



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	Platinum PPO		Platinum Premier			Platinum Value		
Network	Prime/First Health National	Prime	Select Care	Millennium	Prime	Select Care	Millennium	
Standard Rates								
Individual	\$1,207.09	\$1,197.53	\$1,097.63	\$1,032.89	\$1,164.14	\$1,067.05	\$1,004.05	
Individual/Spouse	\$2,414.18	\$2,395.06	\$2,195.26	\$2,065.78	\$2,328.28	\$2,134.10	\$2,008.10	
Individual/Children	\$2,052.05	\$2,035.80	\$1,865.97	\$1,755.91	\$1,979.04	\$1,813.99	\$1,706.89	
Family	\$3,440.21	\$3,412.96	\$3,128.25	\$2,943.74	\$3,317.80	\$3,041.09	\$2,861.54	
Age 29 Rates								
Individual	\$1,243.30	\$1,233.46	\$1,130.56	\$1,063.88	\$1,199.06	\$1,099.06	\$1,034.17	
Individual/Spouse	\$2,486.60	\$2,466.92	\$2,261.12	\$2,127.76	\$2,398.12	\$2,198.12	\$2,068.34	
Individual/Children	\$2,113.61	\$2,096.88	\$1,921.95	\$1,808.60	\$2,038.40	\$1,868.40	\$1,758.09	
Family	\$3,543.41	\$3,515.36	\$3,222.10	\$3,032.06	\$3,417.32	\$3,132.32	\$2,947.38	
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 *	\$350			\$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 (not included in Millennium plans)



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Plan Name	Gold Premier			Gold Value		
Network	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates						
Individual	\$975.36	\$894.18	\$841.00	\$921.57	\$844.92	\$794.54
Individual/Spouse	\$1,950.72	\$1,788.36	\$1,682.00	\$1,843.14	\$1,689.84	\$1,589.08
Individual/Children	\$1,658.11	\$1,520.11	\$1,429.70	\$1,566.67	\$1,436.36	\$1,350.72
Family	\$2,779.78	\$2,548.41	\$2,396.85	\$2,626.47	\$2,408.02	\$2,264.44
Age 29 Rates						
Individual	\$1,004.62	\$921.01	\$866.23	\$949.22	\$870.27	\$818.38
Individual/Spouse	\$2,009.24	\$1,842.02	\$1,732.46	\$1,898.44	\$1,740.54	\$1,636.76
Individual/Children	\$1,707.85	\$1,565.72	\$1,472.59	\$1,613.67	\$1,479.46	\$1,391.25
Family	\$2,863.17	\$2,624.88	\$2,468.76	\$2,705.28	\$2,480.27	\$2,332.38
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 ^		

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New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties
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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	\$350 ^	N/A	\$350 ^
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 ^

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2021 1st Quarter Small Group Rate Sheet

New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties
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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 ^		

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New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties
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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% ^		

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