



2024 Individual Plans Rate Sheets

New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties

| Name | Platinum D | Gold D | Silver D | Bronze D | Catastrophic D |
|---|-----------------|----------------------|---------------------------------------|--|-------------------------------------|
| Standard Rates | | | | | |
| Individual | \$1,727.54 | \$1,427.16 | \$1,185.82 | \$902.99 | \$581.16 |
| Individual/Spouse | \$3,455.08 | \$2,854.32 | \$2,371.64 | \$1,805.98 | \$1,162.32 |
| Individual/Children | \$2,936.82 | \$2,426.17 | \$2,015.89 | \$1,535.08 | \$987.97 |
| Family | \$4,923.49 | \$4,067.41 | \$3,379.59 | \$2,573.52 | \$1,656.31 |
| Child Only | \$711.75 | \$587.99 | \$488.56 | \$372.03 | N/A |
| Age 29 Rates | | | | | |
| Individual | \$1,779.37 | \$1,469.97 | \$1,221.39 | \$930.08 | N/A |
| Individual/Spouse | \$3,558.74 | \$2,939.94 | \$2,442.78 | \$1,860.16 | N/A |
| Individual/Children | \$3,024.93 | \$2,498.95 | \$2,076.36 | \$1,581.14 | N/A |
| Family | \$5,071.20 | \$4,189.41 | \$3,480.96 | \$2,650.73 | N/A |
| Plan Benefits | | | | | |
| Referral Required | Yes | Yes | Yes | Yes | Yes |
| Deductible: Individual/Family | \$0/\$0 | \$600/\$1,200 | \$2,100/\$4,200 | \$4,600/\$9,200 | \$9,450/\$18,900 |
| Out of Pocket Maximum: I/F | \$2,000/\$4,000 | \$5,900/\$11,800 | \$9,450/\$18,900 | \$9,450/\$18,900 | \$9,450/\$18,900 |
| Primary Care Physician (PCP) office visit | \$15 | \$25 [^] | 1 visit \$30*, then \$30 [^] | 3 visits \$50*, then \$50 [^] | 3 free visits, then 0% [^] |
| Specialist office visit | \$35 | \$40 [^] | 1 visit \$65*, then \$65 [^] | 3 visits \$75*, then \$75 [^] | 0% [^] |
| Urgent Care | \$55 | \$60 [^] | \$70 [^] | \$75 [^] | 0% [^] |
| Emergency Room | \$100 | \$150 [^] | \$500 [^] | \$500 [^] | 0% [^] |
| Inpatient Admission | \$500 | \$1,000 [^] | \$1,500 [^] | \$1,500 [^] | 0% [^] |
| Telemedicine | Covered in full | Covered in full | Covered in full | Covered in full | Covered in full [^] |
| Prescription Drugs (Tier 1/2/3) | \$10/\$30/\$60 | \$10/\$35/\$70 * | \$15/\$40/\$75 * | \$10/\$35/\$70 [^] | 0%/0%/0% [^] |

[^] After Deductible

* Not Subject to Deductible

Long Island (Nassau & Suffolk counties)

