



2024 1st Quarter Small Group Rate Sheet

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

Plan Name	Platinum Premier		Gold Premier		Silver Premier	
Network	Select Care		Select Care		Select Care	
Standard Rates						
Individual	\$1,513.02		\$1,189.88		\$1,005.08	
Individual/Spouse	\$3,026.04		\$2,379.76		\$2,010.16	
Individual/Children	\$2,572.13		\$2,022.80		\$1,708.64	
Family	\$4,312.11		\$3,391.16		\$2,864.48	
Age 29 Rates						
Individual	\$1,558.41		\$1,225.58		\$1,035.23	
Individual/Spouse	\$3,116.82		\$2,451.16		\$2,070.46	
Individual/Children	\$2,649.30		\$2,083.49		\$1,759.89	
Family	\$4,441.47		\$3,492.90		\$2,950.41	
Plan Benefits	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$100/\$200	\$4,000/\$8,000	\$500/\$1,000	\$6,000/\$12,000	\$5,600/\$11,200	\$8,000/\$16,000
Rx Deductible: Ind/Family	\$100/\$100	N/A	\$150/\$300	N/A	\$250/\$500	N/A
Out of Pocket Maximum: I/F	\$2,300/\$4,600	\$10,000/\$20,000	\$7,800/\$15,600	\$12,000/\$24,000	\$9,400/\$18,800	\$18,000/\$36,000
Primary Care Physician (PCP) office visit	3 free visits, then \$10*	50%^	3 free visits, then \$25*	50%^	1 free visit, then \$35*	50%^
Specialist office visit	\$35*	50%^	\$50*	50%^	\$75*	50%^
Urgent Care	\$100^	50%^	\$100^	50%^	\$100^	50%^
Emergency Room	20%^	20%^	30%^	30%^	40%^	40%^
Inpatient Admission	20%^	50%^	30%^	50%^	40%^	50%^
Lab (PCP/Spec./Free-standing/Outpatient)	\$10/\$35/\$10/\$125*	50%^	\$25/\$50/\$15/\$150*	50%^	\$35/\$75/\$20/\$200*	50%^
X-rays (PCP/Spec./Free-standing/Outpatient)	\$10/\$35/\$10/\$125^	50%^	\$25/\$50/\$15/\$150^	50%^	\$35/\$75/\$20/\$200^	50%^
Telemedicine	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A
Prescription Drugs (Tier 1/2/3)	\$5*/\$30^/\$65^	N/A	\$7*/\$40^/\$80^	N/A	\$20*/\$40^/\$100^	N/A

^ After Deductible

* Not Subject to Deductible



2024 1st Quarter Small Group Rate Sheet

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

Plan Name	Bronze Premier	Silver Plus H.S.A.	Bronze Plus H.S.A.
Network	Select Care	Select Care	Select Care
Standard Rates			
Individual	\$863.58	\$972.20	\$876.67
Individual/Spouse	\$1,727.16	\$1,944.40	\$1,753.34
Individual/Children	\$1,468.09	\$1,652.74	\$1,490.34
Family	\$2,461.20	\$2,770.77	\$2,498.51
Age 29 Rates			
Individual	\$889.49	\$1,001.37	\$902.97
Individual/Spouse	\$1,778.98	\$2,002.74	\$1,805.94
Individual/Children	\$1,512.13	\$1,702.33	\$1,535.05
Family	\$2,535.05	\$2,853.90	\$2,573.46
Plan Benefits			
Referral Required	No	No	No
Deductible: Individual/Family	\$7,100/\$14,200	\$3,500/\$7,000	\$7,400/\$14,800
Rx Deductible: Ind/Family	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$9,450/\$18,900	\$7,500/\$15,000	\$8,000/\$16,000
Primary Care Physician (PCP) office visit	1 free visit, then 50%^	\$30^	50%^
Specialist office visit	50%^	\$50^	50%^
Urgent Care	50%^	\$100^	\$100^
Emergency Room	50%^	40%^	50%^
Inpatient Admission	50%^	40%^	50%^
Lab (PCP/Spec./Free-standing/Outpatient)	30%/50%/20%/50%^	\$30/\$50/\$20/\$100^	30%/50%/20%/50%^
X-rays (PCP/Spec./Free-standing/Outpatient)	30%/50%/20%/50%^	\$30/\$50/\$20/\$100^	30%/50%/20%/50%^
Telemedicine	Covered in full	Covered in full^	Covered in full^
Prescription Drugs (Tier 1/2/3)	\$50*/50%^/50%^	\$15/\$45/\$85^	\$35/\$65/\$115^

