



2020 4th 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)

Name Referral Required Network	Platinum POS Non-Gated Prime	Platinum Premier P Non-Gated Prime	Platinum Value P Non-Gated Prime	Platinum Premier S Non-Gated Select Care	Platinum Value S Non-Gated Select Care	Platinum Premier M Gated Millennium	Platinum Value M Gated Millennium	
Standard Rates								
Individual	\$1,164.71	\$1,105.58	\$1,079.15	\$1,013.65	\$989.44	\$947.61	\$924.84	
Individual/Spouse	\$2,329.44	\$2,211.16	\$2,158.29	\$2,027.31	\$1,978.89	\$1,895.22	\$1,849.67	
Individual/Children	\$1,980.02	\$1,879.49	\$1,834.55	\$1,723.21	\$1,682.06	\$1,610.95	\$1,572.22	
Family	\$3,319.45	\$3,150.90	\$3,075.57	\$2,888.92	\$2,819.91	\$2,700.69	\$2,635.79	
Age 29 Rates								
Individual	\$1,199.65	\$1,138.75	\$1,111.52	\$1,044.06	\$1,019.12	\$976.04	\$952.59	
Individual/Spouse	\$2,399.33	\$2,277.49	\$2,223.05	\$2,088.13	\$2,038.25	\$1,952.09	\$1,905.17	
Individual/Children	\$2,039.42	\$1,935.87	\$1,889.60	\$1,774.92	\$1,732.52	\$1,659.28	\$1,619.40	
Family	\$3,419.04	\$3,245.42	\$3,167.84	\$2,975.59	\$2,904.51	\$2,781.72	\$2,714.87	
Plan Benefits								
	In Network	Out of Network						
Referral Required	No	No	No	No	No	No	Yes	Yes
Deductible: Individual/Family	\$0	\$2,600/\$5,200	\$0	\$200/\$400	\$0	\$200/\$400	\$0	\$200/\$400
Rx Deductible: Individual/Family	\$0	N/A	\$0	Integrated	\$0	Integrated	\$0	Integrated
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	\$2,400/\$4,800
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	3 free, then \$15 *
Specialist office visit	\$35	30% ^	\$35	\$35 *	\$35	\$35 *	\$35	\$35 *
Urgent Care	\$75	30% ^	\$75	\$75 *	\$75	\$75 *	\$75	\$75 *
Emergency Room	20%	20% *	\$350	\$350 ^	\$350	\$350 ^	\$350	\$350 ^
Inpatient Admission	\$500	30% ^	\$500	\$500 ^	\$500	\$500 ^	\$500	\$500 ^
Dental (Routine)	\$15 +	N/A	\$15	\$15 *	\$15	\$15 *	\$15 +	\$15 * +
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/\$30/\$60	N/A	\$0/\$30/\$60	\$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



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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	\$961.00	\$903.74	\$858.54	\$828.80	\$787.41	\$773.86	\$734.94	
Individual/Spouse	\$1,922.00	\$1,807.47	\$1,717.07	\$1,657.63	\$1,574.81	\$1,547.70	\$1,469.87	
Individual/Children	\$1,633.70	\$1,536.35	\$1,459.52	\$1,408.98	\$1,338.60	\$1,315.54	\$1,249.38	
Family	\$2,738.85	\$2,575.64	\$2,446.83	\$2,362.11	\$2,244.12	\$2,205.48	\$2,094.56	
Age 29 Rates								
Individual	\$989.83	\$930.85	\$884.30	\$853.66	\$811.03	\$797.08	\$756.99	
Individual/Spouse	\$1,979.66	\$1,861.71	\$1,768.59	\$1,707.35	\$1,622.07	\$1,594.13	\$1,513.96	
Individual/Children	\$1,682.72	\$1,582.46	\$1,503.31	\$1,451.25	\$1,378.76	\$1,355.01	\$1,286.87	
Family	\$2,821.03	\$2,652.94	\$2,520.25	\$2,432.98	\$2,311.45	\$2,271.64	\$2,157.39	
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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New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties
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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	\$732.17	\$761.17	\$735.96	\$698.27	\$675.18	\$651.12	\$629.43
Individual/Spouse	\$1,464.36	\$1,522.35	\$1,471.92	\$1,396.52	\$1,350.34	\$1,302.26	\$1,258.86
Individual/Children	\$1,244.71	\$1,294.00	\$1,251.13	\$1,187.04	\$1,147.81	\$1,106.91	\$1,070.03
Family	\$2,086.70	\$2,169.35	\$2,097.50	\$1,990.06	\$1,924.26	\$1,855.72	\$1,793.87
Age 29 Rates							
Individual	\$754.14	\$784.01	\$758.04	\$719.22	\$695.44	\$670.65	\$648.31
Individual/Spouse	\$1,508.28	\$1,568.02	\$1,516.08	\$1,438.41	\$1,390.87	\$1,341.33	\$1,296.62
Individual/Children	\$1,282.04	\$1,332.83	\$1,288.67	\$1,222.66	\$1,182.24	\$1,140.13	\$1,102.13
Family	\$2,149.31	\$2,234.44	\$2,160.42	\$2,049.74	\$1,981.99	\$1,911.39	\$1,847.69
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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New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties
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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	\$647.54	\$656.13	\$626.62	\$602.08	\$575.02	\$560.72	\$535.30
Individual/Spouse	\$1,295.09	\$1,312.28	\$1,253.24	\$1,204.16	\$1,150.05	\$1,121.44	\$1,070.60
Individual/Children	\$1,100.82	\$1,115.44	\$1,065.26	\$1,023.53	\$977.55	\$953.23	\$910.01
Family	\$1,845.50	\$1,869.99	\$1,785.86	\$1,715.92	\$1,638.83	\$1,598.06	\$1,525.61
Age 29 Rates							
Individual	\$666.97	\$675.81	\$645.42	\$620.14	\$592.27	\$577.54	\$551.36
Individual/Spouse	\$1,333.95	\$1,351.63	\$1,290.84	\$1,240.29	\$1,184.55	\$1,155.09	\$1,102.71
Individual/Children	\$1,133.85	\$1,148.88	\$1,097.20	\$1,054.24	\$1,006.87	\$981.82	\$937.32
Family	\$1,900.86	\$1,926.09	\$1,839.44	\$1,767.40	\$1,687.99	\$1,645.98	\$1,571.38
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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