



2020 Individual Plans Rate Sheets

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 D Gated Select Care	Gold D Gated Select Care	Silver D Gated Select Care	Bronze D Gated Select Care	Silver Value D Gated Select Care	Gold Value D Gated Select Care	Silver Bold D Gated Millennium	Basic/ Catastrophic Gated Select Care
Standard Rates								
Individual	\$1,306.93	\$1,079.49	\$897.92	\$682.56	\$663.68	\$849.15	\$629.29	\$431.37
Individual/Spouse	\$2,613.86	\$2,158.98	\$1,795.84	\$1,365.12	\$1,327.36	\$1,698.30	\$1,258.58	\$862.74
Individual/Children	\$2,221.78	\$1,835.13	\$1,526.46	\$1,160.35	\$1,128.26	\$1,443.56	\$1,069.79	\$733.33
Family	\$3,724.75	\$3,076.55	\$2,559.07	\$1,945.30	\$1,891.49	\$2,420.08	\$1,793.48	\$1,229.40
Child Only	\$538.46	\$444.75	\$369.94	\$281.21	\$273.44	\$349.85	\$259.27	N/A
Age 29 Rates								
Individual	\$1,346.14	\$1,111.87	\$924.86	\$703.04	\$683.59	\$874.62	\$648.17	N/A
Individual/Spouse	\$2,692.28	\$2,223.74	\$1,849.72	\$1,406.08	\$1,367.18	\$1,749.24	\$1,296.34	N/A
Individual/Children	\$2,288.44	\$1,890.18	\$1,572.26	\$1,195.17	\$1,162.10	\$1,486.85	\$1,101.89	N/A
Family	\$3,836.50	\$3,168.83	\$2,635.85	\$2,003.66	\$1,948.23	\$2,492.67	\$1,847.28	N/A
Plan Benefits								
Referral Required	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible: Individual/Family	\$0	\$600/ \$1,200	\$1,300/ \$2,600	\$4,425/ \$8,850	\$5,900/ \$11,800	\$3,000/ \$6,000	\$6,100/ \$12,200	\$8,150/ \$16,300
Rx Deductible: Individual/ Family	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$2,000/ \$4,000	\$4,000/ \$8,000	\$7,900/ \$15,800	\$8,150/ \$16,300	\$5,900/ \$11,800	\$3,000/ \$6,000	\$6,100/ \$12,200	\$8,150/ \$16,300
Primary Care Physician (PCP) office visit	\$15	\$25 ^	\$30 ^	3 free, then 50% ^	3 free, then \$35 *	3 free, then \$45 *	3 free, then \$50 *	3 free, then 0% ^
Specialist office visit	\$35	\$40 ^	\$50 ^	50% ^	\$75 *	\$65 *	\$70 *	0% ^
Urgent Care	\$55	\$60 ^	\$70 ^	50% ^	\$75 *	\$75 *	\$75 *	0% ^
Emergency Room	\$100	\$150 ^	\$250 ^	50% ^	\$0 ^	\$0 ^	\$0 ^	0% ^
Inpatient Admission	\$500	\$1,000 ^	\$1,500 ^	50% ^	\$0 ^	\$0 ^	\$0 ^	0% ^
Dental (Routine)	\$15	\$25 ^	\$30 ^	50% ^	\$0 * +	\$45 * +	\$50 * +	0% ^
Vision (Eye Exam)	\$15	\$25 ^	\$30 ^	50% ^	\$0 * +	\$0 * +	\$0 * +	0% ^
Telemedicine	\$0	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	0% ^
Acupuncture	N/A	N/A	N/A	N/A	\$0 *	\$0 *	\$0 *	N/A
Prescription Drugs	\$10/\$30/\$60	\$10 */\$35 */\$70 *	\$10 */\$35 */\$70 *	\$10 ^/\$35 ^/\$70 ^	\$10 */\$0 ^/\$0 ^	\$10 */\$0 ^/\$0 ^	\$15 */\$0 ^/\$0 ^	0% ^/0% ^/0% ^