^ After Deductible

* Not Subject to Deductible



2024 1st Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Platinum Premier		Gold Premier		Silver Premier	
Network	Select Care		Select Care		Select Care	
Standard Rates						
Individual	\$1,714.99		\$1,348.72		\$1,139.25	
Individual/Spouse	\$3,429.98		\$2,697.44		\$2,278.50	
Individual/Children	\$2,915.48		\$2,292.82		\$1,936.73	
Family	\$4,887.72		\$3,843.85		\$3,246.86	
Age 29 Rates						
Individual	\$1,766.44		\$1,389.18		\$1,173.43	
Individual/Spouse	\$3,532.88		\$2,778.36		\$2,346.86	
Individual/Children	\$3,002.95		\$2,361.61		\$1,994.83	
Family	\$5,034.35		\$3,959.16		\$3,344.28	
Plan Benefits	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$100/\$200	\$4,000/\$8,000	\$500/\$1,000	\$6,000/\$12,000	\$5,600/\$11,200	\$8,000/\$16,000
Rx Deductible: Ind/Family	\$100/\$100	N/A	\$150/\$300	N/A	\$250/\$500	N/A
Out of Pocket Maximum: I/F	\$2,300/\$4,600	\$10,000/\$20,000	\$7,800/\$15,600	\$12,000/\$24,000	\$9,400/\$18,800	\$18,000/\$36,000
Primary Care Physician (PCP) office visit	3 free visits, then \$10*	50%^	3 free visits, then \$25*	50%^	1 free visit, then \$35*	50%^
Specialist office visit	\$35*	50%^	\$50*	50%^	\$75*	50%^
Urgent Care	\$100^	50%^	\$100^	50%^	\$100^	50%^
Emergency Room	20%^	20%^	30%^	30%^	40%^	40%^
Inpatient Admission	20%^	50%^	30%^	50%^	40%^	50%^
Lab (PCP/Spec./Free-standing/Outpatient)	\$10/\$35/\$10/\$125*	50%^	\$25/\$50/\$15/\$150*	50%^	\$35/\$75/\$20/\$200*	50%^
X-rays (PCP/Spec./Free-standing/Outpatient)	\$10/\$35/\$10/\$125^	50%^	\$25/\$50/\$15/\$150^	50%^	\$35/\$75/\$20/\$200^	50%^
Telemedicine	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A
Prescription Drugs (Tier 1/2/3)	\$5*/\$30^/\$65^	N/A	\$7*/\$40^/\$80^	N/A	\$20*/\$40^/\$100^	N/A

^ After Deductible

* Not Subject to Deductible



2024 1st Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Bronze Premier	Silver Plus H.S.A.	Bronze Plus H.S.A.
Network	Select Care	Select Care	Select Care
Standard Rates			
Individual	\$978.86	\$1,101.98	\$993.69
Individual/Spouse	\$1,957.72	\$2,203.96	\$1,987.38
Individual/Children	\$1,664.06	\$1,873.37	\$1,689.27
Family	\$2,789.75	\$3,140.64	\$2,832.02
Age 29 Rates			
Individual	\$1,008.23	\$1,135.04	\$1,023.50
Individual/Spouse	\$2,016.46	\$2,270.08	\$2,047.00
Individual/Children	\$1,713.99	\$1,929.57	\$1,739.95
Family	\$2,873.46	\$3,234.86	\$2,916.98
Plan Benefits			
Referral Required	No	No	No
Deductible: Individual/Family	\$7,100/\$14,200	\$3,500/\$7,000	\$7,400/\$14,800
Rx Deductible: Ind/Family	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$9,450/\$18,900	\$7,500/\$15,000	\$8,000/\$16,000
Primary Care Physician (PCP) office visit	1 free visit, then 50%^	\$30^	50%^
Specialist office visit	50%^	\$50^	50%^
Urgent Care	50%^	\$100^	\$100^
Emergency Room	50%^	40%^	50%^
Inpatient Admission	50%^	40%^	50%^
Lab (PCP/Spec./Free-standing/Outpatient)	30%/50%/20%/50%^	\$30/\$50/\$20/\$100^	30%/50%/20%/50%^
X-rays (PCP/Spec./Free-standing/Outpatient)	30%/50%/20%/50%^	\$30/\$50/\$20/\$100^	30%/50%/20%/50%^
Telemedicine	Covered in full	Covered in full^	Covered in full^
Prescription Drugs (Tier 1/2/3)	\$50*/50%^/50%^	\$15/\$45/\$85^	\$35/\$65/\$115^