| Name | Platinum D | Gold D | Silver D | Bronze D | Catastrophic D |
|---|-----------------|----------------------|---------------------------------------|--|-------------------------------------|
| Standard Rates | | | | | |
| Individual | \$1,866.89 | \$1,542.28 | \$1,281.47 | \$975.83 | \$628.03 |
| Individual/Spouse | \$3,733.78 | \$3,084.56 | \$2,562.94 | \$1,951.66 | \$1,256.06 |
| Individual/Children | \$3,173.71 | \$2,621.88 | \$2,178.50 | \$1,658.91 | \$1,067.65 |
| Family | \$5,320.64 | \$4,395.50 | \$3,652.19 | \$2,781.12 | \$1,789.89 |
| Child Only | \$769.16 | \$635.42 | \$527.97 | \$402.04 | N/A |
| Age 29 Rates | | | | | |
| Individual | \$1,922.90 | \$1,588.55 | \$1,319.91 | \$1,005.10 | N/A |
| Individual/Spouse | \$3,845.80 | \$3,177.10 | \$2,639.82 | \$2,010.20 | N/A |
| Individual/Children | \$3,268.93 | \$2,700.54 | \$2,243.85 | \$1,708.67 | N/A |
| Family | \$5,480.27 | \$4,527.37 | \$3,761.74 | \$2,864.54 | N/A |
| Plan Benefits | | | | | |
| Referral Required | Yes | Yes | Yes | Yes | Yes |
| Deductible: Individual/Family | \$0/\$0 | \$600/\$1,200 | \$2,100/\$4,200 | \$4,600/\$9,200 | \$9,450/\$18,900 |
| Out of Pocket Maximum: I/F | \$2,000/\$4,000 | \$5,900/\$11,800 | \$9,450/\$18,900 | \$9,450/\$18,900 | \$9,450/\$18,900 |
| Primary Care Physician (PCP) office visit | \$15 | \$25 [^] | 1 visit \$30*, then \$30 [^] | 3 visits \$50*, then \$50 [^] | 3 free visits, then 0% [^] |
| Specialist office visit | \$35 | \$40 [^] | 1 visit \$65*, then \$65 [^] | 3 visits \$75*, then \$75 [^] | 0% [^] |
| Urgent Care | \$55 | \$60 [^] | \$70 [^] | \$75 [^] | 0% [^] |
| Emergency Room | \$100 | \$150 [^] | \$500 [^] | \$500 [^] | 0% [^] |
| Inpatient Admission | \$500 | \$1,000 [^] | \$1,500 [^] | \$1,500 [^] | 0% [^] |
| Telemedicine | Covered in full | Covered in full | Covered in full | Covered in full | Covered in full [^] |
| Prescription Drugs (Tier 1/2/3) | \$10/\$30/\$60 | \$10/\$35/\$70 * | \$15/\$40/\$75 * | \$10/\$35/\$70 [^] | 0%/0%/0% [^] |

[^] After Deductible

* Not Subject to Deductible



2024 Individual Plans Rate Sheets

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

| Name | Platinum D | Gold D | Silver D | Bronze D | Catastrophic D |
|---|-----------------|----------------------|---------------------------------------|--|-------------------------------------|
| Standard Rates | | | | | |
| Individual | \$2,154.88 | \$1,780.19 | \$1,479.14 | \$1,126.31 | \$724.86 |
| Individual/Spouse | \$4,309.76 | \$3,560.38 | \$2,958.28 | \$2,252.62 | \$1,449.72 |
| Individual/Children | \$3,663.30 | \$3,026.32 | \$2,514.54 | \$1,914.73 | \$1,232.26 |
| Family | \$6,141.41 | \$5,073.54 | \$4,215.55 | \$3,209.98 | \$2,065.85 |
| Child Only | \$887.81 | \$733.44 | \$609.41 | \$464.04 | N/A |
| Age 29 Rates | | | | | |
| Individual | \$2,219.53 | \$1,833.60 | \$1,523.51 | \$1,160.10 | N/A |
| Individual/Spouse | \$4,439.06 | \$3,667.20 | \$3,047.02 | \$2,320.20 | N/A |
| Individual/Children | \$3,773.20 | \$3,117.12 | \$2,589.97 | \$1,972.17 | N/A |
| Family | \$6,325.66 | \$5,225.76 | \$4,342.00 | \$3,306.29 | N/A |
| Plan Benefits | | | | | |
| Referral Required | Yes | Yes | Yes | Yes | Yes |
| Deductible: Individual/Family | \$0/\$0 | \$600/\$1,200 | \$2,100/\$4,200 | \$4,600/\$9,200 | \$9,450/\$18,900 |
| Out of Pocket Maximum: I/F | \$2,000/\$4,000 | \$5,900/\$11,800 | \$9,450/\$18,900 | \$9,450/\$18,900 | \$9,450/\$18,900 |
| Primary Care Physician (PCP) office visit | \$15 | \$25 [^] | 1 visit \$30*, then \$30 [^] | 3 visits \$50*, then \$50 [^] | 3 free visits, then 0% [^] |
| Specialist office visit | \$35 | \$40 [^] | 1 visit \$65*, then \$65 [^] | 3 visits \$75*, then \$75 [^] | 0% [^] |
| Urgent Care | \$55 | \$60 [^] | \$70 [^] | \$75 [^] | 0% [^] |
| Emergency Room | \$100 | \$150 [^] | \$500 [^] | \$500 [^] | 0% [^] |
| Inpatient Admission | \$500 | \$1,000 [^] | \$1,500 [^] | \$1,500 [^] | 0% [^] |
| Telemedicine | Covered in full | Covered in full | Covered in full | Covered in full | Covered in full [^] |
| Prescription Drugs (Tier 1/2/3) | \$10/\$30/\$60 | \$10/\$35/\$70 * | \$15/\$40/\$75 * | \$10/\$35/\$70 [^] | 0%/0%/0% [^] |

