



# 2023 1<sup>st</sup> 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
<b>Standard Rates</b>						
Individual	\$1,412.43	\$1,131.39	\$999.14	\$829.21	\$931.52	\$844.89
Individual/Spouse	\$2,824.86	\$2,262.78	\$1,998.28	\$1,658.42	\$1,863.04	\$1,689.78
Individual/Children	\$2,401.13	\$1,923.36	\$1,698.54	\$1,409.66	\$1,583.58	\$1,436.31
Family	\$4,025.43	\$3,224.46	\$2,847.55	\$2,363.25	\$2,654.83	\$2,407.94
<b>Age 29 Rates</b>						
Individual	\$1,454.80	\$1,165.33	\$1,029.11	\$854.09	\$959.47	\$870.24
Individual/Spouse	\$2,909.60	\$2,330.66	\$2,058.22	\$1,708.18	\$1,918.94	\$1,740.48
Individual/Children	\$2,473.16	\$1,981.06	\$1,749.49	\$1,451.95	\$1,631.10	\$1,479.41
Family	\$4,146.18	\$3,321.19	\$2,932.96	\$2,434.16	\$2,734.49	\$2,480.18
<b>Plan Benefits</b>						
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 1<sup>st</sup> 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
<b>Standard Rates</b>						
Individual	\$1,606.41	\$1,286.77	\$1,136.36	\$943.09	\$1,059.45	\$960.93
Individual/Spouse	\$3,212.82	\$2,573.54	\$2,272.72	\$1,886.18	\$2,118.90	\$1,921.86
Individual/Children	\$2,730.90	\$2,187.51	\$1,931.81	\$1,603.25	\$1,801.07	\$1,633.58
Family	\$4,578.27	\$3,667.29	\$3,238.63	\$2,687.81	\$3,019.43	\$2,738.65
<b>Age 29 Rates</b>						
Individual	\$1,654.60	\$1,325.37	\$1,170.45	\$971.38	\$1,091.23	\$989.76
Individual/Spouse	\$3,309.20	\$2,650.74	\$2,340.90	\$1,942.76	\$2,182.46	\$1,979.52
Individual/Children	\$2,812.82	\$2,253.13	\$1,989.77	\$1,651.35	\$1,855.09	\$1,682.59
Family	\$4,715.61	\$3,777.30	\$3,335.78	\$2,768.43	\$3,110.01	\$2,820.82
<b>Plan Benefits</b>						
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 1<sup>st</sup> 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
<b>Standard Rates</b>						
Individual	\$1,693.20	\$1,356.30	\$1,197.76	\$994.05	\$1,116.69	\$1,012.84
Individual/Spouse	\$3,386.40	\$2,712.60	\$2,395.52	\$1,988.10	\$2,233.38	\$2,025.68
Individual/Children	\$2,878.44	\$2,305.71	\$2,036.19	\$1,689.89	\$1,898.37	\$1,721.83
Family	\$4,825.62	\$3,865.46	\$3,413.62	\$2,833.04	\$3,182.57	\$2,886.59
<b>Age 29 Rates</b>						
Individual	\$1,744.00	\$1,396.99	\$1,233.69	\$1,023.87	\$1,150.19	\$1,043.23
Individual/Spouse	\$3,488.00	\$2,793.98	\$2,467.38	\$2,047.74	\$2,300.38	\$2,086.46
Individual/Children	\$2,964.80	\$2,374.88	\$2,097.27	\$1,740.58	\$1,955.32	\$1,773.49
Family	\$4,970.40	\$3,981.42	\$3,516.02	\$2,918.03	\$3,278.04	\$2,973.21
<b>Plan Benefits</b>						
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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# 2023 1<sup>st</sup> 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
<b>Standard Rates</b>						
Individual	\$1,692.48	\$1,355.72	\$1,197.25	\$993.62	\$1,116.22	\$1,012.41
Individual/Spouse	\$3,384.96	\$2,711.44	\$2,394.50	\$1,987.24	\$2,232.44	\$2,024.82
Individual/Children	\$2,877.22	\$2,304.72	\$2,035.33	\$1,689.15	\$1,897.57	\$1,721.10
Family	\$4,823.57	\$3,863.80	\$3,412.16	\$2,831.82	\$3,181.23	\$2,885.37
<b>Age 29 Rates</b>						
Individual	\$1,743.25	\$1,396.39	\$1,233.17	\$1,023.43	\$1,149.71	\$1,042.78
Individual/Spouse	\$3,486.50	\$2,792.78	\$2,466.34	\$2,046.86	\$2,299.42	\$2,085.56
Individual/Children	\$2,963.53	\$2,373.86	\$2,096.39	\$1,739.83	\$1,954.51	\$1,772.73
Family	\$4,968.26	\$3,979.71	\$3,514.53	\$2,916.78	\$3,276.67	\$2,971.92
<b>Plan Benefits</b>						
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