+ Plans have pediatric & family vision and dental

^ After Deductible

* Not Subject to Deductible



2020 Individual Plans Rate Sheets

Long Island (Nassau & Suffolk Counties)								
Name	Platinum D	Gold D	Silver D	Bronze D	Silver Value D	Gold Value D	Silver Bold D	Basic/ Catastrophic
Referral Required	Gated	Gated	Gated	Gated	Gated	Gated	Gated	Gated
Network	Select Care	Select Care	Select Care	Select Care	Select Care	Select Care	Millennium	Select Care
Standard Rates								
Individual	\$1,486.70	\$1,227.97	\$1,021.43	\$776.45	\$754.97	\$965.96	\$715.85	\$490.71
Individual/Spouse	\$2,973.40	\$2,455.94	\$2,042.86	\$1,552.90	\$1,509.94	\$1,931.92	\$1,431.70	\$981.42
Individual/Children	\$2,527.39	\$2,087.55	\$1,736.43	\$1,319.97	\$1,283.45	\$1,642.13	\$1,216.95	\$834.21
Family	\$4,237.10	\$3,499.71	\$2,911.08	\$2,212.88	\$2,151.66	\$2,752.99	\$2,040.17	\$1,398.52
Child Only	\$612.52	\$505.92	\$420.83	\$319.90	\$311.05	\$397.98	\$294.93	N/A
Age 29 Rates								
Individual	\$1,531.30	\$1,264.81	\$1,052.07	\$799.74	\$777.62	\$994.94	\$737.33	N/A
Individual/Spouse	\$3,062.60	\$2,529.62	\$2,104.14	\$1,599.48	\$1,555.24	\$1,989.88	\$1,474.66	N/A
Individual/Children	\$2,603.21	\$2,150.18	\$1,788.52	\$1,359.56	\$1,321.95	\$1,691.40	\$1,253.46	N/A
Family	\$4,364.21	\$3,604.71	\$2,998.40	\$2,279.26	\$2,216.22	\$2,835.58	\$2,101.39	N/A
Plan Benefits								
Referral Required	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible: Individual/Family	\$0	\$600/ \$1,200	\$1,300/ \$2,600	\$4,425/ \$8,850	\$5,900/ \$11,800	\$3,000/ \$6,000	\$6,100/ \$12,200	\$8,150/ \$16,300
Rx Deductible: Individual/Family	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$2,000/ \$4,000	\$4,000/ \$8,000	\$7,900/ \$15,800	\$8,150/ \$16,300	\$5,900/ \$11,800	\$3,000/ \$6,000	\$6,100/ \$12,200	\$8,150/ \$16,300
Primary Care Physician (PCP) office visit	\$15	\$25 ^	\$30 ^	3 free, then 50% ^	3 free, then \$35 *	3 free, then \$45 *	3 free, then \$50 *	3 free, then 0% ^
Specialist office visit	\$35	\$40 ^	\$50 ^	50% ^	\$75 *	\$65 *	\$70 *	0% ^
Urgent Care	\$55	\$60 ^	\$70 ^	50% ^	\$75 *	\$75 *	\$75 *	0% ^
Emergency Room	\$100	\$150 ^	\$250 ^	50% ^	\$0 ^	\$0 ^	\$0 ^	0% ^
Inpatient Admission	\$500	\$1,000 ^	\$1,500 ^	50% ^	\$0 ^	\$0 ^	\$0 ^	0% ^
Dental (Routine)	\$15	\$25 ^	\$30 ^	50% ^	\$0 * +	\$45 * +	\$50 * +	0% ^
Vision (Eye Exam)	\$15	\$25 ^	\$30 ^	50% ^	\$0 * +	\$0 * +	\$0 * +	0% ^
Telemedicine	\$0	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	0% ^
Acupuncture	N/A	N/A	N/A	N/A	\$0 *	\$0 *	\$0 *	N/A
Prescription Drugs	\$10/\$30/\$60	\$10 */\$35 */\$70 *	\$10 */\$35 */\$70 *	\$10 ^/\$35 ^/\$70 ^	\$10 */\$0 ^/\$0 ^	\$10 */\$0 ^/\$0 ^	\$15 */\$0 ^/\$0 ^	0% ^/0% ^/0% ^

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2020 Individual Plans Rate Sheets

Mid-Hudson (Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster counties)							
Name Referral Required Network	Platinum D Gated Select Care	Gold D Gated Select Care	Silver D Gated Select Care	Bronze D Gated Select Care	Silver Value D Gated Select Care	Gold Value D Gated Select Care	Basic/ Catastrophic Gated Select Care
Standard Rates							
Individual	\$1,566.86	\$1,294.18	\$1,076.50	\$818.31	\$795.68	\$1,018.04	\$517.17
Individual/Spouse	\$3,133.72	\$2,588.36	\$2,153.00	\$1,636.62	\$1,591.36	\$2,036.08	\$1,034.34
Individual/Children	\$2,663.66	\$2,200.11	\$1,830.05	\$1,391.13	\$1,352.66	\$1,730.67	\$879.19
Family	\$4,465.55	\$3,688.41	\$3,068.03	\$2,332.18	\$2,267.69	\$2,901.41	\$1,473.93
Child Only	\$645.55	\$533.20	\$443.52	\$337.14	\$327.82	\$419.43	N/A
Age 29 Rates							
Individual	\$1,613.87	\$1,333.01	\$1,108.80	\$842.86	\$819.55	\$1,048.58	N/A
Individual/Spouse	\$3,227.74	\$2,666.02	\$2,217.60	\$1,685.72	\$1,639.10	\$2,097.16	N/A
Individual/Children	\$2,743.58	\$2,266.12	\$1,884.96	\$1,432.86	\$1,393.24	\$1,782.59	N/A
Family	\$4,599.53	\$3,799.08	\$3,160.08	\$2,402.15	\$2,335.72	\$2,988.45	N/A
Plan Benefits							
Referral Required	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible: Individual/Family	\$0	\$600/ \$1,200	\$1,300/ \$2,600	\$4,425/ \$8,850	\$5,900/ \$11,800	\$3,000/ \$6,000	\$8,150/ \$16,300
Rx Deductible: Individual/Family	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$2,000/ \$4,000	\$4,000/ \$8,000	\$7,900/ \$15,800	\$8,150/ \$16,300	\$5,900/ \$11,800	\$3,000/ \$6,000	\$8,150/ \$16,300
Primary Care Physician (PCP) office visit	\$15	\$25 ^	\$30 ^	3 free, then 50% ^	3 free, then \$35 *	3 free, then \$45 *	3 free, then 0% ^
Specialist office visit	\$35	\$40 ^	\$50 ^	50% ^	\$75 *	\$65 *	0% ^
Urgent Care	\$55	\$60 ^	\$70 ^	50% ^	\$75 *	\$75 *	0% ^
Emergency Room	\$100	\$150 ^	\$250 ^	50% ^	\$0 ^	\$0 ^	0% ^
Inpatient Admission	\$500	\$1,000 ^	\$1,500 ^	50% ^	\$0 ^	\$0 ^	0% ^
Dental (Routine)	\$15	\$25 ^	\$30 ^	50% ^	\$0 * +	\$45 * +	0% ^
Vision (Eye Exam)	\$15	\$25 ^	\$30 ^	50% ^	\$0 * +	\$0 * +	0% ^
Telemedicine	\$0	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	0% ^
Acupuncture	N/A	N/A	N/A	N/A	\$0 *	\$0 *	N/A
Prescription Drugs	\$10/\$30/\$60	\$10 */\$35 */\$70 *	\$10 */\$35 */\$70 *	\$10 ^/\$35 ^/\$70 ^	\$10 */\$0 ^/\$0 ^	\$10 */\$0 ^/\$0 ^	0% ^/0% ^/0% ^

