



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	\$1,750/\$3,500	\$4,700/\$9,400	\$9,100/\$18,200
Out of Pocket Maximum: I/F	\$2,000/\$4,000	\$4,750/\$9,500	\$9,100/\$18,200	\$8,700/\$17,400	\$9,100/\$18,200
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 [^]	\$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	\$1,750/\$3,500	\$4,700/\$9,400	\$9,100/\$18,200
Out of Pocket Maximum: I/F	\$2,000/\$4,000	\$4,750/\$9,500	\$9,100/\$18,200	\$8,700/\$17,400	\$9,100/\$18,200
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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% [^]

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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	\$1,750/\$3,500	\$4,700/\$9,400	\$9,100/\$18,200
Out of Pocket Maximum: I/F	\$2,000/\$4,000	\$4,750/\$9,500	\$9,100/\$18,200	\$8,700/\$17,400	\$9,100/\$18,200
Primary Care Physician (PCP) office visit	\$15	\$25 [^]	1 visit \$30*, then \$30 [^]	3 visits \$50*, then \$50 [^]	3 free visits, then 0% [^]
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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% [^]

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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	\$1,750/\$3,500	\$4,700/\$9,400	\$9,100/\$18,200
Out of Pocket Maximum: I/F	\$2,000/\$4,000	\$4,750/\$9,500	\$9,100/\$18,200	\$8,700/\$17,400	\$9,100/\$18,200
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