



2022 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	Gold Value D Gated Select Care	Silver Value D Gated Select Care	Silver Bold D Gated Millennium	Basic/ Catastrophic Gated Select Care	Gold Premier D Non-Gated Select Care
Standard Rates									
Individual	\$1,382.80	\$1,142.57	\$951.01	\$723.34	\$887.05	\$693.80	\$659.05	\$452.45	\$905.08
Individual/Spouse	\$2,765.60	\$2,285.14	\$1,902.02	\$1,446.68	\$1,774.10	\$1,387.60	\$1,318.10	\$904.90	\$1,810.16
Individual/Children	\$2,350.76	\$1,942.37	\$1,616.72	\$1,229.68	\$1,507.99	\$1,179.46	\$1,120.39	\$769.17	\$1,538.64
Family	\$3,940.98	\$3,256.32	\$2,710.38	\$2,061.52	\$2,528.09	\$1,977.33	\$1,878.29	\$1,289.48	\$2,579.48
Child Only	\$569.71	\$470.74	\$391.82	\$298.02	\$365.46	\$285.85	\$271.53	N/A	\$372.89
Age 29 Rates									
Individual	\$1,424.28	\$1,176.85	\$979.54	\$745.04	\$913.66	\$714.61	\$678.82	N/A	\$932.23
Individual/Spouse	\$2,848.56	\$2,353.70	\$1,959.08	\$1,490.08	\$1,827.32	\$1,429.22	\$1,357.64	N/A	\$1,864.46
Individual/Children	\$2,421.28	\$2,000.65	\$1,665.22	\$1,266.57	\$1,553.22	\$1,214.84	\$1,153.99	N/A	\$1,584.79
Family	\$4,059.20	\$3,354.02	\$2,791.69	\$2,123.36	\$2,603.93	\$2,036.64	\$1,934.64	N/A	\$2,656.86
Plan Benefits									
Referral Required	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Deductible: Individual/Family	\$0	\$600/ \$1,200	\$1,300/ \$2,600	\$4,700/ \$9,400	\$4,000/ \$8,000	\$6,300/ \$12,600	\$6,500/ \$13,000	\$8,700/ \$17,400	\$800/\$1,600
Rx Deductible: Individual/ Family	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$2,000/ \$4,000	\$4,000/ \$8,000	\$8,500/ \$17,000	\$8,700/ \$17,400	\$4,000 /\$8,000	\$6,300/ \$12,600	\$6,500/ \$13,000	\$8,700/ \$17,400	\$6,200/\$12,400
Primary Care Physician (PCP) office visit	\$15	\$25 [^]	\$30 [^]	3 \$50*, then \$50 [^]	3 free, then \$45*	3 free, then \$35*	3 free, then \$50*	3 free, then 0% [^]	3 free, then \$25*
Specialist office visit	\$35	\$40 [^]	\$50 [^]	3 \$75*, then \$75 [^]	\$65*	\$75*	\$70*	0% [^]	\$45*
Urgent Care	\$55	\$60 [^]	\$70 [^]	\$75 [^]	\$75*	\$75*	\$75*	0% [^]	\$75*
Emergency Room	\$100	\$150 [^]	\$300 [^]	\$500 [^]	\$0 [^]	\$0 [^]	\$0 [^]	0% [^]	20% [^]
Inpatient Admission	\$500	\$1,000 [^]	\$1,500 [^]	\$1,500 [^]	\$0 [^]	\$0 [^]	\$0 [^]	0% [^]	20% [^]
Dental (Routine)	\$15	\$25 [^]	\$30 [^]	\$50 [^]	\$45*+	\$35*+	\$50*+	0% [^]	\$25*+
Vision (Eye Exam)	\$15	\$25 [^]	\$30 [^]	\$50 [^]	\$0*+	\$0*+	\$0*+	0% [^]	\$0*+
Telemedicine	\$0	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	0% [^]	\$0*
Acupuncture	N/A	N/A	N/A	N/A	\$0*	\$0*	\$0*	N/A	\$0*
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% [^]	\$0*/\$60 [^] /\$80 [^]

+ Plans have pediatric & family vision and dental

[^] After Deductible

* Not Subject to Deductible



2022 Individual Plans Rate Sheets

Long Island (Nassau & Suffolk counties)

