



2020 4th Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)							
Name	Platinum POS	Platinum Premier P	Platinum Value P	Platinum Premier S	Platinum Value S	Platinum Premier M	Platinum Value M
Referral Required Network	Non-Gated Prime	Non-Gated Prime	Non-Gated Prime	Non-Gated Select Care	Non-Gated Select Care	Gated Millennium	Gated Millennium
Standard Rates							
Individual	\$1,324.86	\$1,257.58	\$1,227.52	\$1,153.01	\$1,125.47	\$1,077.90	\$1,051.98
Individual/Spouse	\$2,649.70	\$2,515.17	\$2,455.03	\$2,306.04	\$2,250.95	\$2,155.79	\$2,103.97
Individual/Children	\$2,252.25	\$2,137.90	\$2,086.78	\$1,960.14	\$1,913.30	\$1,832.43	\$1,788.37
Family	\$3,775.83	\$3,584.12	\$3,498.41	\$3,286.11	\$3,207.59	\$3,072.00	\$2,998.17
Age 29 Rates							
Individual	\$1,364.61	\$1,295.31	\$1,264.35	\$1,187.60	\$1,159.23	\$1,110.24	\$1,083.54
Individual/Spouse	\$2,729.21	\$2,590.63	\$2,528.68	\$2,375.21	\$2,318.48	\$2,220.47	\$2,167.08
Individual/Children	\$2,319.83	\$2,202.04	\$2,149.38	\$2,018.93	\$1,970.70	\$1,887.39	\$1,842.03
Family	\$3,889.11	\$3,691.65	\$3,603.37	\$3,384.67	\$3,303.83	\$3,164.16	\$3,088.10
Plan Benefits							
	In Network	Out of Network					
Referral Required	No	No	No	No	No	No	Yes
Deductible: Individual/Family	\$0	\$2,600/\$5,200	\$0	\$200/\$400	\$0	\$200/\$400	\$0
Rx Deductible: Individual/Family	\$0	N/A	\$0	Integrated	\$0	Integrated	\$0
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$5,000/\$10,000	\$2,000/\$4,000	\$2,400/\$4,800	\$2,000/\$4,000	\$2,400/\$4,800	\$2,000/\$4,000
Primary Care Physician (PCP) office visit	3 free, then \$15	30% ^	3 free, then \$15	3 free, then \$15 *	3 free, then \$15	3 free, then \$15 *	3 free, then \$15
Specialist office visit	\$35	30% ^	\$35	\$35 *	\$35	\$35 *	\$35
Urgent Care	\$75	30% ^	\$75	\$75 *	\$75	\$75 *	\$75
Emergency Room	20%	20% *	\$350	\$350 ^	\$350	\$350 ^	\$350
Inpatient Admission	\$500	30% ^	\$500	\$500 ^	\$500	\$500 ^	\$500
Dental (Routine)	\$15 +	N/A	\$15	\$15 *	\$15	\$15 *	\$15 +
Vision (Eye Exam)	\$0 +	N/A	\$0	\$0 *	\$0	\$0 *	\$0 +
Telemedicine	\$0	N/A	\$0	\$0 *	\$0	\$0 *	\$0
Acupuncture	\$0	N/A	\$0	\$0 *	\$0	\$0 *	N/A
Prescription Drugs	\$0/\$30/\$60	N/A	\$0/\$30/\$60	\$0 */\$30 ^/\$60 ^	\$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 4th Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)								
Name Referral Required Network	Gold POS Non-Gated Prime	Gold Premier P Non-Gated Prime	Gold Value P Non-Gated Prime	Gold Premier S Non-Gated Select Care	Gold Value S Non-Gated Select Care	Gold Premier M Gated Millennium	Gold Value M Gated Millennium	
Standard Rates								
Individual	\$1,093.13	\$1,027.99	\$976.56	\$942.78	\$895.67	\$880.25	\$835.97	
Individual/Spouse	\$2,186.24	\$2,055.99	\$1,953.14	\$1,885.54	\$1,791.33	\$1,760.50	\$1,671.95	
Individual/Children	\$1,858.30	\$1,747.58	\$1,660.17	\$1,602.71	\$1,522.64	\$1,496.42	\$1,421.17	
Family	\$3,115.42	\$2,929.79	\$2,783.22	\$2,686.89	\$2,552.67	\$2,508.69	\$2,382.54	
Age 29 Rates								
Individual	\$1,125.92	\$1,058.83	\$1,005.86	\$971.06	\$922.54	\$906.66	\$861.05	
Individual/Spouse	\$2,251.84	\$2,117.68	\$2,011.73	\$1,942.11	\$1,845.09	\$1,813.32	\$1,722.11	
