



2020 3rd 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)

Plan Name	Platinum POS	Platinum Premier			Platinum Value			
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	
Standard Rates								
Individual	\$1,145.24	\$1,087.10	\$996.71	\$931.77	\$1,061.11	\$972.90	\$909.38	
Individual/Spouse	\$2,290.50	\$2,174.20	\$1,993.42	\$1,863.54	\$2,122.21	\$1,945.81	\$1,818.75	
Individual/Children	\$1,946.92	\$1,848.07	\$1,694.41	\$1,584.02	\$1,803.88	\$1,653.94	\$1,545.94	
Family	\$3,263.96	\$3,098.23	\$2,840.63	\$2,655.55	\$3,024.16	\$2,772.77	\$2,591.73	
Age 29 Rates								
Individual	\$1,179.60	\$1,119.71	\$1,026.61	\$959.72	\$1,092.94	\$1,002.09	\$936.66	
Individual/Spouse	\$2,359.22	\$2,239.42	\$2,053.23	\$1,919.46	\$2,185.89	\$2,004.18	\$1,873.32	
Individual/Children	\$2,005.33	\$1,903.51	\$1,745.25	\$1,631.54	\$1,858.01	\$1,703.56	\$1,592.33	
Family	\$3,361.89	\$3,191.17	\$2,925.85	\$2,735.22	\$3,114.89	\$2,855.96	\$2,669.49	
Plan Benefits								
	In Network	Out of Network						
Referral Required	No	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$0	\$2,600/\$5,200	\$0			\$200/\$400		
Rx Deductible: Ind/Family	\$0	N/A	\$0			Integrated		
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$5,000/\$10,000	\$2,000/\$4,000			\$2,400/\$4,800		
Primary Care Physician (PCP) office visit	3 free, then \$15	30% ^	3 free PCP visits, then \$15			3 free PCP visits, then \$15 *		
Specialist office visit	\$35	30% ^	\$35			\$35 *		
Urgent Care	\$75	30% ^	\$75			\$75 *		
Emergency Room	20%	20% *	\$350			\$350 ^		
Inpatient Admission	\$500	30% ^	\$500			\$500 ^		
Dental (Routine)	\$15 +	N/A	\$15			\$15 *		
Vision (Eye Exam)	\$0 +	N/A	\$0			\$0 *		
Telemedicine	\$0	N/A	\$0			\$0 *		
Acupuncture	\$0	N/A	\$0			\$0 *		
Prescription Drugs	\$0/\$30/\$60	N/A	\$0/\$30/\$60			\$0 */\$30 ^/\$60 ^		

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

^ After Deductible

* Not Subject to Deductible



2020 3rd 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)

Plan Name	Gold POS		Gold Premier			Gold Value		
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	
Standard Rates								
Individual	\$944.94	\$888.63	\$814.95	\$760.92	\$844.19	\$774.25	\$722.65	
Individual/Spouse	\$1,889.87	\$1,777.26	\$1,629.92	\$1,521.83	\$1,688.37	\$1,548.49	\$1,445.30	
Individual/Children	\$1,606.39	\$1,510.67	\$1,385.43	\$1,293.55	\$1,435.12	\$1,316.22	\$1,228.50	
Family	\$2,693.07	\$2,532.59	\$2,322.63	\$2,168.61	\$2,405.93	\$2,206.61	\$2,059.55	
Age 29 Rates								
Individual	\$973.29	\$915.29	\$839.40	\$783.75	\$869.52	\$797.48	\$744.33	
Individual/Spouse	\$1,946.57	\$1,830.59	\$1,678.81	\$1,567.48	\$1,739.03	\$1,594.96	\$1,488.65	
Individual/Children	\$1,654.59	\$1,556.01	\$1,426.99	\$1,332.36	\$1,478.18	\$1,355.71	\$1,265.36	
Family	\$2,773.87	\$2,608.59	\$2,392.31	\$2,233.67	\$2,478.12	\$2,272.81	\$2,121.33	
Plan Benefits								
	In Network	Out of Network						
Referral Required	No	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$1,000/\$2,000	\$3,800/\$7,600	\$350/\$700			\$1,900/\$3,800		
Rx Deductible: Ind/Family	\$0	N/A	\$0			Integrated		
Out of Pocket Maximum: I/F	\$5,000/\$10,000	\$7,000/\$14,000	\$5,300/\$10,600			\$3,700/\$7,400		
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	3 free PCP visits, then \$40 *			3 free PCP visits, then \$25 *		
Specialist office visit	\$40 *	40% ^	\$60 *			\$40 *		
Urgent Care	\$75 *	40% ^	\$75 *			\$75 *		
Emergency Room	30% ^	30% ^	\$600 ^			\$500 ^		
Inpatient Admission	30% ^	40% ^	30% ^			30% ^		
Dental (Routine)	\$25 * +	N/A	\$40 *			\$25 *		
Vision (Eye Exam)	\$0 * +	N/A	\$0 *			\$0 *		
Telemedicine	\$0 *	N/A	\$0 *			\$0 *		
Acupuncture	\$0 *	N/A	\$0 *			\$0 *		
Prescription Drugs	\$0/\$35/\$75	N/A	\$0/\$40/\$80			\$0 */\$40 ^/\$80 ^		