Name	Platinum D	Gold D	Silver D	Bronze D	Gold Value D	Silver Value D	Silver Bold D	Basic/ Catastrophic	Gold Premier D
Referral Required	Gated	Gated	Gated	Gated	Gated	Gated	Gated	Gated	Non-Gated
Network	Select Care	Select Care	Select Care	Select Care	Select Care	Select Care	Millennium	Select Care	Select Care
Standard Rates									
Individual	\$1,573.07	\$1,299.79	\$1,081.87	\$822.87	\$1,009.11	\$789.27	\$749.74	\$514.71	\$1,029.61
Individual/Spouse	\$3,146.14	\$2,599.58	\$2,163.74	\$1,645.74	\$2,018.22	\$1,578.54	\$1,499.48	\$1,029.42	\$2,059.22
Individual/Children	\$2,674.22	\$2,209.64	\$1,839.18	\$1,398.88	\$1,715.49	\$1,341.76	\$1,274.56	\$875.01	\$1,750.34
Family	\$4,483.25	\$3,704.40	\$3,083.33	\$2,345.18	\$2,875.96	\$2,249.42	\$2,136.76	\$1,466.92	\$2,934.39
Child Only	\$648.10	\$535.51	\$445.73	\$339.02	\$415.75	\$325.18	\$308.89	N/A	\$424.20
Age 29 Rates									
Individual	\$1,620.26	\$1,338.78	\$1,114.33	\$847.56	\$1,039.38	\$812.95	\$772.23	N/A	\$1,060.50
Individual/Spouse	\$3,240.52	\$2,677.56	\$2,228.66	\$1,695.12	\$2,078.76	\$1,625.90	\$1,544.46	N/A	\$2,121.00
Individual/Children	\$2,754.44	\$2,275.93	\$1,894.36	\$1,440.85	\$1,766.95	\$1,382.02	\$1,312.79	N/A	\$1,802.85
Family	\$4,617.74	\$3,815.52	\$3,175.84	\$2,415.55	\$2,962.23	\$2,316.91	\$2,200.86	N/A	\$3,022.43
Plan Benefits									
Referral Required	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Deductible: Individual/Family	\$0	\$600/ \$1,200	\$1,300/ \$2,600	\$4,700/ \$9,400	\$4,000/ \$8,000	\$6,300/ \$12,600	\$6,500/ \$13,000	\$8,700/ \$17,400	\$800/\$1,600
Rx Deductible: Individual/Family	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$2,000/ \$4,000	\$4,000/ \$8,000	\$8,500/ \$17,000	\$8,700/ \$17,400	\$4,000 /\$8,000	\$6,300/ \$12,600	\$6,500/ \$13,000	\$8,700/ \$17,400	\$6,200/\$12,400
Primary Care Physician (PCP) office visit	\$15	\$25 [^]	\$30 [^]	3 \$50*, then \$50 [^]	3 free, then \$45*	3 free, then \$35*	3 free, then \$50*	3 free, then 0% [^]	3 free, then \$25*
Specialist office visit	\$35	\$40 [^]	\$50 [^]	3 \$75*, then \$75 [^]	\$65*	\$75*	\$70*	0% [^]	\$45*
Urgent Care	\$55	\$60 [^]	\$70 [^]	\$75 [^]	\$75*	\$75*	\$75*	0% [^]	\$75*
Emergency Room	\$100	\$150 [^]	\$300 [^]	\$500 [^]	\$0 [^]	\$0 [^]	\$0 [^]	0% [^]	20% [^]
Inpatient Admission	\$500	\$1,000 [^]	\$1,500 [^]	\$1,500 [^]	\$0 [^]	\$0 [^]	\$0 [^]	0% [^]	20% [^]
Dental (Routine)	\$15	\$25 [^]	\$30 [^]	\$50 [^]	\$45*+	\$35*+	\$50*+	0% [^]	\$25*+
Vision (Eye Exam)	\$15	\$25 [^]	\$30 [^]	\$50 [^]	\$0*+	\$0*+	\$0*+	0% [^]	\$0*+
Telemedicine	\$0	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	0% [^]	\$0*
Acupuncture	N/A	N/A	N/A	N/A	\$0*	\$0*	\$0*	N/A	\$0*
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% [^]	\$0*/\$60 [^] /80 [^]

