



2021 1st 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 PPO		Gold Virtual EPO-N		Gold Virtual EPO-M	
Network	Prime/First Health National		Prime/First Health National		Millennium	
Standard Rates						
Individual	\$976.45		\$923.24		\$766.83	
Individual/Spouse	\$1,952.90		\$1,846.48		\$1,533.66	
Individual/Children	\$1,659.97		\$1,569.51		\$1,303.61	
Family	\$2,782.88		\$2,631.23		\$2,185.47	
Age 29 Rates						
Individual	\$1,005.74		\$950.94		\$789.83	
Individual/Spouse	\$2,011.48		\$1,901.88		\$1,579.66	
Individual/Children	\$1,709.76		\$1,616.60		\$1,342.71	
Family	\$2,866.36		\$2,710.18		\$2,251.02	
Plan Benefits						
	In Network	Out of Network	Virtual Visit	Office Visit	Virtual Visit	Office Visit
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$1,300/\$2,600	\$3,500/\$7,000	\$0	\$500/\$1,000	\$0	\$1,700/\$3,400
Rx Deductible: Ind/Family	\$0	N/A	N/A	N/A	N/A	N/A
Out of Pocket Maximum: I/F	\$5,500/\$11,000	\$7,500/\$15,000	\$7,800/\$15,600	\$7,800/\$15,600	\$8,200/\$16,400	\$8,200/\$16,400
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	\$0	\$40 *	\$0	\$40 *
Specialist office visit	\$40 *	40% ^	N/A	\$60 *	N/A	\$60 *
Urgent Care	\$75 *	40% ^	N/A	\$75 *	N/A	\$75 *
Emergency Room	\$1,000 ^	\$1,000^	N/A	^	N/A	40% ^
Inpatient Admission	30% ^	40% ^	N/A	30% ^	N/A	30% ^
Lab	\$25/\$40^	40% ^	\$0	\$0/\$60 ^	\$0	\$0/\$60 ^
X-rays	\$25/\$40 ^	40% ^	N/A	\$40/\$60 ^	N/A	\$40/\$60 ^
Telemedicine	\$0 *	N/A	N/A	N/A	N/A	N/A
Acupuncture	\$0 *	N/A	N/A	\$0 *	N/A	\$0 *
Prescription Drugs	\$0/\$35/\$100	N/A	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^

^ After Deductible

* Not Subject to Deductible

Adult Vision and Dental, & Acupuncture are not included in Millennium plans



2021 1st 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 ⁺		
Network	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates							
Individual	\$804.14	\$838.86	\$769.46	\$720.08	\$811.37	\$744.28	\$696.33
Individual/Spouse	\$1,608.28	\$1,677.72	\$1,538.92	\$1,440.16	\$1,622.74	\$1,488.56	\$1,392.66
Individual/Children	\$1,367.04	\$1,426.06	\$1,308.08	\$1,224.14	\$1,379.33	\$1,265.28	\$1,183.76
Family	\$2,291.80	\$2,390.75	\$2,192.96	\$2,052.23	\$2,312.40	\$2,121.20	\$1,984.54
Age 29 Rates							
Individual	\$828.26	\$864.03	\$792.54	\$741.68	\$835.71	\$766.61	\$717.22
Individual/Spouse	\$1,656.52	\$1,728.06	\$1,585.08	\$1,483.36	\$1,671.42	\$1,533.22	\$1,434.44
Individual/Children	\$1,408.04	\$1,468.85	\$1,347.32	\$1,260.86	\$1,420.71	\$1,303.24	\$1,219.27
Family	\$2,360.54	\$2,462.49	\$2,258.74	\$2,113.79	\$2,381.77	\$2,184.84	\$2,044.08
Plan Benefits							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$3,000/\$6,000	\$3,600/\$7,200			\$6,700/\$13,400		
Rx Deductible: Ind/Family	Integrated	\$0			Integrated		
Out of Pocket Maximum: I/F	\$6,000/\$12,000	\$7,800/\$15,600			\$6,700/\$13,400		
Primary Care Physician (PCP) office visit	\$30 ^	3 free, then \$35 *			3 free, then \$10 *		
Specialist office visit	\$50 ^	\$65 *			\$55 *		
Urgent Care	\$100 ^	\$75 *			\$75 *		
Emergency Room	40% ^	40% ^			\$0 ^		
Inpatient Admission	40% ^	40% ^			\$0 ^		
Lab	\$30/\$50^	\$35/\$65 *			\$10/\$55 *		
X-rays	\$30/\$50 ^	\$35/\$65 ^			\$0		
Telemedicine	\$0 ^	\$0 *			\$0 *		
Acupuncture	\$0 ^	\$0 *			\$0 *		
Prescription Drugs	\$15 ^/\$45 ^/\$80 ^	\$0/\$40/\$80			\$0 ^/\$0 ^/\$0 ^		