^ After Deductible

* Not Subject to Deductible



2024 1st Quarter Small Group Rate Sheet

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

Plan Name	Platinum Premier		Gold Premier		Silver Premier	
Network	Select Care		Select Care		Select Care	
Standard Rates						
Individual	\$1,813.89		\$1,426.49		\$1,204.95	
Individual/Spouse	\$3,627.78		\$2,852.98		\$2,409.90	
Individual/Children	\$3,083.61		\$2,425.03		\$2,048.42	
Family	\$5,169.59		\$4,065.50		\$3,434.11	
Age 29 Rates						
Individual	\$1,868.31		\$1,469.28		\$1,241.10	
Individual/Spouse	\$3,736.62		\$2,938.56		\$2,482.20	
Individual/Children	\$3,176.13		\$2,497.78		\$2,109.87	
Family	\$5,324.68		\$4,187.45		\$3,537.14	
Plan Benefits	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$100/\$200	\$4,000/\$8,000	\$500/\$1,000	\$6,000/\$12,000	\$5,600/\$11,200	\$8,000/\$16,000
Rx Deductible: Ind/Family	\$100/\$100	N/A	\$150/\$300	N/A	\$250/\$500	N/A
Out of Pocket Maximum: I/F	\$2,300/\$4,600	\$10,000/\$20,000	\$7,800/\$15,600	\$12,000/\$24,000	\$9,400/\$18,800	\$18,000/\$36,000
Primary Care Physician (PCP) office visit	3 free visits, then \$10*	50%^	3 free visits, then \$25*	50%^	1 free visit, then \$35*	50%^
Specialist office visit	\$35*	50%^	\$50*	50%^	\$75*	50%^
Urgent Care	\$100^	50%^	\$100^	50%^	\$100^	50%^
Emergency Room	20%^	20%^	30%^	30%^	40%^	40%^
Inpatient Admission	20%^	50%^	30%^	50%^	40%^	50%^
Lab (PCP/Spec./Free-standing/Outpatient)	\$10/\$35/\$10/\$125*	50%^	\$25/\$50/\$15/\$150*	50%^	\$35/\$75/\$20/\$200*	50%^
X-rays (PCP/Spec./Free-standing/Outpatient)	\$10/\$35/\$10/\$125^	50%^	\$25/\$50/\$15/\$150^	50%^	\$35/\$75/\$20/\$200^	50%^
Telemedicine	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A
Prescription Drugs (Tier 1/2/3)	\$5*/\$30^/\$65^	N/A	\$7*/\$40^/\$80^	N/A	\$20*/\$40^/\$100^	N/A

^ After Deductible

* Not Subject to Deductible



2024 1st Quarter Small Group Rate Sheet

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

Plan Name	Bronze Premier	Silver Plus H.S.A.	Bronze Plus H.S.A.
Network	Select Care	Select Care	Select Care
Standard Rates			
Individual	\$1,035.30	\$1,165.52	\$1,051.00
Individual/Spouse	\$2,070.60	\$2,331.04	\$2,102.00
Individual/Children	\$1,760.01	\$1,981.38	\$1,786.70
Family	\$2,950.61	\$3,321.73	\$2,995.35
Age 29 Rates			
Individual	\$1,066.36	\$1,200.49	\$1,082.53
Individual/Spouse	\$2,132.72	\$2,400.98	\$2,165.06
Individual/Children	\$1,812.81	\$2,040.83	\$1,840.30
Family	\$3,039.13	\$3,421.40	\$3,085.21
Plan Benefits			
Referral Required	No	No	No
Deductible: Individual/Family	\$7,100/\$14,200	\$3,500/\$7,000	\$7,400/\$14,800
Rx Deductible: Ind/Family	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$9,450/\$18,900	\$7,500/\$15,000	\$8,000/\$16,000
Primary Care Physician (PCP) office visit	1 free visit, then 50%^	\$30^	50%^
Specialist office visit	50%^	\$50^	50%^
Urgent Care	50%^	\$100^	\$100^
Emergency Room	50%^	40%^	50%^
Inpatient Admission	50%^	40%^	50%^
Lab (PCP/Spec./Free-standing/Outpatient)	30%/50%/20%/50%^	\$30/\$50/\$20/\$100^	30%/50%/20%/50%^
X-rays (PCP/Spec./Free-standing/Outpatient)	30%/50%/20%/50%^	\$30/\$50/\$20/\$100^	30%/50%/20%/50%^
Telemedicine	Covered in full	Covered in full^	Covered in full^
Referral Required	\$50*/50%^/50%^	\$15/\$45/\$80 ^	\$15/\$65/\$100 ^