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

^ After Deductible

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2020 3rd 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)

Plan Name	Silver Plus HSA	Silver Premier			Silver Value		
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)
Standard Rates							
Individual	\$719.93	\$748.45	\$686.60	\$640.24	\$723.66	\$663.89	\$618.91
Individual/Spouse	\$1,439.88	\$1,496.90	\$1,373.18	\$1,280.49	\$1,447.32	\$1,327.77	\$1,237.82
Individual/Children	\$1,223.90	\$1,272.37	\$1,167.20	\$1,088.41	\$1,230.22	\$1,128.62	\$1,052.14
Family	\$2,051.82	\$2,133.09	\$1,956.79	\$1,824.70	\$2,062.44	\$1,892.09	\$1,763.88
Age 29 Rates							
Individual	\$741.53	\$770.90	\$707.20	\$659.45	\$745.37	\$683.81	\$637.48
Individual/Spouse	\$1,483.07	\$1,541.81	\$1,414.37	\$1,318.91	\$1,490.74	\$1,367.62	\$1,274.95
Individual/Children	\$1,260.61	\$1,310.55	\$1,202.22	\$1,121.07	\$1,267.13	\$1,162.48	\$1,083.71
Family	\$2,113.38	\$2,197.09	\$2,015.48	\$1,879.44	\$2,124.31	\$1,948.86	\$1,816.80
Plan Benefits							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$2,800/\$5,200	\$2,400/\$4,800			\$6,300/\$12,600		
Rx Deductible: Ind/Family	Integrated	\$0			Integrated		
Out of Pocket Maximum: I/F	\$5,800/\$11,600	\$7,800/\$15,600			\$6,300/\$12,600		
Primary Care Physician (PCP) office visit	\$30 ^	3 free PCP visits, then \$35 *			3 free, then \$10 *		
Specialist office visit	\$50 ^	\$65 *			\$55 *		
Urgent Care	\$75 ^	\$75 *			\$75 *		
Emergency Room	40% ^	40% ^			\$0 ^		
Inpatient Admission	40% ^	40% ^			\$0 ^		
Dental (Routine)	\$30 *	\$35 *			\$10 *		
Vision (Eye Exam)	\$0 *	\$0 *			\$0 *		
Telemedicine	\$0 ^	\$0 *			\$0 *		
Acupuncture	\$0 *	\$0 *			\$0 *		
Prescription Drugs	\$15 ^/\$45 ^/\$80 ^	\$0/\$40/\$80			\$0 */\$0 ^/\$0 ^		

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^ After Deductible

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2020 3rd 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)

Plan Name	Bronze Plus HSA	Bronze Premier			Bronze Value		
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)
Standard Rates							
Individual	\$636.72	\$645.16	\$592.02	\$551.35	\$616.15	\$565.41	\$526.35
Individual/Spouse	\$1,273.44	\$1,290.34	\$1,184.03	\$1,102.69	\$1,232.29	\$1,130.83	\$1,052.70
Individual/Children	\$1,082.42	\$1,096.79	\$1,006.42	\$937.30	\$1,047.45	\$961.21	\$894.80
Family	\$1,814.65	\$1,838.73	\$1,687.24	\$1,571.35	\$1,756.01	\$1,611.44	\$1,500.11
Age 29 Rates							
Individual	\$655.82	\$664.51	\$609.78	\$567.89	\$634.63	\$582.37	\$542.14
Individual/Spouse	\$1,311.65	\$1,329.04	\$1,219.56	\$1,135.78	\$1,269.26	\$1,164.75	\$1,084.28
Individual/Children	\$1,114.90	\$1,129.68	\$1,036.62	\$965.41	\$1,078.86	\$990.04	\$921.65
Family	\$1,869.09	\$1,893.89	\$1,737.86	\$1,618.47	\$1,808.69	\$1,659.77	\$1,545.11
Plan Benefits							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$6,300/\$12,600	\$4,600/\$9,200			\$8,150/\$16,300		
Rx Deductible: Ind/Family	Integrated	Integrated			Integrated		
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$7,900/\$15,800			\$8,150/\$16,300		
Primary Care Physician (PCP) office visit	50% ^	3 free PCP visits, then \$40 ^			3 free PCP visits, then 0% ^		
Specialist office visit	50% ^	\$70 ^			0% ^		
Urgent Care	\$75 ^	\$75 *			\$75 *		
Emergency Room	50% ^	50% ^			0% ^		
Inpatient Admission	50% ^	50% ^			0% ^		
Dental (Routine)	50% *	\$40 *			\$35 *		
Vision (Eye Exam)	\$0 *	\$0 *			\$0 *		
Telemedicine	\$0 ^	\$0 *			\$0 *		
Acupuncture	\$0 *	\$0 *			\$0 *		
Prescription Drugs	\$15 ^/\$65 ^/\$80 ^	\$25 ^/50% ^/50% ^			\$35 ^/0% ^/0% ^		