^ After Deductible

* Not Subject to Deductible

Adult Vision and Dental, & Acupuncture are not included in Millennium plans



2021 1st 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 ₊		
Network	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates							
Individual	\$717.65	\$725.68	\$665.82	\$622.32	\$688.64	\$631.90	\$590.32
Individual/Spouse	\$1,435.30	\$1,451.36	\$1,331.64	\$1,244.64	\$1,377.28	\$1,263.80	\$1,180.64
Individual/Children	\$1,220.01	\$1,233.66	\$1,131.89	\$1,057.94	\$1,170.69	\$1,074.23	\$1,003.54
Family	\$2,045.30	\$2,068.19	\$1,897.59	\$1,773.61	\$1,962.62	\$1,800.92	\$1,682.41
Age 29 Rates							
Individual	\$739.18	\$747.45	\$685.79	\$640.99	\$709.30	\$650.86	\$608.03
Individual/Spouse	\$1,478.36	\$1,494.90	\$1,371.58	\$1,281.98	\$1,418.60	\$1,301.72	\$1,216.06
Individual/Children	\$1,256.61	\$1,270.67	\$1,165.84	\$1,089.68	\$1,205.81	\$1,106.46	\$1,033.65
Family	\$2,106.66	\$2,130.23	\$1,954.50	\$1,826.82	\$2,021.51	\$1,854.95	\$1,732.89
Plan Benefits							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$6,300/\$12,600	\$5,300/\$10,600			\$8,550/\$17,100		
Rx Deductible: Ind/Family	Integrated	Integrated			Integrated		
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$8,450/\$16,900			\$8,550/\$17,100		
Primary Care Physician (PCP) office visit	50% ^	3 free PCP visits, then 50% ^			3 free PCP visits, then 0% ^		
Specialist office visit	50% ^	50% ^			0% ^		
Urgent Care	\$100 ^	\$75 *			\$75 *		
Emergency Room	50% ^	50% ^			0% ^		
Inpatient Admission	50% ^	50% ^			0% ^		
Lab	50% ^	50% ^			0% ^		
X-rays	50% ^	50% ^			0% ^		
Telemedicine	\$0 ^	\$0 *			\$0 *		
Acupuncture	\$0 ^	\$0 *			\$0 *		
Prescription Drugs	\$15 ^/\$65 ^/\$80 ^	\$50 */50% ^/50% ^			\$35 */0% ^/0% ^		

^ After Deductible

* Not Subject to Deductible

Adult Vision and Dental, & Acupuncture are not included in Millennium plans



2021 1st Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Platinum PPO		Platinum Premier			Platinum Value		
Network	Prime/First Health National		Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates								
Individual	\$1,372.97		\$1,362.09	\$1,248.47	\$1,174.83	\$1,324.12	\$1,213.68	\$1,142.03
Individual/Spouse	\$2,745.94		\$2,724.18	\$2,496.94	\$2,349.66	\$2,648.24	\$2,427.36	\$2,284.06
Individual/Children	\$2,334.05		\$2,315.55	\$2,122.40	\$1,997.21	\$2,251.00	\$2,063.26	\$1,941.45
Family	\$3,912.96		\$3,881.96	\$3,558.14	\$3,348.27	\$3,773.74	\$3,458.99	\$3,254.79
Age 29 Rates								
Individual	\$1,414.16		\$1,402.95	\$1,285.92	\$1,210.07	\$1,363.84	\$1,250.09	\$1,176.29
Individual/Spouse	\$2,828.32		\$2,805.90	\$2,571.84	\$2,420.14	\$2,727.68	\$2,500.18	\$2,352.58
Individual/Children	\$2,404.07		\$2,385.02	\$2,186.06	\$2,057.12	\$2,318.53	\$2,125.15	\$1,999.69
Family	\$4,030.36		\$3,998.41	\$3,664.87	\$3,448.70	\$3,886.94	\$3,562.76	\$3,352.43
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			\$250/\$500		
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			\$2,500/\$5,000		
Primary Care Physician (PCP) office visit	3 free, then \$15	30% ^	3 free visits, then \$15			3 free visits, then \$15 *		
Specialist office visit	\$35	30% ^	\$35			\$35 *		
Urgent Care	\$75	30% ^	\$75			\$75 *		
Emergency Room	\$750	\$750 *	\$400			\$350 ^		
Inpatient Admission	20%	30% ^	20%			20% ^		
Lab	\$15/\$35	30% ^	\$15			\$15/\$35 *		
X-rays	\$15/\$35	30% ^	\$15/\$35			\$15/\$35 ^		
Telemedicine	\$0	N/A	\$0			\$0 *		
Acupuncture	\$0	N/A	\$0			\$0 *		
Prescription Drugs	\$0/\$30/\$80	N/A	\$0/\$30/\$65			\$0 */\$30 ^/\$65 ^		