Individual/Children	\$1,914.07	\$1,800.02	\$1,709.97	\$1,650.79	\$1,568.34	\$1,541.32	\$1,463.79	
Family	\$3,208.88	\$3,017.68	\$2,866.71	\$2,767.51	\$2,629.25	\$2,583.98	\$2,453.99	
Plan Benefits								
	In Network	Out of Network						
Referral Required	No	No	No	No	No	No	Yes	Yes
Deductible: Individual/Family	\$1,000/\$2,000	\$3,800/\$7,600	\$350/\$700	\$1,900/\$3,800	\$350/\$700	\$1,900/\$3,800	\$350/\$700	\$1,900/\$3,800
Rx Deductible: Individual/Family	\$0	N/A	\$0	Integrated	\$0	Integrated	\$0	Integrated
Out of Pocket Maximum: I/F	\$5,000/\$10,000	\$7,000/\$14,000	\$5,300/\$10,600	\$3,700/\$7,400	\$5,300/\$10,600	\$3,700/\$7,400	\$5,300/\$10,600	\$3,700/\$7,400
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	3 free, then \$40 *	3 free, then \$25 *	3 free, then \$40 *	3 free, then \$25 *	3 free, then \$40 *	3 free, then \$25 *
Specialist office visit	\$40 *	40% ^	\$60 *	\$40 *	\$60 *	\$40 *	\$60 *	\$40 *
Urgent Care	\$75 *	40% ^	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	30% ^	30% ^	\$600 ^	\$500 ^	\$600 ^	\$500 ^	\$600 ^	\$500 ^
Inpatient Admission	30% ^	40% ^	30% ^	30% ^	30% ^	30% ^	30% ^	30% ^
Dental (Routine)	\$25 * +	N/A	\$40 *	\$25 *	\$40 *	\$25 *	\$40 * +	\$25 * +
Vision (Eye Exam)	\$0 * +	N/A	\$0 *	\$0 *	\$0 *	\$0 *	\$0 * +	\$0 * +
Telemedicine	\$0 *	N/A	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *
Acupuncture	\$0 *	N/A	\$0 *	\$0 *	\$0 *	\$0 *	N/A	N/A
Prescription Drugs	\$0/\$35/\$75	N/A	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^

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2020 4th Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)							
Name Referral Required Network	Silver HSA Non-Gated Prime	Silver Premier P Non-Gated Prime	Silver Value P Non-Gated Prime	Silver Premier S Non-Gated Select Care	Silver Value S Non-Gated Select Care	Silver Premier M Gated Millennium	Silver Value M Gated Millennium
Standard Rates							
Individual	\$832.84	\$865.82	\$837.14	\$794.27	\$768.00	\$740.64	\$715.97
Individual/Spouse	\$1,665.68	\$1,731.66	\$1,674.29	\$1,588.53	\$1,536.01	\$1,481.29	\$1,431.94
Individual/Children	\$1,415.83	\$1,471.90	\$1,423.14	\$1,350.25	\$1,305.60	\$1,259.09	\$1,217.15
Family	\$2,373.59	\$2,467.61	\$2,385.85	\$2,263.67	\$2,188.81	\$2,110.82	\$2,040.51
Age 29 Rates							
Individual	\$857.83	\$891.79	\$862.25	\$818.10	\$791.04	\$762.86	\$737.45
Individual/Spouse	\$1,715.65	\$1,783.60	\$1,724.52	\$1,636.18	\$1,582.08	\$1,525.72	\$1,474.89
Individual/Children	\$1,458.30	\$1,516.05	\$1,465.84	\$1,390.77	\$1,344.76	\$1,296.87	\$1,253.67
Family	\$2,444.79	\$2,541.64	\$2,457.45	\$2,331.56	\$2,254.48	\$2,174.15	\$2,101.72
Plan Benefits							
Referral Required	No	No	No	No	No	Yes	Yes
Deductible: Individual/Family	\$2,800/\$5,200	\$2,400/\$4,800	\$6,300/\$12,600	\$2,400/\$4,800	\$6,300/\$12,600	\$2,400/\$4,800	\$6,300/\$12,600
Rx Deductible: Individual/ Family	Integrated	\$0	Integrated	\$0	Integrated	\$0	Integrated
Out of Pocket Maximum: I/F	\$5,800/\$11,600	\$7,800/\$15,600	\$6,300/\$12,600	\$7,800/\$15,600	\$6,300/\$12,600	\$7,800/\$15,600	\$6,300/\$12,600
Primary Care Physician (PCP) office visit	\$30 ^	3 free, then \$35 *	3 free, then \$10 *	3 free, then \$35 *	3 free, then \$10 *	3 free, then \$35 *	3 free, then \$10 *