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^ After Deductible

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2020 3rd Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)								
Plan Name	Platinum POS	Platinum Premier			Platinum Value			
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	
Standard Rates								
Individual	\$1,302.71	\$1,236.56	\$1,133.74	\$1,059.88	\$1,207.00	\$1,106.66	\$1,034.40	
Individual/Spouse	\$2,605.41	\$2,473.13	\$2,267.49	\$2,119.75	\$2,413.99	\$2,213.32	\$2,068.80	
Individual/Children	\$2,214.60	\$2,102.16	\$1,927.37	\$1,801.80	\$2,051.90	\$1,881.32	\$1,758.48	
Family	\$3,712.71	\$3,524.21	\$3,231.18	\$3,020.65	\$3,439.93	\$3,153.97	\$2,948.05	
Age 29 Rates								
Individual	\$1,341.79	\$1,273.66	\$1,167.75	\$1,091.68	\$1,243.21	\$1,139.86	\$1,065.43	
Individual/Spouse	\$2,683.59	\$2,547.33	\$2,335.51	\$2,183.35	\$2,486.41	\$2,279.72	\$2,130.86	
Individual/Children	\$2,281.05	\$2,165.23	\$1,985.18	\$1,855.84	\$2,113.45	\$1,937.76	\$1,811.24	
Family	\$3,824.10	\$3,629.94	\$3,328.09	\$3,111.27	\$3,543.14	\$3,248.60	\$3,036.48	
Plan Benefits								
	In Network	Out of Network						
Referral Required	No	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$0	\$2,600/\$5,200	\$0			\$200/\$400		
Rx Deductible: Ind/Family	\$0	N/A	\$0			Integrated		
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$5,000/\$10,000	\$2,000/\$4,000			\$2,400/\$4,800		
Primary Care Physician (PCP) office visit	3 free, then \$15	30% ^	3 free PCP visits, then \$15			3 free PCP visits, then \$15 *		
Specialist office visit	\$35	30% ^	\$35			\$35 *		
Urgent Care	\$75	30% ^	\$75			\$75 *		
Emergency Room	20%	20% *	\$350			\$350 ^		
Inpatient Admission	\$500	30% ^	\$500			\$500 ^		
Dental (Routine)	\$15 +	N/A	\$15			\$15 *		
Vision (Eye Exam)	\$0 +	N/A	\$0			\$0 *		
Telemedicine	\$0	N/A	\$0			\$0 *		
Acupuncture	\$0	N/A	\$0			\$0 *		
Prescription Drugs	\$0/\$30/\$60	N/A	\$0/\$30/\$60			\$0 */\$30 ^/\$60 ^		

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^ After Deductible

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2020 3rd Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)								
Plan Name	Gold POS		Gold Premier			Gold Value		
Gated Status Network	Non-Gated Prime		Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)
Standard Rates								
Individual	\$1,074.86	\$1,010.81	\$927.02	\$865.54	\$960.24	\$880.70	\$822.00	
Individual/Spouse	\$2,149.70	\$2,021.62	\$1,854.02	\$1,731.07	\$1,920.49	\$1,761.39	\$1,644.00	
Individual/Children	\$1,827.24	\$1,718.37	\$1,575.92	\$1,471.41	\$1,632.42	\$1,497.19	\$1,397.41	
Family	\$3,063.34	\$2,880.82	\$2,641.98	\$2,466.76	\$2,736.70	\$2,510.00	\$2,342.71	
Age 29 Rates								
Individual	\$1,107.11	\$1,041.13	\$954.83	\$891.51	\$989.05	\$907.12	\$846.66	
Individual/Spouse	\$2,214.20	\$2,082.28	\$1,909.65	\$1,783.01	\$1,978.10	\$1,814.25	\$1,693.32	
Individual/Children	\$1,882.07	\$1,769.93	\$1,623.20	\$1,515.56	\$1,681.39	\$1,542.12	\$1,439.32	
Family	\$3,155.24	\$2,967.24	\$2,721.25	\$2,540.79	\$2,818.79	\$2,585.30	\$2,412.97	
Plan Benefits								
	In Network	Out of Network						
Referral Required	No	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$1,000/\$2,000	\$3,800/\$7,600	\$350/\$700			\$1,900/\$3,800		
Rx Deductible: Ind/Family	\$0	N/A	\$0			Integrated		
Out of Pocket Maximum: I/F	\$5,000/\$10,000	\$7,000/\$14,000	\$5,300/\$10,600			\$3,700/\$7,400		
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	3 free PCP visits, then \$40 *			3 free PCP visits, then \$25 *		
Specialist office visit	\$40 *	40% ^	\$60 *			\$40 *		
Urgent Care	\$75 *	40% ^	\$75 *			\$75 *		
Emergency Room	30% ^	30% ^	\$600 ^			\$500 ^		
Inpatient Admission	30% ^	40% ^	30% ^			30% ^		
Dental (Routine)	\$25 * +	N/A	\$40 *			\$25 *		
Vision (Eye Exam)	\$0 * +	N/A	\$0 *			\$0 *		
Telemedicine	\$0 *	N/A	\$0 *			\$0 *		
Acupuncture	\$0 *	N/A	\$0 *			\$0 *		
Prescription Drugs	\$0/\$35/\$75	N/A	\$0/\$40/\$80			\$0 */\$40 ^/\$80 ^		