^ After Deductible

* Not Subject to Deductible

Adult Vision and Dental, & Acupuncture are not included in Millennium plans



2021 1st Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Gold Premier			Gold Value		
Network	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates						
Individual	\$1,109.40	\$1,017.05	\$956.57	\$1,048.22	\$961.02	\$903.72
Individual/Spouse	\$2,218.80	\$2,034.10	\$1,913.14	\$2,096.44	\$1,922.04	\$1,807.44
Individual/Children	\$1,885.98	\$1,728.99	\$1,626.17	\$1,781.97	\$1,633.73	\$1,536.32
Family	\$3,161.79	\$2,898.59	\$2,726.22	\$2,987.43	\$2,738.91	\$2,575.60
Age 29 Rates						
Individual	\$1,142.68	\$1,047.56	\$985.27	\$1,079.67	\$989.85	\$930.83
Individual/Spouse	\$2,285.36	\$2,095.12	\$1,970.54	\$2,159.34	\$1,979.70	\$1,861.66
Individual/Children	\$1,942.56	\$1,780.85	\$1,674.96	\$1,835.44	\$1,682.75	\$1,582.41
Family	\$3,256.64	\$2,985.55	\$2,808.02	\$3,077.06	\$2,821.07	\$2,652.87
Plan Benefits						
Referral Required	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$450/\$900			\$2,300/\$4,600		
Rx Deductible: Ind/Family	\$0			Integrated		
Out of Pocket Maximum: I/F	\$5,600/\$11,200			\$5,300/\$10,600		
Primary Care Physician (PCP) office visit	3 free, then \$25 *			3 free, then \$25 *		
Specialist office visit	\$40 *			\$40 *		
Urgent Care	\$75 *			\$75 *		
Emergency Room	\$800 ^			\$800 ^		
Inpatient Admission	30% ^			30% ^		
Lab	\$25/\$40 *			\$25/\$40 *		
X-rays	\$25/\$40 ^			\$25/\$40 ^		
Telemedicine	\$0 *			\$0 *		
Acupuncture	\$0 *			\$0 *		
Prescription Drugs	\$0/\$40/\$80			\$0 */\$40 ^/\$80 ^		

^ After Deductible

* Not Subject to Deductible

Adult Vision and Dental, & Acupuncture are not included in Millennium plans



2021 1st Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Gold PPO		Gold Virtual EPO-N		Gold Virtual EPO-M	
Network	Prime/First Health National		Prime/First Health National		Millennium	
Standard Rates						
Individual	\$1,110.63		\$1,050.11		\$872.21	
Individual/Spouse	\$2,221.26		\$2,100.22		\$1,744.42	
Individual/Children	\$1,888.07		\$1,785.19		\$1,482.76	
Family	\$3,165.30		\$2,992.81		\$2,485.80	
Age 29 Rates						
Individual	\$1,143.95		\$1,081.61		\$898.38	
Individual/Spouse	\$2,287.90		\$2,163.22		\$1,796.76	
Individual/Children	\$1,944.72		\$1,838.74		\$1,527.25	
Family	\$3,260.26		\$3,082.59		\$2,560.38	
Plan Benefits						
	In Network	Out of Network	Virtual Visit	Office Visit	Virtual Visit	Office Visit
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$1,300/\$2,600	\$3,500/\$7,000	\$0	\$500/\$1,000	\$0	\$1,700/\$3,400
Rx Deductible: Ind/Family	\$0	N/A	N/A	N/A	N/A	N/A
Out of Pocket Maximum: I/F	\$5,500/\$11,000	\$7,500/\$15,000	\$7,800/\$15,600	\$7,800/\$15,600	\$8,200/\$16,400	\$8,200/\$16,400
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	\$0	\$40 *	\$0	\$40 *
Specialist office visit	\$40 *	40% ^	N/A	\$60 *	N/A	\$60 *
Urgent Care	\$75 *	40% ^	N/A	\$75 *	N/A	\$75 *
Emergency Room	\$1,000 ^	\$1,000^	N/A	40% ^	N/A	40% ^
Inpatient Admission	30% ^	40% ^	N/A	30% ^	N/A	30% ^
Lab	\$25/\$40^	40% ^	\$0	\$0/\$60 ^	\$0	\$0/\$60 ^
X-rays	\$25/\$40 ^	40% ^	N/A	\$40/\$60 ^	N/A	\$40/\$60 ^
Telemedicine	\$0 *	N/A	N/A	N/A	N/A	N/A
Acupuncture	\$0 *	N/A	N/A	\$0 *	N/A	\$0 *
Prescription Drugs	\$0/\$35/\$100	N/A	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^

^ After Deductible

* Not Subject to Deductible

Adult Vision and Dental, & Acupuncture are not included in Millennium plans



2021 1st Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Silver Plus HSA ⁺	Silver Premier ⁺			Silver Value ⁺		
Network	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates							
Individual	\$914.65	\$954.13	\$875.20	\$819.03	\$922.87	\$846.56	\$792.01
Individual/Spouse	\$1,829.30	\$1,908.26	\$1,750.40	\$1,638.06	\$1,845.74	\$1,693.12	\$1,584.02
Individual/Children	\$1,554.91	\$1,622.02	\$1,487.84	\$1,392.35	\$1,568.88	\$1,439.15	\$1,346.42
Family	\$2,606.75	\$2,719.27	\$2,494.32	\$2,334.24	\$2,630.18	\$2,412.70	\$2,257.23
Age 29 Rates							
Individual	\$942.09	\$982.75	\$901.46	\$843.60	\$950.56	\$871.96	\$815.77
Individual/Spouse	\$1,884.18	\$1,965.50	\$1,802.92	\$1,687.20	\$1,901.12	\$1,743.92	\$1,631.54
Individual/Children	\$1,601.55	\$1,670.68	\$1,532.48	\$1,434.12	\$1,615.95	\$1,482.33	\$1,386.81
Family	\$2,684.96	\$2,800.84	\$2,569.16	\$2,404.26	\$2,709.10	\$2,485.09	\$2,324.94
Plan Benefits							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$3,000/\$6,000	\$3,600/\$7,200			\$6,700/\$13,400		
Rx Deductible: Ind/Family	Integrated	\$0			Integrated		
Out of Pocket Maximum: I/F	\$6,000/\$12,000	\$7,800/\$15,600			\$6,700/\$13,400		
Primary Care Physician (PCP) office visit	\$30 ^	3 free, then \$35 *			3 free, then \$10 *		
Specialist office visit	\$50 ^	\$65 *			\$55 *		
Urgent Care	\$100 ^	\$75 *			\$75 *		
Emergency Room	40% ^	40% ^			\$0 ^		
Inpatient Admission	40% ^	40% ^			\$0 ^		
Lab	\$30/\$50 ^	\$35/\$65 *			\$10/\$55 *		
X-rays	\$30/\$50 ^	\$35/\$65 ^			\$0		
Telemedicine	\$0 ^	\$0 *			\$0 *		
Acupuncture	\$0 ^	\$0 *			\$0 *		
Prescription Drugs	\$15 ^/\$45 ^/\$80 ^	\$0/\$40/\$80			\$0 ^/\$0 ^/\$0 ^		