Specialist office visit	\$50 ^	\$65 *	\$55 *	\$65 *	\$55 *	\$65 *	\$55 *
Urgent Care	\$75 ^	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	40% ^	40% ^	\$0 ^	40% ^	\$0 ^	40% ^	\$0 ^
Inpatient Admission	40% ^	40% ^	\$0 ^	40% ^	\$0 ^	40% ^	\$0 ^
Dental (Routine)	\$30 *	\$35 *	\$10 *	\$35 *	\$10 *	\$35 * +	\$10 * +
Vision (Eye Exam)	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 * +	\$0 * +
Telemedicine	\$0 ^	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *
Acupuncture	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	N/A	N/A
Prescription Drugs	\$15 ^/\$45 ^/\$80 ^	\$0/\$40/\$80	\$0 */\$0 ^/\$0 ^	\$0/\$40/\$80	\$0 */\$0 ^/\$0 ^	\$0/\$40/\$80	\$0 */\$0 ^/\$0 ^

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2020 4th Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)							
Name Referral Required Network	Bronze HSA Non-Gated Prime	Bronze Premier P Non-Gated Prime	Bronze Value P Non-Gated Prime	Bronze Premier S Non-Gated Select Care	Bronze Value S Non-Gated Select Care	Bronze Premier M Gated Millennium	Bronze Value M Gated Millennium
Standard Rates							
Individual	\$736.57	\$746.36	\$712.77	\$684.86	\$654.09	\$637.81	\$608.90
Individual/Spouse	\$1,473.14	\$1,492.70	\$1,425.54	\$1,369.71	\$1,308.19	\$1,275.63	\$1,217.80
Individual/Children	\$1,252.18	\$1,268.81	\$1,211.70	\$1,164.26	\$1,111.97	\$1,084.27	\$1,035.12
Family	\$2,099.23	\$2,127.12	\$2,031.40	\$1,951.83	\$1,864.17	\$1,817.78	\$1,735.36
Age 29 Rates							
Individual	\$758.67	\$768.75	\$734.15	\$705.41	\$673.71	\$656.94	\$627.17
Individual/Spouse	\$1,517.34	\$1,537.50	\$1,468.30	\$1,410.79	\$1,347.45	\$1,313.89	\$1,254.34
Individual/Children	\$1,289.74	\$1,306.88	\$1,248.06	\$1,199.18	\$1,145.34	\$1,116.82	\$1,066.18
Family	\$2,162.22	\$2,190.93	\$2,092.35	\$2,010.38	\$1,920.12	\$1,872.30	\$1,787.43
Plan Benefits							
Referral Required	No	No	No	No	No	Yes	Yes
Deductible: Individual/Family	\$6,300/\$12,600	\$4,600/\$9,200	\$8,150/\$16,300	\$4,600/\$9,200	\$8,150/\$16,300	\$4,600/\$9,200	\$8,150/\$16,300
Rx Deductible: Individual/Family	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$7,900/\$15,800	\$8,150/\$16,300	\$7,900/\$15,800	\$8,150/\$16,300	\$7,900/\$15,800	\$8,150/\$16,300
Primary Care Physician (PCP) office visit	50% ^	3 free, then \$40 ^	3 free, then 0% ^	3 free, then \$40 ^	3 free, then 0% ^	3 free, then \$40 ^	3 free, then 0% ^
Specialist office visit	50% ^	\$70 ^	0% ^	\$70 ^	0% ^	\$70 ^	0% ^
Urgent Care	\$75 ^	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	50% ^	50% ^	0% ^	50% ^	0% ^	50% ^	0% ^
Inpatient Admission	50% ^	50% ^	0% ^	50% ^	0% ^	50% ^	0% ^
Dental (Routine)	50% *	\$40 *	\$35 *	\$40 *	\$35 *	\$40 * +	\$35 * +
Vision (Eye Exam)	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 * +	\$0 * +
Telemedicine	\$0 ^	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *
Acupuncture	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	N/A	N/A
Prescription Drugs	\$15 ^/\$65 ^/\$80 ^	\$25^/50% ^/50% ^	\$35 */0% ^/0% ^	\$25^/50% ^/50% ^	\$35 */0% ^/0% ^	\$25^/50% ^/50% ^	\$35 */0% ^/0% ^

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