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2020 Individual Plans Rate Sheets

Albany & Upstate (Albany, Broome, Columbia, Fulton, Greene, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties)

Name Referral Required Network	Platinum D Gated Select Care	Gold D Gated Select Care	Silver D Gated Select Care	Bronze D Gated Select Care	Silver Value D Gated Select Care	Gold Value D Gated Select Care	Basic/ Catastrophic Gated Select Care
Standard Rates							
Individual	\$1,566.18	\$1,293.62	\$1,076.04	\$817.96	\$795.33	\$1,017.60	\$516.94
Individual/Spouse	\$3,132.36	\$2,587.24	\$2,152.08	\$1,635.92	\$1,590.66	\$2,035.20	\$1,033.88
Individual/Children	\$2,662.51	\$2,199.15	\$1,829.27	\$1,390.53	\$1,352.06	\$1,729.92	\$878.80
Family	\$4,463.61	\$3,686.82	\$3,066.71	\$2,331.19	\$2,266.69	\$2,900.16	\$1,473.28
Child Only	\$645.27	\$532.97	\$443.33	\$337.00	\$327.68	\$419.25	N/A
Age 29 Rates							
Individual	\$1,613.17	\$1,332.43	\$1,108.32	\$842.50	\$819.19	\$1,048.13	N/A
Individual/Spouse	\$3,226.34	\$2,664.86	\$2,216.64	\$1,685.00	\$1,638.38	\$2,096.26	N/A
Individual/Children	\$2,742.39	\$2,265.13	\$1,884.14	\$1,432.25	\$1,392.62	\$1,781.82	N/A
Family	\$4,597.53	\$3,797.43	\$3,158.71	\$2,401.13	\$2,334.69	\$2,987.17	N/A
Plan Benefits							
Referral Required	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible: Individual/Family	\$0	\$600/ \$1,200	\$1,300/ \$2,600	\$4,425/ \$8,850	\$5,900/ \$11,800	\$3,000/ \$6,000	\$8,150/ \$16,300
Rx Deductible: Individual/Family	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$2,000/ \$4,000	\$4,000/ \$8,000	\$7,900/ \$15,800	\$8,150/ \$16,300	\$5,900/ \$11,800	\$3,000/ \$6,000	\$8,150/ \$16,300
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Specialist office visit	\$35	\$40 ^	\$50 ^	50% ^	\$75 *	\$65 *	0% ^
Urgent Care	\$55	\$60 ^	\$70 ^	50% ^	\$75 *	\$75 *	0% ^
Emergency Room	\$100	\$150 ^	\$250 ^	50% ^	\$0 ^	\$0 ^	0% ^
Inpatient Admission	\$500	\$1,000 ^	\$1,500 ^	50% ^	\$0 ^	\$0 ^	0% ^
Dental (Routine)	\$15	\$25 ^	\$30 ^	50% ^	\$0 * +	\$45 * +	0% ^
Vision (Eye Exam)	\$15	\$25 ^	\$30 ^	50% ^	\$0 * +	\$0 * +	0% ^
Telemedicine	\$0	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	0% ^
Acupuncture	N/A	N/A	N/A	N/A	\$0 *	\$0 *	N/A
Prescription Drugs	\$10/\$30/\$60	\$10 */\$35 */\$70 *	\$10 */\$35 */\$70 *	\$10 ^/\$35 ^/\$70 ^	\$10 */\$0 ^/\$0 ^	\$10 */\$0 ^/\$0 ^	0% ^/0% ^/0% ^

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