[^] After Deductible

* Not Subject to Deductible



2024 Individual Plans Rate Sheets

| Albany & Upstate (Albany, Broome, Columbia, Fulton, Greene, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties) | | | | | |
|--|-----------------|----------------------|---------------------------------------|--|-------------------------------------|
| Name | Platinum D | Gold D | Silver D | Bronze D | Catastrophic D |
| Standard Rates | | | | | |
| Individual | \$2,153.96 | \$1,779.43 | \$1,478.51 | \$1,125.83 | \$724.55 |
| Individual/Spouse | \$4,307.92 | \$3,558.86 | \$2,957.02 | \$2,251.66 | \$1,449.10 |
| Individual/Children | \$3,661.73 | \$3,025.03 | \$2,513.47 | \$1,913.91 | \$1,231.74 |
| Family | \$6,138.79 | \$5,071.38 | \$4,213.75 | \$3,208.62 | \$2,064.97 |
| Child Only | \$887.43 | \$733.13 | \$609.15 | \$463.84 | N/A |
| Age 29 Rates | | | | | |
| Individual | \$2,218.58 | \$1,832.81 | \$1,522.87 | \$1,159.60 | N/A |
| Individual/Spouse | \$4,437.16 | \$3,665.62 | \$3,045.74 | \$2,319.20 | N/A |
| Individual/Children | \$3,771.59 | \$3,115.78 | \$2,588.88 | \$1,971.32 | N/A |
| Family | \$6,322.95 | \$5,223.51 | \$4,340.18 | \$3,304.86 | N/A |
| Plan Benefits | | | | | |
| Referral Required | Yes | Yes | Yes | Yes | Yes |
| Deductible: Individual/Family | \$0/\$0 | \$600/\$1,200 | \$2,100/\$4,200 | \$4,600/\$9,200 | \$9,450/\$18,900 |
| Out of Pocket Maximum: I/F | \$2,000/\$4,000 | \$5,900/\$11,800 | \$9,450/\$18,900 | \$9,450/\$18,900 | \$9,450/\$18,900 |
| Primary Care Physician (PCP) office visit | \$15 | \$25 [^] | 1 visit \$30*, then \$30 [^] | 3 visits \$50*, then \$50 [^] | 3 free visits, then 0% [^] |
| Specialist office visit | \$35 | \$40 [^] | 1 visit \$65*, then \$65 [^] | 3 visits \$75*, then \$75 [^] | 0% [^] |
| Urgent Care | \$55 | \$60 [^] | \$70 [^] | \$75 [^] | 0% [^] |
| Emergency Room | \$100 | \$150 [^] | \$500 [^] | \$500 [^] | 0% [^] |
| Inpatient Admission | \$500 | \$1,000 [^] | \$1,500 [^] | \$1,500 [^] | 0% [^] |
| Telemedicine | Covered in full | Covered in full | Covered in full | Covered in full | Covered in full [^] |
| Prescription Drugs (Tier 1/2/3) | \$10/\$30/\$60 | \$10/\$35/\$70 * | \$15/\$40/\$75 * | \$10/\$35/\$70 [^] | 0%/0%/0% [^] |

[^] After Deductible
 * Not Subject to Deductible