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^ After Deductible

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2020 3rd Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)							
Plan Name	Silver Plus HSA	Silver Premier			Silver Value		
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)
Standard Rates							
Individual	\$818.92	\$851.35	\$780.99	\$728.26	\$823.15	\$755.16	\$704.00
Individual/Spouse	\$1,637.84	\$1,702.71	\$1,561.98	\$1,456.53	\$1,646.30	\$1,510.33	\$1,408.00
Individual/Children	\$1,392.16	\$1,447.30	\$1,327.68	\$1,238.04	\$1,399.35	\$1,283.78	\$1,196.80
Family	\$2,333.91	\$2,426.36	\$2,225.83	\$2,075.54	\$2,345.97	\$2,152.22	\$2,006.40
Age 29 Rates							
Individual	\$843.49	\$876.89	\$804.42	\$750.11	\$847.84	\$777.81	\$725.12
Individual/Spouse	\$1,686.97	\$1,753.79	\$1,608.83	\$1,500.22	\$1,695.69	\$1,555.63	\$1,450.24
Individual/Children	\$1,433.92	\$1,490.71	\$1,367.52	\$1,275.19	\$1,441.34	\$1,322.28	\$1,232.71
Family	\$2,403.92	\$2,499.15	\$2,292.59	\$2,137.81	\$2,416.37	\$2,216.79	\$2,066.59
Plan Benefits							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$2,800/\$5,200	\$2,400/\$4,800			\$6,300/\$12,600		
Rx Deductible: Ind/Family	Integrated	\$0			Integrated		
Out of Pocket Maximum: I/F	\$5,800/\$11,600	\$7,800/\$15,600			\$6,300/\$12,600		
Primary Care Physician (PCP) office visit	\$30 ^	3 free PCP visits, then \$35 *			3 free PCP visits, then \$10 *		
Specialist office visit	\$50 ^	\$65 *			\$55 *		
Urgent Care	\$75 ^	\$75 *			\$75 *		
Emergency Room	40% ^	40% ^			\$0 ^		
Inpatient Admission	40% ^	40% ^			\$0 ^		
Dental (Routine)	\$30 *	\$35 *			\$10 *		
Vision (Eye Exam)	\$0 *	\$0 *			\$0 *		
Telemedicine	\$0 ^	\$0 *			\$0 *		
Acupuncture	\$0 *	\$0 *			\$0 *		
Prescription Drugs	\$15 ^/\$45 ^/\$80 ^	\$0/\$40/\$80			\$0 */\$0 ^/\$0 ^		

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2020 3rd Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)							
Plan Name	Bronze Plus HSA	Bronze Premier			Bronze Value		
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)
Standard Rates							
Individual	\$724.26	\$733.88	\$673.41	\$627.15	\$700.86	\$643.16	\$598.72
Individual/Spouse	\$1,448.52	\$1,467.75	\$1,346.81	\$1,254.31	\$1,401.71	\$1,286.32	\$1,197.44
Individual/Children	\$1,231.25	\$1,247.60	\$1,144.80	\$1,066.15	\$1,191.45	\$1,093.38	\$1,017.82
Family	\$2,064.14	\$2,091.56	\$1,919.20	\$1,787.39	\$1,997.44	\$1,833.01	\$1,706.35
Age 29 Rates							
Individual	\$745.99	\$755.90	\$693.61	\$645.96	\$721.89	\$662.45	\$616.68
Individual/Spouse	\$1,491.98	\$1,511.80	\$1,387.21	\$1,291.93	\$1,443.76	\$1,324.93	\$1,233.37
Individual/Children	\$1,268.18	\$1,285.03	\$1,179.13	\$1,098.15	\$1,227.20	\$1,126.19	\$1,048.36
Family	\$2,126.08	\$2,154.31	\$1,976.77	\$1,841.00	\$2,057.37	\$1,888.02	\$1,757.55
Plan Benefits							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$6,300/\$12,600		\$4,600/\$9,200		\$8,150/\$16,300		
Rx Deductible: Ind/Family	Integrated		Integrated		Integrated		
Out of Pocket Maximum: I/F	\$6,900/\$13,800		\$7,900/\$15,800		\$8,150/\$16,300		
Primary Care Physician (PCP) office visit	50% ^		3 free PCP visits, then \$40 ^		3 free PCP visits, then 0% ^		
Specialist office visit	50% ^		\$70 ^		0% ^		
Urgent Care	\$75 ^		\$75 *		\$75 *		
Emergency Room	50% ^		50% ^		0% ^		
Inpatient Admission	50% ^		50% ^		0% ^		
Dental (Routine)	50% *		\$40 *		\$35 *		
Vision (Eye Exam)	\$0 *		\$0 *		\$0 *		
Telemedicine	\$0 ^		\$0 *		\$0 *		
Acupuncture	\$0 *		\$0 *		\$0 *		
Prescription Drugs	\$15 ^/\$65 ^/\$80 ^		\$25 ^/50% ^/50% ^		\$35 */0% ^/0% ^		