^ After Deductible

* Not Subject to Deductible

Adult Vision and Dental, & Acupuncture are not included in Millennium plans



2021 1st Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Bronze Plus HSA ⁺	Bronze Premier ⁺			Bronze Value ⁺		
Network	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates							
Individual	\$816.27	\$825.41	\$757.32	\$707.84	\$783.27	\$718.74	\$671.44
Individual/Spouse	\$1,632.54	\$1,650.82	\$1,514.64	\$1,415.68	\$1,566.54	\$1,437.48	\$1,342.88
Individual/Children	\$1,387.66	\$1,403.20	\$1,287.44	\$1,203.33	\$1,331.56	\$1,221.86	\$1,141.45
Family	\$2,326.37	\$2,352.42	\$2,158.36	\$2,017.34	\$2,232.32	\$2,048.41	\$1,913.60
Age 29 Rates							
Individual	\$840.76	\$850.17	\$780.04	\$729.08	\$806.77	\$740.30	\$691.58
Individual/Spouse	\$1,681.52	\$1,700.34	\$1,560.08	\$1,458.16	\$1,613.54	\$1,480.60	\$1,383.16
Individual/Children	\$1,429.29	\$1,445.29	\$1,326.07	\$1,239.44	\$1,371.51	\$1,258.51	\$1,175.69
Family	\$2,396.17	\$2,422.98	\$2,223.11	\$2,077.88	\$2,299.29	\$2,109.86	\$1,971.00
Plan Benefits							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$6,300/\$12,600	\$5,300/\$10,600			\$8,550/\$17,100		
Rx Deductible: Ind/Family	Integrated	Integrated			Integrated		
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$8,450/\$16,900			\$8,550/\$17,100		
Primary Care Physician (PCP) office visit	50% ^	3 free PCP visits, then 50% ^			3 free PCP visits, then 0% ^		
Specialist office visit	50% ^	50% ^			0% ^		
Urgent Care	\$100 ^	\$75 *			\$75 *		
Emergency Room	50% ^	50% ^			0% ^		
Inpatient Admission	50% ^	50% ^			0% ^		
Lab	50% ^	50% ^			0% ^		
X-rays	50% ^	50% ^			0% ^		
Telemedicine	\$0 ^	\$0 *			\$0 *		
Acupuncture	\$0 ^	\$0 *			\$0 *		
Prescription Drugs	\$15 ^/\$65 ^/\$80 ^	\$50 */50% ^/50% ^			\$35 */0% ^/0% ^		

^ After Deductible

* Not Subject to Deductible

Adult Vision and Dental, & Acupuncture are not included in Millennium plans



2021 1st Quarter Small Group Rate Sheet

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

Plan Name	Platinum PPO	Platinum Premier		Platinum Value	
Network	Prime/First Health National	Prime	Select Care	Prime	Select Care
Standard Rates					
Individual	\$1,447.05	\$1,435.59	\$1,315.83	\$1,395.56	\$1,279.17
Individual/Spouse	\$2,894.10	\$2,871.18	\$2,631.66	\$2,791.12	\$2,558.34
Individual/Children	\$2,459.99	\$2,440.50	\$2,236.91	\$2,372.45	\$2,174.59
Family	\$4,124.09	\$4,091.43	\$3,750.12	\$3,977.35	\$3,645.63
Age 29 Rates					
Individual	\$1,490.46	\$1,478.66	\$1,355.30	\$1,437.43	\$1,317.55
Individual/Spouse	\$2,980.92	\$2,957.32	\$2,710.60	\$2,874.86	\$2,635.10
Individual/Children	\$2,533.78	\$2,513.72	\$2,304.01	\$2,443.63	\$2,239.84
Family	\$4,247.81	\$4,214.18	\$3,862.61	\$4,096.68	\$3,755.02
Plan Benefits					
	In Network	Out of Network			
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$0	\$2,600/\$5,200	\$0	\$250/\$500	\$250/\$500
Rx Deductible: Ind/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	\$2,500/\$5,000	\$2,500/\$5,000
Primary Care Physician (PCP) office visit	3 free, then \$15	30% ^	3 free visits, then \$15	3 free visits, then \$15 *	3 free visits, then \$15 *
Specialist office visit	\$35	30% ^	\$35	\$35 *	\$35 *
Urgent Care	\$75	30% ^	\$75	\$75 *	\$75 *
Emergency Room	\$750	\$750 *	\$400	\$350 ^	\$350 ^
Inpatient Admission	20%	30% ^	20%	20% ^	20% ^
Lab	\$15/\$35	30% ^	\$15	\$15/\$35 *	\$15/\$35 *
X-rays	\$15/\$35	30% ^	\$15/\$35	\$15/\$35 ^	\$15/\$35 ^
Telemedicine	\$0	N/A	\$0	\$0 *	\$0 *
Acupuncture	\$0	N/A	\$0	\$0 *	\$0 *
Prescription Drugs	\$0/\$30/\$80	N/A	\$0/\$30/\$65	\$0 */\$30 ^/\$65 ^	\$0 */\$30 ^/\$65 ^

