	\$1,618.75
Individual/Children	\$1,492.08	\$1,551.22	\$1,499.82	\$1,423.01	\$1,375.94
Family	\$2,501.46	\$2,600.56	\$2,514.41	\$2,385.62	\$2,306.71
Age 29 Rates					
Individual	\$904.04	\$939.85	\$908.72	\$862.17	\$833.65
Individual/Spouse	\$1,808.06	\$1,879.70	\$1,817.42	\$1,724.33	\$1,667.30
Individual/Children	\$1,536.86	\$1,597.74	\$1,544.81	\$1,465.69	\$1,417.20
Family	\$2,576.49	\$2,678.57	\$2,589.84	\$2,457.17	\$2,375.91
Plan Benefits					
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$2,800/\$5,200	\$2,400/\$4,800	\$6,300/\$12,600	\$2,400/\$4,800	\$6,300/\$12,600
Rx Deductible: Individual/Family	Integrated	\$0	Integrated	\$0	Integrated
Out of Pocket Maximum: I/F	\$5,800/\$11,600	\$7,800/\$15,600	\$6,300/\$12,600	\$7,800/\$15,600	\$6,300/\$12,600
Primary Care Physician (PCP) office visit	\$30 ^	3 free, then \$35 *	3 free, then \$10 *	3 free, then \$35 *	3 free, then \$10 *
Specialist office visit	\$50 ^	\$65 *	\$55 *	\$65 *	\$55 *
Urgent Care	\$75 ^	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	40% ^	40% ^	\$0 ^	40% ^	\$0 ^
Inpatient Admission	40% ^	40% ^	\$0 ^	40% ^	\$0 ^
Dental (Routine)	\$30 *	\$35 *	\$10 *	\$35 *	\$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 */\$0 ^/\$0 ^	\$0/\$40/\$80	\$0 */\$0 ^/\$0 ^

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

^ After Deductible

* Not Subject to Deductible



2020 4th Quarter Small Group Rate Sheet

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

Name Referral Required Network	Bronze Plus HSA Non-Gated Prime	Bronze Premier P Non-Gated Prime	Bronze Value P Non-Gated Prime	Bronze Premier S Non-Gated Select Care	Bronze Value S Non-Gated Select Care
Standard Rates					
Individual	\$776.26	\$786.56	\$751.18	\$721.74	\$689.32
Individual/Spouse	\$1,552.50	\$1,573.12	\$1,502.34	\$1,443.51	\$1,378.65
Individual/Children	\$1,319.63	\$1,337.15	\$1,277.00	\$1,226.98	\$1,171.85
Family	\$2,212.30	\$2,241.69	\$2,140.85	\$2,056.99	\$1,964.57
Age 29 Rates					
Individual	\$799.55	\$810.16	\$773.72	\$743.39	\$710.00
Individual/Spouse	\$1,599.07	\$1,620.30	\$1,547.41	\$1,486.80	\$1,420.01
Individual/Children	\$1,359.22	\$1,377.26	\$1,315.31	\$1,263.78	\$1,207.01
Family	\$2,278.68	\$2,308.94	\$2,205.06	\$2,118.69	\$2,023.50
Plan Benefits					
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$6,300/\$12,600	\$4,600/\$9,200	\$8,150/\$16,300	\$4,600/\$9,200	\$8,150/\$16,300
Rx Deductible: Individual/ Family	Integrated	Integrated	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$7,900/\$15,800	\$8,150/\$16,300	\$7,900/\$15,800	\$8,150/\$16,300
Primary Care Physician (PCP) office visit	50% ^	3 free, then \$40 ^	3 free, then 0% ^	3 free, then \$40 ^	3 free, then 0% ^
Specialist office visit	50% ^	\$70 ^	0% ^	\$70 ^	0% ^
Urgent Care	\$75 ^	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	50% ^	50% ^	0% ^	50% ^	0% ^
Inpatient Admission	50% ^	50% ^	0% ^	50% ^	0% ^
Dental (Routine)	50% *	\$40 *	\$35 *	\$40 *	\$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% ^	\$25 ^/50% ^/50% ^	\$35 ^/0% ^/0% ^