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2020 3rd Quarter Small Group Rate Sheet

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

Plan Name	Platinum POS	Platinum Premier		Platinum Value	
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)
Standard Rates					
Individual	\$1,372.89	\$1,303.18	\$1,194.82	\$1,272.02	\$1,166.28
Individual/Spouse	\$2,745.77	\$2,606.37	\$2,389.64	\$2,544.04	\$2,332.55
Individual/Children	\$2,333.90	\$2,215.41	\$2,031.20	\$2,162.44	\$1,982.67
Family	\$3,912.71	\$3,714.07	\$3,405.24	\$3,625.26	\$3,323.88
Age 29 Rates					
Individual	\$1,414.08	\$1,342.28	\$1,230.66	\$1,310.18	\$1,201.27
Individual/Spouse	\$2,828.13	\$2,684.55	\$2,461.34	\$2,620.37	\$2,402.53
Individual/Children	\$2,403.91	\$2,281.88	\$2,092.14	\$2,227.32	\$2,042.16
Family	\$4,030.10	\$3,825.50	\$3,507.41	\$3,734.03	\$3,423.60
Plan Benefits					
	In Network	Out of Network			
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$0	\$2,600/\$5,200	\$0	\$0	\$200/\$400
Rx Deductible: Indl/Family	\$0	N/A	\$0	\$0	Integrated
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$5,000/\$10,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,400/\$4,800
Primary Care Physician (PCP) office visit	3 free, then \$15	30% ^	3 free PCP visits, then \$15	3 free PCP visits, then \$15	3 free PCP visits, then \$15 *
Specialist office visit	\$35	30% ^	\$35	\$35	\$35 *
Urgent Care	\$75	30% ^	\$75	\$75	\$75 *
Emergency Room	20%	20% *	\$350	\$350	\$350 ^
Inpatient Admission	\$500	30% ^	\$500	\$500	\$500 ^
Dental (Routine)	\$15 +	N/A	\$15	\$15	\$15 *
Vision (Eye Exam)	\$0 +	N/A	\$0	\$0	\$0 *
Telemedicine	\$0	N/A	\$0	\$0	\$0 *
Acupuncture	\$0	N/A	\$0	\$0	\$0 *
Prescription Drugs	\$0/\$30/\$60	N/A	\$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 3rd Quarter Small Group Rate Sheet

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

Plan Name	Gold POS		Gold Premier		Gold Value	
Gated Status	Non-Gated		Non-Gated	Non-Gated	Non-Gated	Non-Gated
Network	Prime		Prime (-P)	Select Care (-S)	Prime (-P)	Select Care (-S)
Standard Rates						
Individual	\$1,132.75		\$1,065.27	\$976.95	\$1,011.98	\$928.14
Individual/Spouse	\$2,265.51		\$2,130.53	\$1,953.90	\$2,023.96	\$1,856.28
Individual/Children	\$1,925.68		\$1,810.96	\$1,660.81	\$1,720.37	\$1,577.83
Family	\$3,228.34		\$3,036.01	\$2,784.30	\$2,884.15	\$2,645.20
Age 29 Rates						
Individual	\$1,166.73		\$1,097.23	\$1,006.26	\$1,042.34	\$955.98
Individual/Spouse	\$2,333.48		\$2,194.45	\$2,012.52	\$2,084.67	\$1,911.97
Individual/Children	\$1,983.46		\$1,865.29	\$1,710.64	\$1,771.97	\$1,625.17
Family	\$3,325.20		\$3,127.09	\$2,867.85	\$2,970.66	\$2,724.55
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	\$350/\$700	\$1,900/\$3,800	\$1,900/\$3,800
Rx Deductible: Ind/Family	\$0	N/A	\$0	\$0	Integrated	Integrated
Out of Pocket Maximum: I/F	\$5,000/\$10,000	\$7,000/\$14,000	\$5,300/\$10,600	\$5,300/\$10,600	\$3,700/\$7,400	\$3,700/\$7,400
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	3 free PCP visits, then \$40 *	3 free PCP visits, then \$40 *	3 free PCP visits, then \$25 *	3 free PCP visits, then \$25 *
Specialist office visit	\$40 *	40% ^	\$60 *	\$60 *	\$40 *	\$40 *
Urgent Care	\$75 *	40%^	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	30% ^	30% ^	\$600 ^	\$600 ^	\$500^	\$500^
Inpatient Admission	30% ^	40% ^	30% ^	30% ^	30% ^	30% ^
Dental (Routine)	\$25 * +	N/A	\$40 *	\$40 *	\$25 *	\$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 3rd Quarter Small Group Rate Sheet