^ After Deductible
* Not Subject to Deductible



2021 1st Quarter Small Group Rate Sheet

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

Plan Name	Gold Premier		Gold Value	
Network	Prime	Select Care	Prime	Select Care
Standard Rates				
Individual	\$1,169.26	\$1,071.93	\$1,104.77	\$1,012.88
Individual/Spouse	\$2,338.52	\$2,143.86	\$2,209.54	\$2,025.76
Individual/Children	\$1,987.74	\$1,822.28	\$1,878.11	\$1,721.90
Family	\$3,332.39	\$3,055.00	\$3,148.59	\$2,886.71
Age 29 Rates				
Individual	\$1,204.34	\$1,104.09	\$1,137.91	\$1,043.27
Individual/Spouse	\$2,408.68	\$2,208.18	\$2,275.82	\$2,086.54
Individual/Children	\$2,047.38	\$1,876.95	\$1,934.45	\$1,773.56
Family	\$3,432.37	\$3,146.66	\$3,243.04	\$2,973.32
Plan Benefits				
Referral Required	No	No	No	No
Deductible: Individual/Family	\$450/\$900		\$2,300/\$4,600	
Rx Deductible: Ind/Famiily	\$0		Integrated	
Out of Pocket Maximum: I/F	\$5,600/\$11,200		\$5,300/\$10,600	
Primary Care Physician (PCP) office visit	3 free, then \$25 *		3 free, then \$25 *	
Specialist office visit	\$40 *		\$40 *	
Urgent Care	\$75 *		\$75 *	
Emergency Room	\$800 ^		\$800 ^	
Inpatient Admission	30% ^		30% ^	
Lab	\$25/\$40 *		\$25/\$40 *	
X-rays	\$25/\$40 ^		\$25/\$40 ^	
Telemedicine	\$0 *		\$0 *	
Acupuncture	\$0 *		\$0 *	
Prescription Drugs	\$0/\$40/\$80		\$0 */\$40 ^/\$80 ^	

^ After Deductible
* Not Subject to Deductible



2021 1st Quarter Small Group Rate Sheet

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

Plan Name	Gold PPO		Gold Virtual EPO-N	
Network	Prime/First Health National		Prime/First Health National	
Standard Rates				
Individual	\$1,170.56		\$1,106.77	
Individual/Spouse	\$2,341.12		\$2,213.54	
Individual/Children	\$1,989.95		\$1,881.51	
Family	\$3,336.10		\$3,154.29	
Age 29 Rates				
Individual	\$1,205.68		\$1,139.97	
Individual/Spouse	\$2,411.36		\$2,279.94	
Individual/Children	\$2,049.66		\$1,937.95	
Family	\$3,436.19		\$3,248.91	
Plan Benefits				
	In Network	Out of Network	Virtual Visit	Office Visit
Referral Required	No	No	No	No
Deductible: Individual/Family	\$1,300/\$2,600	\$3,500/\$7,000	\$0	\$500/\$1,000
Rx Deductible: Ind/Family	\$0	N/A	N/A	N/A
Out of Pocket Maximum: I/F	\$5,500/\$11,000	\$7,500/\$15,000	\$7,800/\$15,600	\$7,800/\$15,600
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	\$0	\$40 *
Specialist office visit	\$40 *	40% ^	N/A	\$60 *
Urgent Care	\$75 *	40% ^	N/A	\$75 *
Emergency Room	\$1,000 ^	\$1,000^	N/A	40% ^
Inpatient Admission	30% ^	40% ^	N/A	30% ^
Lab	\$25/\$40^	40% ^	\$0	\$0/\$60 ^
X-rays	\$25/\$40 ^	40% ^	N/A	\$40/\$60 ^
Telemedicine	\$0 *	N/A	N/A	N/A
Acupuncture	\$0 *	N/A	N/A	\$0 *
Prescription Drugs	\$0/\$35/\$100	N/A	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^