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

^ After Deductible

* Not Subject to Deductible



2020 4th Quarter Small Group Rate Sheet

Albany and Upstate						
Name Referral Required Network	Platinum POS Non-Gated Prime	Platinum Premier P Non-Gated Prime	Platinum Value P Non-Gated Prime	Platinum Premier S Non-Gated Select Care	Platinum Value S Non-Gated Select Care	
Standard Rates						
Individual	\$1,395.63	\$1,324.76	\$1,293.08	\$1,214.60	\$1,185.60	
Individual/Spouse	\$2,791.25	\$2,649.54	\$2,586.18	\$2,429.22	\$2,371.19	
Individual/Child	\$2,372.56	\$2,252.12	\$2,198.25	\$2,064.84	\$2,015.51	
Family	\$3,977.53	\$3,775.59	\$3,685.29	\$3,461.63	\$3,378.95	
Age 29 Rates						
Individual	\$1,437.50	\$1,364.50	\$1,331.87	\$1,251.04	\$1,221.17	
Individual/Spouse	\$2,874.97	\$2,729.03	\$2,663.76	\$2,502.09	\$2,442.32	
Individual/Child	\$2,443.73	\$2,319.67	\$2,264.20	\$2,126.78	\$2,075.97	
Family	\$4,096.84	\$3,888.86	\$3,795.86	\$3,565.47	\$3,480.31	
Plan Benefits						
	In Network	Out of Network				
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$0	\$2,600	\$0	\$200	\$0	\$200
Pharmacy Deductible: Individual/ Family	\$0	N/A	\$0	Integrated	\$0	Integrated
Out of Pocket Maximum	\$2,500	\$5,000	\$2,000	\$2,400	\$2,000	\$2,400
Primary Care Physician (PCP) office visit	3 free, then \$15	30% after	3 free, then \$15	3 free, then \$15*	3 free, then \$15	3 free, then \$15*
Specialist office visit	\$35	30% after	\$35	\$35*	\$35	\$35*
Urgent Care	\$75	30% after	\$75	\$75*	\$75	\$75*
Emergency Room	20%	20% before	\$350	\$350^	\$350	\$350^
Inpatient	\$500	30% after	\$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 4th Quarter Small Group Rate Sheet

Albany and Upstate						
Name Referral Required Network	Gold POS Non-Gated Prime	Gold Premier P Non-Gated Prime	Gold Value P Non-Gated Prime	Gold Premier S Non-Gated Select Care	Gold Value S Non-Gated Select Care	
Standard Rates						
Individual	\$1,151.52	\$1,082.90	\$1,028.75	\$993.12	\$943.51	
Individual/Spouse	\$2,303.03	\$2,165.80	\$2,057.48	\$1,986.25	\$1,887.02	
Individual/Child	\$1,957.58	\$1,840.93	\$1,748.85	\$1,688.32	\$1,603.96	
Family	\$3,281.82	\$3,086.28	\$2,931.91	\$2,830.40	\$2,689.00	
Age 29 Rates						
Individual	\$1,186.07	\$1,115.39	\$1,059.61	\$1,022.91	\$971.82	
Individual/Spouse	\$2,372.12	\$2,230.79	\$2,119.20	\$2,045.83	\$1,943.63	
Individual/Child	\$2,016.30	\$1,896.18	\$1,801.33	\$1,738.95	\$1,652.08	
Family	\$3,380.26	\$3,178.88	\$3,019.88	\$2,915.31	\$2,769.67	
Plan Benefits						
	In Network	Out of Network				
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$1,000	\$3,800	\$350	\$1,900	\$350	\$1,900
Pharmacy Deductible: Individual/ Family	\$0	N/A	\$0	Integrated	\$0	Integrated
Out of Pocket Maximum	\$5,000	\$7,000	\$5,300	\$3,700	\$5,300	\$3,700
Primary Care Physician (PCP) office visit	3 free, then \$25*	40%^	3 free, then \$40*	3 free, then \$25*	3 free, then \$40*	3 free, then \$25*
Specialist office visit	\$40*	40%^	\$60*	\$40*	\$60*	\$40*
Urgent Care	\$75*	40%^	\$75*	\$75*	\$75*	\$75*
Emergency Room	30%^	30%^	\$600^	\$500^	\$600^	\$500^
Inpatient	30%^	40%^	30%^	30%^	30%^	30%^
Dental (Routine)*	\$25* +	N/A	\$40*	\$25*	\$40*	\$25*
Vision (Eye Exam)*	\$0* +	N/A	\$0*	\$0*	\$0*	\$0*
Telemedicine	\$0*	N/A	\$0*	\$0*	\$0*	\$0*
Acupuncture	\$0*	N/A	\$0 before	\$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 4th Quarter Small Group Rate Sheet