Mid-Hudson (Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster counties)					
Plan Name	Silver Plus HSA	Silver Premier		Silver Value	
Gated Status	Non-Gated	Non-Gated	Non-Gated	Non-Gated	Non-Gated
Network	Prime	Prime (-P)	Select Care (-S)	Prime (-P)	Select Care (-S)
Standard Rates					
Individual	\$863.04	\$897.23	\$823.07	\$867.50	\$795.84
Individual/Spouse	\$1,726.06	\$1,794.45	\$1,646.14	\$1,735.00	\$1,591.69
Individual/Children	\$1,467.14	\$1,525.29	\$1,399.22	\$1,474.75	\$1,352.94
Family	\$2,459.65	\$2,557.09	\$2,345.74	\$2,472.38	\$2,268.15
Age 29 Rates					
Individual	\$888.93	\$924.15	\$847.76	\$893.53	\$819.72
Individual/Spouse	\$1,777.84	\$1,848.28	\$1,695.51	\$1,787.04	\$1,639.43
Individual/Children	\$1,511.17	\$1,571.03	\$1,441.19	\$1,518.99	\$1,393.51
Family	\$2,533.42	\$2,633.80	\$2,416.10	\$2,546.55	\$2,336.19
Plan Benefits					
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$2,800/\$5,200	\$2,400/\$4,800	\$2,400/\$4,800	\$6,300/\$12,600	\$6,300/\$12,600
Rx Deductible: Ind/Family	Integrated	\$0	\$0	Integrated	Integrated
Out of Pocket Maximum: I/F	\$5,800/\$11,600	\$7,800/\$15,600	\$7,800/\$15,600	\$6,300/\$12,600	\$6,300/\$12,600
Primary Care Physician (PCP) office visit	\$30 ^	3 free PCP visits, then \$35 *	3 free PCP visits, then \$35 *	3 free PCP visits, then \$10 *	3 free PCP visits, then \$10 *
Specialist office visit	\$50 ^	\$65 *	\$65 *	\$55 *	\$55 *
Urgent Care	\$75 ^	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	40% ^	40% ^	40% ^	\$0 ^	\$0 ^
Inpatient Admission	40% ^	40% ^	40% ^	\$0 ^	\$0 ^
Dental (Routine)	\$30 *	\$35 *	\$35 *	\$10 *	\$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/\$40/\$80	\$0 */\$0 ^/\$0 ^	\$0 */\$0 ^/\$0 ^

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

^ After Deductible

* Not Subject to Deductible



2020 3rd Quarter Small Group Rate Sheet

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

Plan Name	Bronze Plus HSA	Bronze Premier		Bronze Value	
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)
Standard Rates					
Individual	\$763.28	\$773.41	\$709.68	\$738.62	\$677.80
Individual/Spouse	\$1,526.55	\$1,546.82	\$1,419.38	\$1,477.23	\$1,355.60
Individual/Children	\$1,297.57	\$1,314.80	\$1,206.47	\$1,255.65	\$1,152.26
Family	\$2,175.32	\$2,204.22	\$2,022.61	\$2,105.06	\$1,931.73
Age 29 Rates					
Individual	\$786.18	\$796.61	\$730.97	\$760.78	\$698.13
Individual/Spouse	\$1,572.34	\$1,593.22	\$1,461.95	\$1,521.54	\$1,396.27
Individual/Children	\$1,336.50	\$1,354.24	\$1,242.65	\$1,293.32	\$1,186.83
Family	\$2,240.59	\$2,270.34	\$2,083.27	\$2,168.20	\$1,989.68
Plan Benefits					
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$6,300/\$12,600	\$4,600/\$9,200	\$4,600/\$9,200	\$8,150/\$16,300	\$8,150/\$16,300
Rx Deductible: Ind/ Family	Integrated	Integrated	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$7,900/\$15,800	\$7,900/\$15,800	\$8,150/\$16,300	\$8,150/\$16,300
Primary Care Physician (PCP) office visit	50% ^	3 free PCP visits, then \$40 ^		3 free PCP visits, then 0% ^	
Specialist office visit	50% ^	\$70 ^	\$70 ^	0% ^	0% ^
Urgent Care	\$75 ^	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	50% ^	50% ^	50% ^	0% ^	0% ^
Inpatient Admission	50% ^	50% ^	50% ^	0% ^	0% ^
Dental (Routine)	50% *	\$40 *	\$40 *	\$35 *	\$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% ^	