^ After Deductible

* Not Subject to Deductible



2021 1st Quarter Small Group Rate Sheet

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

Plan Name	Silver Plus HSA ⁺	Silver Premier ⁺		Silver Value ⁺	
Network	Prime	Prime	Select Care	Prime	Select Care
Standard Rates					
Individual	\$964.00	\$1,005.61	\$922.42	\$972.66	\$892.24
Individual/Spouse	\$1,928.00	\$2,011.22	\$1,844.84	\$1,945.32	\$1,784.48
Individual/Children	\$1,638.80	\$1,709.54	\$1,568.11	\$1,653.52	\$1,516.81
Family	\$2,747.40	\$2,865.99	\$2,628.90	\$2,772.08	\$2,542.88
Age 29 Rates					
Individual	\$992.92	\$1,035.78	\$950.09	\$1,001.84	\$919.01
Individual/Spouse	\$1,985.84	\$2,071.56	\$1,900.18	\$2,003.68	\$1,838.02
Individual/Children	\$1,687.96	\$1,760.83	\$1,615.15	\$1,703.13	\$1,562.32
Family	\$2,829.82	\$2,951.97	\$2,707.76	\$2,855.24	\$2,619.18
Plan Benefits					
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$3,000/\$6,000	\$3,600/\$7,200	\$3,600/\$7,200	\$6,700/\$13,400	\$6,700/\$13,400
Rx Deductible: Ind/Family	Integrated	\$0	\$0	Integrated	Integrated
Out of Pocket Maximum: I/F	\$6,000/\$12,000	\$7,800/\$15,600	\$7,800/\$15,600	\$6,700/\$13,400	\$6,700/\$13,400
Primary Care Physician (PCP) office visit	\$30 ^	3 free, then \$35 *	3 free, then \$35 *	3 free, then \$10 *	3 free, then \$10 *
Specialist office visit	\$50 ^	\$65 *	\$65 *	\$55 *	\$55 *
Urgent Care	\$100 ^	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	40% ^	40% ^	40% ^	\$0 ^	\$0 ^
Inpatient Admission	40% ^	40% ^	40% ^	\$0 ^	\$0 ^
Lab	\$30/\$50^	\$35/\$65 *	\$35/\$65 *	\$10/\$55 *	\$10/\$55 *
X-rays	\$30/\$50 ^	\$35/\$65 ^	\$35/\$65 ^	\$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 ^

^ After Deductible

* Not Subject to Deductible



2021 1st Quarter Small Group Rate Sheet

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

Plan Name	Bronze Plus HSA ⁺	Bronze Premier ⁺		Bronze Value ⁺	
Network	Prime	Prime	Select Care	Prime	Select Care
Standard Rates					
Individual	\$860.32	\$869.94	\$798.18	\$825.53	\$757.52
Individual/Spouse	\$1,720.64	\$1,739.88	\$1,596.36	\$1,651.06	\$1,515.04
Individual/Children	\$1,462.54	\$1,478.90	\$1,356.91	\$1,403.40	\$1,287.78
Family	\$2,451.91	\$2,479.33	\$2,274.81	\$2,352.76	\$2,158.93
Age 29 Rates					
Individual	\$886.13	\$896.04	\$822.13	\$850.30	\$780.25
Individual/Spouse	\$1,772.26	\$1,792.08	\$1,644.26	\$1,700.60	\$1,560.50
Individual/Children	\$1,506.42	\$1,523.27	\$1,397.62	\$1,445.51	\$1,326.43
Family	\$2,525.47	\$2,553.71	\$2,343.07	\$2,423.36	\$2,223.71
Plan Benefits					
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$6,300/\$12,600	\$5,300/\$10,600		\$8,550/\$17,100	
Rx Deductible: Ind/Family	Integrated	Integrated		Integrated	
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$8,450/\$16,900		\$8,550/\$17,100	
Primary Care Physician (PCP) office visit	50% ^	3 free PCP visits, then 50% ^		3 free PCP visits, then 0% ^	
Specialist office visit	50% ^	50% ^		0% ^	
Urgent Care	\$100 ^	\$75 *		\$75 *	
Emergency Room	50% ^	50% ^		0% ^	
Inpatient Admission	50% ^	50% ^		0% ^	
Lab	50% ^	50% ^		0% ^	
X-rays	50% ^	50% ^		0% ^	
Telemedicine	\$0 ^	\$0 *		\$0 *	
Acupuncture	\$0 ^	\$0 *		\$0 *	
Prescription Drugs	\$15 ^/\$65 ^/\$80 ^	\$50 */50% ^/50% ^		\$35 */0% ^/0% ^	