+ Plans have pediatric & family vision and dental

[^] After Deductible

* Not Subject to Deductible



2022 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	Gold Value D Gated Select Care	Silver Value D Gated Select Care	Basic/Catastrophic Gated Select Care	Gold Premier D Non-Gated Select Care
Standard Rates								
Individual	\$1,657.94	\$1,369.91	\$1,140.24	\$867.26	\$1,063.55	\$831.85	\$542.47	\$1,085.16
Individual/Spouse	\$3,315.88	\$2,739.82	\$2,280.48	\$1,734.52	\$2,127.10	\$1,663.70	\$1,084.94	\$2,170.32
Individual/Children	\$2,818.50	\$2,328.85	\$1,938.41	\$1,474.34	\$1,808.04	\$1,414.15	\$922.20	\$1,844.77
Family	\$4,725.13	\$3,904.24	\$3,249.68	\$2,471.69	\$3,031.12	\$2,370.77	\$1,546.04	\$3,092.71
Child Only	\$683.07	\$564.40	\$469.78	\$357.31	\$438.18	\$342.72	N/A	\$447.09
Age 29 Rates								
Individual	\$1,707.68	\$1,411.01	\$1,174.45	\$893.28	\$1,095.46	\$856.81	N/A	\$1,117.71
Individual/Spouse	\$3,415.36	\$2,822.02	\$2,348.90	\$1,786.56	\$2,190.92	\$1,713.62	N/A	\$2,235.42
Individual/Children	\$2,903.06	\$2,398.72	\$1,996.57	\$1,518.58	\$1,862.28	\$1,456.58	N/A	\$1,900.11
Family	\$4,866.89	\$4,021.38	\$3,347.18	\$2,545.85	\$3,122.06	\$2,441.91	N/A	\$3,185.47
Plan Benefits								
Referral Required	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Deductible: Individual/Family	\$0	\$600/ \$1,200	\$1,300/ \$2,600	\$4,700/ \$9,400	\$4,000/ \$8,000	\$6,300/ \$12,600	\$8,700/ \$17,400	\$800/\$1,600
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	\$8,500/ \$17,000	\$8,700/ \$17,400	\$4,000 /\$8,000	\$6,300/ \$12,600	\$8,700/ \$17,400	\$6,200/\$12,400
Primary Care Physician (PCP) office visit	\$15	\$25^	\$30^	3 \$50*, then \$50^	3 free, then \$45*	3 free, then \$35*	3 free, then 0%^	3 free, then \$25*
Specialist office visit	\$35	\$40^	\$50^	3 \$75*, then \$75^	\$65*	\$75*	0%^	\$45*
Urgent Care	\$55	\$60^	\$70^	\$75 ^	\$75*	\$75*	0%^	\$75*
Emergency Room	\$100	\$150^	\$300^	\$500^	\$0 ^	\$0^	0%^	20%^
Inpatient Admission	\$500	\$1,000^	\$1,500^	\$1,500^	\$0 ^	\$0^	0%^	20%^
Dental (Routine)	\$15	\$25^	\$30^	\$50^	\$45*+	\$35*+	0%^	\$25*+
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*	N/A	\$0*
Prescription Drugs	\$10/\$30/\$60	\$10*/\$35*/\$70*	\$10*/\$35*/\$70*	\$10^/\$35^/\$70^	\$10*/\$0^/\$0^	\$10*/\$0^/\$0^	0%*/0%*/0%^	\$0*/\$60^/\$80^

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2022 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	Gold Value D Gated Select Care	Silver Value D Gated Select Care	Basic/Catastrophic Gated Select Care	Gold Premier D Non-Gated Select Care
Standard Rates								
Individual	\$1,657.23	\$1,369.32	\$1,139.75	\$866.89	\$1,063.09	\$831.49	\$542.24	\$1,084.69
Individual/Spouse	\$3,314.46	\$2,738.64	\$2,279.50	\$1,733.78	\$2,126.18	\$1,662.98	\$1,084.48	\$2,169.38
Individual/Children	\$2,817.29	\$2,327.84	\$1,937.58	\$1,473.71	\$1,807.25	\$1,413.53	\$921.81	\$1,843.97
Family	\$4,723.11	\$3,902.56	\$3,248.29	\$2,470.64	\$3,029.81	\$2,369.75	\$1,545.38	\$3,091.37
Child Only	\$682.78	\$564.16	\$469.58	\$357.16	\$437.99	\$342.57	N/A	\$446.89
Age 29 Rates								
Individual	\$1,706.95	\$1,410.40	\$1,173.94	\$892.90	\$1,094.98	\$856.43	N/A	\$1,117.23
Individual/Spouse	\$3,413.90	\$2,820.80	\$2,347.88	\$1,785.80	\$2,189.96	\$1,712.86	N/A	\$2,234.46
Individual/Children	\$2,901.82	\$2,397.68	\$1,995.70	\$1,517.93	\$1,861.47	\$1,455.93	N/A	\$1,899.29
Family	\$4,864.81	\$4,019.64	\$3,345.73	\$2,544.77	\$3,120.69	\$2,440.83	N/A	\$3,184.11
Plan Benefits								
Referral Required	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Deductible: Individual/Family	\$0	\$600/ \$1,200	\$1,300/ \$2,600	\$4,700/ \$9,400	\$4,000/ \$8,000	\$6,300/ \$12,600	\$8,700/ \$17,400	\$800/\$1,600
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	\$8,500/ \$17,000	\$8,700/ \$17,400	\$4,000/ \$8,000	\$6,300/ \$12,600	\$8,700/ \$17,400	\$6,200/\$12,400
Primary Care Physician (PCP) office visit	\$15	\$25^	\$30^	3 \$50*, then \$50^	3 free, then \$45*	3 free, then \$35*	3 free, then 0%^	3 free, then \$25*
Specialist office visit	\$35	\$40^	\$50^	3 \$75*, then \$75^	\$65*	\$75*	0%^	\$45*
Urgent Care	\$55	\$60^	\$70^	\$75^	\$75*	\$75*	0%^	\$75*
Emergency Room	\$100	\$150^	\$300^	\$500^	\$0^	\$0^	0%^	20%^
Inpatient Admission	\$500	\$1,000^	\$1,500^	\$1,500^	\$0^	\$0^	0%^	20%^
Dental (Routine)	\$15	\$25^	\$30^	\$50^	\$45*+	\$35*+	0%^	\$25*+
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*	N/A	\$0*
Prescription Drugs	\$10/\$30/\$60	\$10*/\$35*/\$70*	\$10*/\$35*/\$70*	\$10^/\$35^/\$70^	\$10*/\$0^/\$0^	\$10*/\$0^/\$0^	0%^/0%^/0%^	\$0*/\$60^/\$80^

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^ After Deductible

* Not Subject to Deductible