



2023 4th 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	\$1,538.91	\$1,232.70	\$1,088.62	\$903.46	\$1,014.93	\$920.54
Individual/Spouse	\$3,077.82	\$2,465.40	\$2,177.22	\$1,806.92	\$2,029.88	\$1,841.09
Individual/Children	\$2,616.14	\$2,095.60	\$1,850.65	\$1,535.90	\$1,725.39	\$1,564.92
Family	\$4,385.90	\$3,513.20	\$3,102.54	\$2,574.87	\$2,892.56	\$2,623.57
Age 29 Rates						
Individual	\$1,585.08	\$1,269.68	\$1,121.28	\$930.56	\$1,045.38	\$948.16
Individual/Spouse	\$3,170.15	\$2,539.37	\$2,242.53	\$1,861.14	\$2,090.77	\$1,896.33
Individual/Children	\$2,694.62	\$2,158.46	\$1,906.16	\$1,581.97	\$1,777.16	\$1,611.89
Family	\$4,517.46	\$3,618.59	\$3,195.60	\$2,652.13	\$2,979.36	\$2,702.28
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 4th 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	\$1,750.27	\$1,402.00	\$1,238.11	\$1,027.54	\$1,154.31	\$1,046.99
Individual/Spouse	\$3,500.51	\$2,803.99	\$2,476.24	\$2,055.09	\$2,308.64	\$2,093.95
Individual/Children	\$2,975.45	\$2,383.40	\$2,104.80	\$1,746.81	\$1,962.35	\$1,779.86
Family	\$4,988.24	\$3,995.69	\$3,528.64	\$2,928.50	\$3,289.81	\$2,983.88
Age 29 Rates						
Individual	\$1,802.78	\$1,444.06	\$1,275.25	\$1,058.37	\$1,188.94	\$1,078.40
Individual/Spouse	\$3,605.53	\$2,888.10	\$2,550.52	\$2,116.73	\$2,377.90	\$2,156.78
Individual/Children	\$3,064.70	\$2,454.90	\$2,167.95	\$1,799.23	\$2,021.21	\$1,833.27
Family	\$5,137.88	\$4,115.55	\$3,634.49	\$3,016.33	\$3,388.51	\$3,073.42
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 4th 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	\$1,844.82	\$1,477.75	\$1,305.02	\$1,083.06	\$1,216.68	\$1,103.53
Individual/Spouse	\$3,689.64	\$2,955.51	\$2,610.03	\$2,166.13	\$2,433.38	\$2,207.07
Individual/Children	\$3,136.20	\$2,512.18	\$2,218.52	\$1,841.22	\$2,068.36	\$1,876.01
Family	\$5,257.74	\$4,211.60	\$3,719.30	\$3,086.73	\$3,467.56	\$3,145.08
Age 29 Rates						
Individual	\$1,900.16	\$1,522.08	\$1,344.17	\$1,115.55	\$1,253.18	\$1,136.64
Individual/Spouse	\$3,800.34	\$3,044.18	\$2,688.32	\$2,231.11	\$2,506.38	\$2,273.30
Individual/Children	\$3,230.29	\$2,587.54	\$2,285.07	\$1,896.45	\$2,130.41	\$1,932.30
Family	\$5,415.48	\$4,337.95	\$3,830.86	\$3,179.33	\$3,571.58	\$3,239.45
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 4th 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	\$1,844.04	\$1,477.13	\$1,304.46	\$1,082.59	\$1,216.18	\$1,103.07
Individual/Spouse	\$3,688.07	\$2,954.24	\$2,608.92	\$2,165.19	\$2,432.35	\$2,206.13
Individual/Children	\$3,134.87	\$2,511.11	\$2,217.59	\$1,840.42	\$2,067.50	\$1,875.22
Family	\$5,255.50	\$4,209.79	\$3,717.70	\$3,085.39	\$3,466.10	\$3,143.75
Age 29 Rates						
Individual	\$1,899.36	\$1,521.44	\$1,343.59	\$1,115.07	\$1,252.67	\$1,136.16
Individual/Spouse	\$3,798.71	\$3,042.87	\$2,687.19	\$2,230.15	\$2,505.33	\$2,272.32
Individual/Children	\$3,228.90	\$2,586.43	\$2,284.12	\$1,895.63	\$2,129.53	\$1,931.47
Family	\$5,413.16	\$4,336.08	\$3,829.25	\$3,177.97	\$3,570.08	\$3,238.06
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