^ After Deductible
* Not Subject to Deductible



2021 1st Quarter Small Group Rate Sheet

Albany and Upstate

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

Plan Name	Platinum PPO	Platinum Premier		Platinum Value	
Network	Prime/First Health National	Prime	Select Care	Prime	Select Care
Standard Rates					
Individual	\$1,446.43	\$1,434.97	\$1,315.27	\$1,394.96	\$1,278.62
Individual/Spouse	\$2,892.86	\$2,869.94	\$2,630.54	\$2,789.92	\$2,557.24
Individual/Child	\$2,458.93	\$2,439.45	\$2,235.96	\$2,371.43	\$2,173.65
Family	\$4,122.33	\$4,089.66	\$3,748.52	\$3,975.64	\$3,644.07
Age 29 Rates					
Individual	\$1,489.82	\$1,478.02	\$1,354.73	\$1,436.81	\$1,316.98
Individual/Spouse	\$2,979.64	\$2,956.04	\$2,709.46	\$2,873.62	\$2,633.96
Individual/Child	\$2,532.69	\$2,512.63	\$2,303.04	\$2,442.58	\$2,238.87
Family	\$4,245.99	\$4,212.36	\$3,860.98	\$4,094.91	\$3,753.39
Plan Benefits					
	In Network	Out of Network			
Referral Required	No	No	No	No	
Deductible: Individual/Family	\$0	\$2,600/\$5,200	\$0	\$250/\$500	
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	\$2,500/\$5,000	
Primary Care Physician (PCP) office visit	3 free, then \$15	30% ^	3 free visits, then \$15	3 free visits, then \$15 *	
Specialist office visit	\$35	30% ^	\$35	\$35 *	
Urgent Care	\$75	30% ^	\$75	\$75 *	
Emergency Room	\$750	\$750 *	\$400	\$350 ^	
Inpatient Admission	20%	30% ^	20%	20% ^	
Lab	\$15/\$35	30% ^	\$15	\$15/\$35 *	
X-rays	\$15/\$35	30% ^	\$15/\$35	\$15/\$35 ^	
Telemedicine	\$0	N/A	\$0	\$0 *	
Acupuncture	\$0	N/A	\$0	\$0 *	
Prescription Drugs	\$0/\$30/\$80	N/A	\$0/\$30/\$65	\$0 */\$30 ^/\$65 ^	

^ After Deductible

* Not Subject to Deductible



2021 1st Quarter Small Group Rate Sheet

Albany and Upstate (Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington, Broome, and Otsego counties)				
Plan Name	Gold Premier		Gold Value	
Network	Prime	Select Care	Prime	Select Care
Standard Rates				
Individual	\$1,168.75	\$1,071.47	\$1,104.30	\$1,012.44
Individual/Spouse	\$2,337.50	\$2,142.94	\$2,208.60	\$2,024.88
Individual/Children	\$1,986.88	\$1,821.50	\$1,877.31	\$1,721.15
Family	\$3,330.94	\$3,053.69	\$3,147.26	\$2,885.45
Age 29 Rates				
Individual	\$1,203.81	\$1,103.61	\$1,137.43	\$1,042.81
Individual/Spouse	\$2,407.62	\$2,207.22	\$2,274.86	\$2,085.62
Individual/Children	\$2,046.48	\$1,876.14	\$1,933.63	\$1,772.78
Family	\$3,430.86	\$3,145.29	\$3,241.68	\$2,972.01
Plan Benefits				
Referral Required	No	No	No	No
Deductible: Individual/Family	\$450/\$900		\$2,300/\$4,600	
Rx Deductible: Ind/Famiily	\$0		Integrated	
Out of Pocket Maximum: I/F	\$5,600/\$11,200		\$5,300/\$10,600	
Primary Care Physician (PCP) office visit	3 free, then \$25 *		3 free, then \$25 *	
Specialist office visit	\$40 *		\$40 *	
Urgent Care	\$75 *		\$75 *	
Emergency Room	\$800 ^		\$800 ^	
Inpatient Admission	30% ^		30% ^	
Lab	\$25/\$40 *		\$25/\$40 *	
X-rays	\$25/\$40 ^		\$25/\$40 ^	
Telemedicine	\$0 *		\$0 *	
Acupuncture	\$0 *		\$0 *	
Prescription Drugs	\$0/\$40/\$80		\$0 */\$40 ^/\$80 ^	

^ After Deductible

* Not Subject to Deductible



2021 1st Quarter Small Group Rate Sheet

Albany and Upstate

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

Plan Name	Gold PPO		Gold Virtual EPO-N	
Network	Prime/First Health National		Prime/First Health National	
Standard Rates				
Individual	\$1,170.06		\$1,106.30	
Individual/Spouse	\$2,340.12		\$2,212.60	
Individual/Children	\$1,989.10		\$1,880.71	
Family	\$3,334.67		\$3,152.96	
Age 29 Rates				
Individual	\$1,205.16		\$1,139.49	
Individual/Spouse	\$2,410.32		\$2,278.98	
Individual/Children	\$2,048.77		\$1,937.13	
Family	\$3,434.71		\$3,247.55	
Plan Benefits				
	In Network	Out of Network	Virtual Visit	Office Visit
Referral Required	No	No	No	No
Deductible: Individual/Family	\$1,300/\$2,600	\$3,500/\$7,000	\$0	\$500/\$1000
Rx Deductible: Ind/Family	\$0	N/A	N/A	N/A
Out of Pocket Maximum: I/F	\$5,500/\$11,000	\$7,500/\$15,000	\$7,800/\$15,600	\$7,800/\$15,600
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	\$0	\$40 *
Specialist office visit	\$40 *	40% ^	N/A	\$60 *
Urgent Care	\$75 *	40% ^	N/A	\$75 *
Emergency Room	\$1,000 ^	\$1,000^	N/A	40% ^
Inpatient Admission	30% ^	40% ^	N/A	30% ^
Lab	\$25/\$40^	40% ^	\$0	\$0/\$60 ^
X-rays	\$25/\$40 ^	40% ^	N/A	\$40/\$60 ^
Telemedicine	\$0 *	N/A	N/A	N/A
Acupuncture	\$0 *	N/A	N/A	\$0 *
Prescription Drugs	\$0/\$35/\$100	N/A	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^