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

^ After Deductible

* Not Subject to Deductible



2020 3rd Quarter Small Group Rate Sheet

Albany and Upstate					
Plan Name	Platinum POS	Platinum Premier		Platinum Value	
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)
Standard Rates					
Individual	\$1,372.30	\$1,302.62	\$1,194.30	\$1,271.47	\$1,165.78
Individual/Spouse	\$2,744.59	\$2,605.25	\$2,388.61	\$2,542.95	\$2,331.55
Individual/Child	\$2,332.90	\$2,214.47	\$2,030.32	\$2,161.50	\$1,981.82
Family	\$3,911.04	\$3,712.48	\$3,403.77	\$3,623.69	\$3,322.47
Age 29 Rates					
Individual	\$1,413.47	\$1,341.70	\$1,230.13	\$1,309.61	\$1,200.75
Individual/Spouse	\$2,826.91	\$2,683.41	\$2,460.27	\$2,619.23	\$2,401.49
Individual/Child	\$2,402.88	\$2,280.89	\$2,091.23	\$2,226.35	\$2,041.27
Family	\$4,028.36	\$3,823.85	\$3,505.87	\$3,732.41	\$3,422.13
Plan Benefits					
	In Network	Out of Network			
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$0	\$2,600/\$5,200	\$0	\$200/\$400	\$200/\$400
Rx Deductible: Indl/Family	\$0	N/A	\$0	Integrated	Integrated
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$5,000/\$10,000	\$2,000/\$4,000	\$2,400/\$4,800	\$2,400/\$4,800
Primary Care Physician (PCP) office visit	3 free, then \$15	30% ^	3 free PCP visits, then \$15	3 free PCP visits, then \$15 *	3 free PCP visits, then \$15 *
Specialist office visit	\$35	30% ^	\$35	\$35	\$35 *
Urgent Care	\$75	30% ^	\$75	\$75	\$75 *
Emergency Room	20%	20% *	\$350	\$350	\$350 ^
Inpatient Admission	\$500	30% ^	\$500	\$500	\$500 ^
Dental (Routine)	\$15 +	N/A	\$15	\$15	\$15 *
Vision (Eye Exam)	\$0 +	N/A	\$0	\$0	\$0 *
Telemedicine	\$0	N/A	\$0	\$0	\$0 *
Acupuncture	\$0	N/A	\$0	\$0	\$0 *
Prescription Drugs	\$0/\$30/\$60	N/A	\$0/\$30/\$60	\$0 */\$30 ^/\$60 ^	\$0 */\$30 ^/\$60 ^

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^ After Deductible

* Not Subject to Deductible



2020 3rd Quarter Small Group Rate Sheet

Albany and Upstate					
Plan Name	Gold POS	Gold Premier		Gold Value	
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)
Standard Rates					
Individual	\$1,132.27	\$1,064.80	\$976.52	\$1,011.55	\$927.74
Individual/Spouse	\$2,264.53	\$2,129.60	\$1,953.05	\$2,023.09	\$1,855.48
Individual/Child	\$1,924.86	\$1,810.16	\$1,660.10	\$1,719.62	\$1,577.15
Family	\$3,226.96	\$3,034.69	\$2,783.09	\$2,882.90	\$2,644.05
Age 29 Rates					
Individual	\$1,166.24	\$1,096.74	\$1,005.82	\$1,041.90	\$955.57
Individual/Spouse	\$2,332.47	\$2,193.50	\$2,011.63	\$2,083.78	\$1,911.14
Individual/Child	\$1,982.60	\$1,864.48	\$1,709.88	\$1,771.22	\$1,624.46
Family	\$3,323.76	\$3,125.74	\$2,866.58	\$2,969.40	\$2,723.37
Plan Benefits					
	In Network	Out of Network			
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$1,000/\$2,000	\$3,800/\$7,600	\$350/\$700	\$1,900/\$3,800	
Rx Deductible: Ind/Family	\$0	N/A	\$0	Integrated	
Out of Pocket Maximum: I/F	\$5,000/\$10,000	\$7,000/\$14,000	\$5,300/\$10,600	\$3,700/\$7,400	
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	3 free PCP visits, then \$40 *	3 free PCP visits, then \$25 *	
Specialist office visit	\$40 *	40% ^	\$60 *	\$40 *	
Urgent Care	\$75 *	40%^	\$75 *	\$75 *	
Emergency Room	30% ^	30% ^	\$600 ^	\$500^	
Inpatient Admission	30% ^	40% ^	30% ^	30% ^	
Dental (Routine)	\$25 * +	N/A	\$40 *	\$25 *	
Vision (Eye Exam)	\$0 * +	N/A	\$0 *	\$0 *	
Telemedicine	\$0 *	N/A	\$0 *	\$0 *	
Acupuncture	\$0 *	N/A	\$0 *	\$0 *	
Prescription Drugs	\$0/\$35/\$75	N/A	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^	

