



2023 3rd Quarter Small Group Rate Sheet

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

Plan Name	Platinum Premier-P	Gold Premier-P	Silver Premier-P	Bronze Premier-P	Silver Plus H.S.A.	Bronze Plus H.S.A.
Network	Prime	Prime	Prime	Prime	Prime	Prime
Standard Rates						
Individual	\$1,495.54	\$1,197.96	\$1,057.94	\$878.00	\$986.33	\$894.60
Individual/Spouse	\$2,991.08	\$2,395.92	\$2,115.86	\$1,756.00	\$1,972.67	\$1,789.20
Individual/Children	\$2,542.41	\$2,036.54	\$1,798.49	\$1,492.61	\$1,676.76	\$1,520.82
Family	\$4,262.29	\$3,414.19	\$3,015.10	\$2,502.30	\$2,811.04	\$2,549.63
Age 29 Rates						
Individual	\$1,540.41	\$1,233.90	\$1,089.68	\$904.34	\$1,015.92	\$921.44
Individual/Spouse	\$3,080.81	\$2,467.80	\$2,179.33	\$1,808.69	\$2,031.85	\$1,842.89
Individual/Children	\$2,618.68	\$2,097.63	\$1,852.44	\$1,537.39	\$1,727.07	\$1,566.46
Family	\$4,390.15	\$3,516.61	\$3,105.54	\$2,577.39	\$2,895.39	\$2,626.12
Plan Benefits						
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$0/\$0	\$500/\$1,000	\$4,800/\$9,600	\$6,300/\$12,600	\$3,500/\$7,000	\$6,750/\$13,500
Rx Deductible: Ind/Family	\$0/\$0	\$0/\$0	\$0/\$0	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$7,500/\$15,000	\$8,800/\$17,600	\$9,100/\$18,200	\$7,000/\$14,000	\$7,500/\$15,000
Primary Care Physician (PCP) office visit	3 free visits, then \$15	3 free visits, then \$25*	1 free visit, then \$35*	1 free visit, then 50%^	\$30^	50%^
Specialist office visit	\$35	\$50*	\$75*	50%^	\$50^	50%^
Urgent Care	\$100	\$100^	\$100^	50%^	\$100^	\$100^
Emergency Room	\$400	\$800^	\$1,000^	50%^	40%^	50%^
Inpatient Admission	20%	30%^	40%^	50%^	40%^	50%^
Lab	\$15/\$35	\$25/\$50*	\$35/\$75*	50%^	\$30/\$50^	50%^
X-rays	\$15/\$35	\$25/\$50^	\$35/\$75^	50%^	\$30/\$50^	50%^
Telemedicine	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full^	Covered in full^
Acupuncture	Covered in full	Covered in full	Covered in full	Covered in full	Not Covered	Not Covered
Prescription Drugs (Tier 1/2/3)	\$0/\$30/\$65	\$0/\$40/\$80	\$0/\$40/\$80	\$50*/50%^/50%^	\$15/\$45/\$80 ^	\$15/\$65/\$100 ^