^ After Deductible

* Not Subject to Deductible



2021 1st Quarter Small Group Rate Sheet

Albany and Upstate

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

Plan Name	Silver Plus HSA+	Silver Premier+		Silver Value+	
Network	Prime	Prime	Select Care	Prime	Select Care
Standard Rates					
Individual	\$963.58	\$1,005.18	\$922.03	\$972.24	\$891.86
Individual/Spouse	\$1,927.16	\$2,010.36	\$1,844.06	\$1,944.48	\$1,783.72
Individual/Child	\$1,638.09	\$1,708.81	\$1,567.45	\$1,652.81	\$1,516.16
Family	\$2,746.20	\$2,864.76	\$2,627.79	\$2,770.88	\$2,541.80
Age 29 Rates					
Individual	\$992.49	\$1,035.34	\$949.69	\$1,001.41	\$918.62
Individual/Spouse	\$1,984.98	\$2,070.68	\$1,899.38	\$2,002.82	\$1,837.24
Individual/Child	\$1,687.23	\$1,760.08	\$1,614.47	\$1,702.40	\$1,561.65
Family	\$2,828.60	\$2,950.72	\$2,706.62	\$2,854.02	\$2,618.07
Plan Benefits					
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$3,000/\$6,000	\$3,600/\$7,200	\$3,600/\$7,200	\$6,700/\$13,400	\$6,700/\$13,400
Rx Deductible: Ind/Famiily	Integrated	\$0	\$0	Integrated	Integrated
Out of Pocket Maximum: I/F	\$6,000/\$12,000	\$7,800/\$15,600	\$7,800/\$15,600	\$6,700/\$13,400	\$6,700/\$13,400
Primary Care Physician (PCP) office visit	\$30 ^	3 free, then \$35 *	3 free, then \$35 *	3 free, then \$10 *	3 free, then \$10 *
Specialist office visit	\$50 ^	\$65 *	\$65 *	\$55 *	\$55 *
Urgent Care	\$100 ^	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	40% ^	40% ^	40% ^	\$0 ^	\$0 ^
Inpatient Admission	40% ^	40% ^	40% ^	\$0 ^	\$0 ^
Lab	\$30/\$50^	\$35/\$65 *	\$35/\$65 *	\$10/\$55 *	\$10/\$55 *
X-rays	\$30/\$50 ^	\$35/\$65 ^	\$35/\$65 ^	\$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 ^

^ After Deductible

* Not Subject to Deductible



2021 1st Quarter Small Group Rate Sheet

Albany and Upstate (Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington, Broome, and Otsego counties)					
Plan Name	Bronze Plus HSA ⁺	Bronze Premier ⁺		Bronze Value ⁺	
Network	Prime	Prime	Select Care	Prime	Select Care
Standard Rates					
Individual	\$859.95	\$869.57	\$797.84	\$825.18	\$757.19
Individual/Spouse	\$1,719.90	\$1,739.14	\$1,595.68	\$1,650.36	\$1,514.38
Individual/Child	\$1,461.92	\$1,478.27	\$1,356.33	\$1,402.81	\$1,287.22
Family	\$2,450.86	\$2,478.27	\$2,273.84	\$2,351.76	\$2,157.99
Age 29 Rates					
Individual	\$885.75	\$895.66	\$821.78	\$849.94	\$779.91
Individual/Spouse	\$1,771.50	\$1,791.32	\$1,643.56	\$1,699.88	\$1,559.82
Individual/Child	\$1,505.78	\$1,522.62	\$1,397.03	\$1,444.90	\$1,325.85
Family	\$2,524.39	\$2,552.63	\$2,342.07	\$2,422.33	\$2,222.74
Plan Benefits					
Referral Required	No	No	No	No	No
Deductible: Individual/Family	\$6,300/\$12,600	\$5,300/\$10,600	\$5,300/\$10,600	\$8,550/\$17,100	\$8,550/\$17,100
Rx Deductible: Ind/Family	Integrated	Integrated	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$8,450/\$16,900	\$8,450/\$16,900	\$8,550/\$17,100	\$8,550/\$17,100
Primary Care Physician (PCP) office visit	50% ^	3 free PCP visits, then 50% ^		3 free PCP visits, then 0% ^	
Specialist office visit	50% ^	50% ^	50% ^	0% ^	0% ^
Urgent Care	\$100 ^	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	50% ^	50% ^	50% ^	0% ^	0% ^
Inpatient Admission	50% ^	50% ^	50% ^	0% ^	0% ^
Lab	50% ^	50% ^	50% ^	0% ^	0% ^
X-rays	50% ^	50% ^	50% ^	0% ^	0% ^
Telemedicine	\$0 ^	\$0 *	\$0 *	\$0 *	\$0 *
Acupuncture	\$0 ^	\$0 *	\$0 *	\$0 *	\$0 *
Prescription Drugs	\$15 ^/\$65 ^/\$80 ^	\$50 */50% ^/50% ^		\$35 */0% ^/0% ^	

^ After Deductible

* Not Subject to Deductible