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^ After Deductible

* Not Subject to Deductible



2020 3rd Quarter Small Group Rate Sheet

Albany and Upstate					
Plan Name	Silver Plus HSA	Silver Premier		Silver Value	
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)
Standard Rates					
Individual	\$862.66	\$896.83	\$822.70	\$867.11	\$795.51
Individual/Spouse	\$1,725.32	\$1,793.66	\$1,645.40	\$1,734.23	\$1,591.00
Individual/Child	\$1,466.51	\$1,524.62	\$1,398.60	\$1,474.10	\$1,352.36
Family	\$2,458.58	\$2,555.98	\$2,344.71	\$2,471.28	\$2,267.18
Age 29 Rates					
Individual	\$888.54	\$923.73	\$847.38	\$893.12	\$819.38
Individual/Spouse	\$1,777.08	\$1,847.47	\$1,694.77	\$1,786.26	\$1,638.72
Individual/Child	\$1,510.52	\$1,570.35	\$1,440.55	\$1,518.32	\$1,392.91
Family	\$2,532.33	\$2,632.64	\$2,415.04	\$2,545.42	\$2,335.18
Plan Benefits					
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$2,800/\$5,200	\$2,400/\$4,800	\$2,400/\$4,800	\$6,300/\$12,600	\$6,300/\$12,600
Rx Deductible: Ind/Family	Integrated	\$0	\$0	Integrated	Integrated
Out of Pocket Maximum: I/F	\$5,800/\$11,600	\$7,800/\$15,600	\$7,800/\$15,600	\$6,300/\$12,600	\$6,300/\$12,600
Primary Care Physician (PCP) office visit	\$30 ^	3 free PCP visits, then \$35 *		3 free PCP visits, then \$10 *	
Specialist office visit	\$50 ^	\$65 *		\$55 *	
Urgent Care	\$75 ^	\$75 *		\$75 *	
Emergency Room	40% ^	40% ^		\$0 ^	
Inpatient Admission	40% ^	40% ^		\$0 ^	
Dental (Routine)	\$30 *	\$35 *		\$10 *	
Vision (Eye Exam)	\$0 *	\$0 *		\$0 *	
Telemedicine	\$0 ^	\$0 *		\$0 *	
Acupuncture	\$0 *	\$0 *		\$0 *	
Prescription Drugs	\$15 ^/\$45 ^/\$80 ^	\$0/\$40/\$80		\$0 */\$0 ^/\$0 ^	

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^ After Deductible

* Not Subject to Deductible



2020 3rd Quarter Small Group Rate Sheet

Albany and Upstate					
Plan Name	Bronze Plus HSA	Bronze Premier		Bronze Value	
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)
Standard Rates					
Individual	\$762.94	\$773.08	\$709.38	\$738.29	\$677.52
Individual/Spouse	\$1,525.89	\$1,546.16	\$1,418.76	\$1,476.59	\$1,355.02
Individual/Child	\$1,297.01	\$1,314.24	\$1,205.94	\$1,255.10	\$1,151.77
Family	\$2,174.39	\$2,203.27	\$2,021.72	\$2,104.14	\$1,930.91
Age 29 Rates					
Individual	\$785.83	\$796.27	\$730.66	\$760.44	\$697.85
Individual/Spouse	\$1,571.66	\$1,592.54	\$1,461.33	\$1,520.88	\$1,395.67
Individual/Child	\$1,335.92	\$1,353.66	\$1,242.13	\$1,292.75	\$1,186.32
Family	\$2,239.62	\$2,269.36	\$2,082.39	\$2,167.26	\$1,988.84
Plan Benefits					
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$6,300/\$12,600	\$4,600/\$9,200	\$4,600/\$9,200	\$8,150/\$16,300	\$8,150/\$16,300
Rx Deductible: Ind/ Family	Integrated	Integrated	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$7,900/\$15,800	\$7,900/\$15,800	\$8,150/\$16,300	\$8,150/\$16,300
Primary Care Physician (PCP) office visit	50% ^	3 free PCP visits, then \$40 ^		3 free PCP visits, then 0% ^	
Specialist office visit	50% ^	\$70 ^		0% ^	
Urgent Care	\$75 ^	\$75 *		\$75 *	
Emergency Room	50% ^	50% ^		0% ^	
Inpatient Admission	50% ^	50% ^		0% ^	
Dental (Routine)	50% *	\$40 *		\$35 *	
Vision (Eye Exam)	\$0 *	\$0 *		\$0 *	
Telemedicine	\$0 ^	\$0 *		\$0 *	
Acupuncture	\$0 *	\$0 *		\$0 *	
Prescription Drugs	\$15 ^/\$65 ^/\$80 ^	\$25^/50% ^/50% ^		\$35 */0% ^/0% ^	

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^ After Deductible

* Not Subject to Deductible