^ After Deductible

* Not Subject to Deductible



2023 3rd Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Platinum Premier-P	Gold Premier-P	Silver Premier-P	Bronze Premier-P	Silver Plus H.S.A.	Bronze Plus H.S.A.
Network	Prime	Prime	Prime	Prime	Prime	Prime
Standard Rates						
Individual	\$1,700.94	\$1,362.49	\$1,203.22	\$998.58	\$1,121.78	\$1,017.48
Individual/Spouse	\$3,401.86	\$2,724.97	\$2,406.45	\$1,997.17	\$2,243.58	\$2,034.94
Individual/Children	\$2,891.59	\$2,316.23	\$2,045.48	\$1,697.58	\$1,907.05	\$1,729.70
Family	\$4,847.66	\$3,883.08	\$3,429.19	\$2,845.97	\$3,197.09	\$2,899.79
Age 29 Rates						
Individual	\$1,751.97	\$1,403.36	\$1,239.32	\$1,028.54	\$1,155.43	\$1,048.00
Individual/Spouse	\$3,503.92	\$2,806.71	\$2,478.64	\$2,057.07	\$2,310.88	\$2,096.00
Individual/Children	\$2,978.33	\$2,385.71	\$2,106.85	\$1,748.52	\$1,964.25	\$1,781.60
Family	\$4,993.08	\$3,999.56	\$3,532.06	\$2,931.32	\$3,293.01	\$2,986.80
Plan Benefits						
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$0/\$0	\$500/\$1,000	\$4,800/\$9,600	\$6,300/\$12,600	\$3,500/\$7,000	\$6,750/\$13,500
Rx Deductible: Ind/Family	\$0/\$0	\$0/\$0	\$0/\$0	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$7,500/\$15,000	\$8,800/\$17,600	\$9,100/\$18,200	\$7,000/\$14,000	\$7,500/\$15,000
Primary Care Physician (PCP) office visit	3 free visits, then \$15	3 free visits, then \$25*	1 free visit, then \$35*	1 free visit, then 50%^	\$30^	50%^
Specialist office visit	\$35	\$50*	\$75*	50%^	\$50^	50%^
Urgent Care	\$100	\$100^	\$100^	50%^	\$100^	\$100^
Emergency Room	\$400	\$800^	\$1,000^	50%^	40%^	50%^
Inpatient Admission	20%	30%^	40%^	50%^	40%^	50%^
Lab	\$15/\$35	\$25/\$50*	\$35/\$75*	50%^	\$30/\$50^	50%^
X-rays	\$15/\$35	\$25/\$50^	\$35/\$75^	50%^	\$30/\$50^	50%^
Telemedicine	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full^	Covered in full^
Acupuncture	Covered in full	Covered in full	Covered in full	Covered in full	Not Covered	Not Covered
Prescription Drugs (Tier 1/2/3)	\$0/\$30/\$65	\$0/\$40/\$80	\$0/\$40/\$80	\$50*/50%^/50%^	\$15/\$45/\$80 ^	\$15/\$65/\$100 ^

^ After Deductible

* Not Subject to Deductible



2023 3rd Quarter Small Group Rate Sheet

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

Plan Name	Platinum Premier-P	Gold Premier-P	Silver Premier-P	Bronze Premier-P	Silver Plus H.S.A.	Bronze Plus H.S.A.
Network	Prime	Prime	Prime	Prime	Prime	Prime
Standard Rates						
Individual	\$1,792.83	\$1,436.10	\$1,268.24	\$1,052.54	\$1,182.39	\$1,072.43
Individual/Spouse	\$3,585.66	\$2,872.22	\$2,536.47	\$2,105.08	\$2,364.80	\$2,144.87
Individual/Children	\$3,047.81	\$2,441.38	\$2,156.00	\$1,789.33	\$2,010.07	\$1,823.14
Family	\$5,109.56	\$4,092.91	\$3,614.48	\$2,999.74	\$3,369.83	\$3,056.44
Age 29 Rates						
Individual	\$1,846.61	\$1,479.18	\$1,306.29	\$1,084.12	\$1,217.86	\$1,104.60
Individual/Spouse	\$3,693.24	\$2,958.39	\$2,612.56	\$2,168.23	\$2,435.74	\$2,209.23
Individual/Children	\$3,139.25	\$2,514.62	\$2,220.67	\$1,843.00	\$2,070.37	\$1,877.84
Family	\$5,262.86	\$4,215.69	\$3,722.90	\$3,089.73	\$3,470.92	\$3,148.15
Plan Benefits						
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$0/\$0	\$500/\$1,000	\$4,800/\$9,600	\$6,300/\$12,600	\$3,500/\$7,000	\$6,750/\$13,500
Rx Deductible: Ind/Family	\$0/\$0	\$0/\$0	\$0/\$0	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$7,500/\$15,000	\$8,800/\$17,600	\$9,100/\$18,200	\$7,000/\$14,000	\$7,500/\$15,000
Primary Care Physician (PCP) office visit	3 free visits, then \$15	3 free visits, then \$25*	1 free visit, then \$35*	1 free visit, then 50%^	\$30^	50%^
Specialist office visit	\$35	\$50*	\$75*	50%^	\$50^	50%^
Urgent Care	\$100	\$100^	\$100^	50%^	\$100^	\$100^
Emergency Room	\$400	\$800^	\$1,000^	50%^	40%^	50%^
Inpatient Admission	20%	30%^	40%^	50%^	40%^	50%^
Lab	\$15/\$35	\$25/\$50*	\$35/\$75*	50%^	\$30/\$50^	50%^
X-rays	\$15/\$35	\$25/\$50^	\$35/\$75^	50%^	\$30/\$50^	50%^
Telemedicine	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full^	Covered in full^
Acupuncture	Covered in full	Covered in full	Covered in full	Covered in full	Not Covered	Not Covered
Prescription Drugs (Tier 1/2/3)	\$0/\$30/\$65	\$0/\$40/\$80	\$0/\$40/\$80	\$50*/50%^/50%^	\$15/\$45/\$80 ^	\$15/\$65/\$100 ^