Albany and Upstate					
Name Referral Required Network	Silver Plus HSA Non-Gated Prime	Silver Premier P Non-Gated Prime	Silver Value P Non-Gated Prime	Silver Premier S Non-Gated Select Care	Silver Value S Non-Gated Select Care
Standard Rates					
Individual	\$877.33	\$912.08	\$881.85	\$836.69	\$809.03
Individual/Spouse	\$1,754.65	\$1,824.15	\$1,763.71	\$1,673.37	\$1,618.05
Individual/Child	\$1,491.44	\$1,550.54	\$1,499.16	\$1,422.38	\$1,375.35
Family	\$2,500.38	\$2,599.43	\$2,513.29	\$2,384.57	\$2,305.72
Age 29 Rates					
Individual	\$903.65	\$939.44	\$908.31	\$861.79	\$833.30
Individual/Spouse	\$1,807.29	\$1,878.88	\$1,816.63	\$1,723.58	\$1,666.58
Individual/Child	\$1,536.20	\$1,597.05	\$1,544.13	\$1,465.04	\$1,416.59
Family	\$2,575.38	\$2,677.39	\$2,588.69	\$2,456.10	\$2,374.88
Plan Benefits					
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$2,800	\$2,400	\$6,300	\$2,400	\$6,300
Pharmacy Deductible: Individual/ Family	Integrated	\$0	Integrated	\$0	Integrated
Out of Pocket Maximum	\$5,800	\$7,800	\$6,300	\$7,800	\$6,300
Primary Care Physician (PCP) office visit	\$30^	3 free, then \$35*	3 free, then \$10*	3 free, then \$35*	3 free, then \$10*
Specialist office visit	\$50^	\$65*	\$55*	\$65*	\$55*
Urgent Care	\$75^	\$75*	\$75*	\$75*	\$75*
Emergency Room	40%^	40%^	\$0^	40%^	\$0^
Inpatient	40%^	40%^	\$0^	40%^	\$0^
Dental (Routine)*	\$30*	\$35*	\$10*	\$35*	\$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 */\$0 ^/\$0 ^	\$0/\$40/\$80	\$0 */\$0 ^/\$0 ^

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

^ After Deductible

* Not Subject to Deductible



2020 4th Quarter Small Group Rate Sheet

Albany and Upstate					
Name Referral Required Network	Bronze Plus HSA Non-Gated Prime	Bronze Premier P Non-Gated Prime	Bronze Value P Non-Gated Prime	Bronze Premier S Non-Gated Select Care	Bronze Value S Non-Gated Select Care
Standard Rates					
Individual	\$775.91	\$786.22	\$750.84	\$721.44	\$689.04
Individual/Spouse	\$1,551.83	\$1,572.44	\$1,501.69	\$1,442.88	\$1,378.06
Individual/Child	\$1,319.06	\$1,336.58	\$1,276.44	\$1,226.44	\$1,171.35
Family	\$2,211.35	\$2,240.73	\$2,139.91	\$2,056.09	\$1,963.74
Age 29 Rates					
Individual	\$799.19	\$809.81	\$773.37	\$743.08	\$709.71
Individual/Spouse	\$1,598.38	\$1,619.61	\$1,546.73	\$1,486.17	\$1,419.40
Individual/Child	\$1,358.63	\$1,376.67	\$1,314.73	\$1,263.25	\$1,206.49
Family	\$2,277.69	\$2,307.94	\$2,204.10	\$2,117.79	\$2,022.65
Plan Benefits					
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$6,300	\$4,600	\$8,150	\$4,600	\$8,150
Pharmacy Deductible: Individual/ Family	Integrated	Integrated	Integrated	Integrated	Integrated
Out of Pocket Maximum	\$6,900	\$7,900	\$8,150	\$7,900	\$8,150
Primary Care Physician (PCP) office visit	50% ^	3 free, then \$40 ^	3 free, then 0% ^	3 free, then \$40 ^	3 free, then 0% ^
Specialist office visit	50% ^	\$70 ^	0% ^	\$70 ^	0% ^
Urgent Care	\$75 ^	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	50% ^	50% ^	0% ^	50% ^	0% ^
Inpatient	50% ^	50% ^	0% ^	50% ^	0% ^
Dental (Routine)*	50% *	\$40 *	\$35 *	\$40 *	\$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% ^	\$25^/50% ^/50% ^	\$35 */0% ^/0% ^

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

^ After Deductible

* Not Subject to Deductible