^ After Deductible

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2023 3rd 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 Premier-P	Gold Premier-P	Silver Premier-P	Bronze Premier-P	Silver Plus H.S.A.	Bronze Plus H.S.A.
Network	Prime	Prime	Prime	Prime	Prime	Prime
Standard Rates						
Individual	\$1,792.07	\$1,435.50	\$1,267.70	\$1,052.08	\$1,181.90	\$1,071.98
Individual/Spouse	\$3,584.13	\$2,870.98	\$2,535.39	\$2,104.17	\$2,363.80	\$2,143.96
Individual/Children	\$3,046.52	\$2,440.34	\$2,155.09	\$1,788.55	\$2,009.23	\$1,822.37
Family	\$5,107.39	\$4,091.15	\$3,612.93	\$2,998.44	\$3,368.42	\$3,055.15
Age 29 Rates						
Individual	\$1,845.83	\$1,478.57	\$1,305.73	\$1,083.64	\$1,217.36	\$1,104.14
Individual/Spouse	\$3,691.65	\$2,957.11	\$2,611.46	\$2,167.30	\$2,434.72	\$2,208.28
Individual/Children	\$3,137.90	\$2,513.54	\$2,219.75	\$1,842.21	\$2,069.51	\$1,877.04
Family	\$5,260.60	\$4,213.88	\$3,721.33	\$3,088.41	\$3,469.47	\$3,146.80
Plan Benefits						
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$0/\$0	\$500/\$1,000	\$4,800/\$9,600	\$6,300/\$12,600	\$3,500/\$7,000	\$6,750/\$13,500
Rx Deductible: Ind/Family	\$0/\$0	\$0/\$0	\$0/\$0	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$7,500/\$15,000	\$8,800/\$17,600	\$9,100/\$18,200	\$7,000/\$14,000	\$7,500/\$15,000
Primary Care Physician (PCP) office visit	3 free visits, then \$15	3 free visits, then \$25*	1 free visit, then \$35*	1 free visit, then 50%^	\$30^	50%^
Specialist office visit	\$35	\$50*	\$75*	50%^	\$50^	50%^
Urgent Care	\$100	\$100^	\$100^	50%^	\$100^	\$100^
Emergency Room	\$400	\$800^	\$1,000^	50%^	40%^	50%^
Inpatient Admission	20%	30%^	40%^	50%^	40%^	50%^
Lab	\$15/\$35	\$25/\$50*	\$35/\$75*	50%^	\$30/\$50^	50%^
X-rays	\$15/\$35	\$25/\$50^	\$35/\$75^	50%^	\$30/\$50^	50%^
Telemedicine	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full^	Covered in full^
Acupuncture	Covered in full	Covered in full	Covered in full	Covered in full	Not Covered	Not Covered
Prescription Drugs (Tier 1/2/3)	\$0/\$30/\$65	\$0/\$40/\$80	\$0/\$40/\$80	\$50*/50%^/50%^	\$15/\$45/\$80 ^	\$15/\$65/\$100 ^

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