^ After Deductible

* Not Subject to Deductible



2024 1st 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		Gold Premier		Silver Premier	
Network	Select Care		Select Care		Select Care	
Standard Rates						
Individual	\$1,813.11		\$1,425.88		\$1,204.43	
Individual/Spouse	\$3,626.22		\$2,851.76		\$2,408.86	
Individual/Children	\$3,082.29		\$2,424.00		\$2,047.53	
Family	\$5,167.36		\$4,063.76		\$3,432.63	
Age 29 Rates						
Individual	\$1,867.50		\$1,468.66		\$1,240.56	
Individual/Spouse	\$3,735.00		\$2,937.32		\$2,481.12	
Individual/Children	\$3,174.75		\$2,496.72		\$2,108.95	
Family	\$5,322.38		\$4,185.68		\$3,535.60	
Plan Benefits	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$100/\$200	\$4,000/\$8,000	\$500/\$1,000	\$6,000/\$12,000	\$5,600/\$11,200	\$8,000/\$16,000
Rx Deductible: Ind/Family	\$100/\$100	N/A	\$150/\$300	N/A	\$250/\$500	N/A
Out of Pocket Maximum: I/F	\$2,300/\$4,600	\$10,000/\$20,000	\$7,800/\$15,600	\$12,000/\$24,000	\$9,400/\$18,800	\$18,000/\$36,000
Primary Care Physician (PCP) office visit	3 free visits, then \$10*	50%^	3 free visits, then \$25*	50%^	1 free visit, then \$35*	50%^
Specialist office visit	\$35*	50%^	\$50*	50%^	\$75*	50%^
Urgent Care	\$100^	50%^	\$100^	50%^	\$100^	50%^
Emergency Room	20%^	20%^	30%^	30%^	40%^	40%^
Inpatient Admission	20%^	50%^	30%^	50%^	40%^	50%^
Lab (PCP/Spec./Free-standing/Outpatient)	\$10/\$35/\$10/\$125*	50%^	\$25/\$50/\$15/\$150*	50%^	\$35/\$75/\$20/\$200*	50%^
X-rays (PCP/Spec./Free-standing/Outpatient)	\$10/\$35/\$10/\$125^	50%^	\$25/\$50/\$15/\$150^	50%^	\$35/\$75/\$20/\$200^	50%^
Telemedicine	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A
Prescription Drugs (Tier 1/2/3)	\$5*/\$30^/\$65^	N/A	\$7*/\$40^/\$80^	N/A	\$20*/\$40^/\$100^	N/A

^ After Deductible

* Not Subject to Deductible



2024 1st 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	Bronze Premier	Silver Plus H.S.A.	Bronze Plus H.S.A.
Network	Select Care	Select Care	Select Care
Standard Rates			
Individual	\$1,034.86	\$1,165.03	\$1,050.55
Individual/Spouse	\$2,069.72	\$2,330.06	\$2,101.10
Individual/Children	\$1,759.26	\$1,980.55	\$1,785.94
Family	\$2,949.35	\$3,320.34	\$2,994.07
Age 29 Rates			
Individual	\$1,065.91	\$1,199.98	\$1,082.07
Individual/Spouse	\$2,131.82	\$2,399.96	\$2,164.14
Individual/Children	\$1,812.05	\$2,039.97	\$1,839.52
Family	\$3,037.84	\$3,419.94	\$3,083.90
Plan Benefits			
Referral Required	No	No	No
Deductible: Individual/Family	\$7,100/\$14,200	\$3,500/\$7,000	\$7,400/\$14,800
Rx Deductible: Ind/Family	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$9,450/\$18,900	\$7,500/\$15,000	\$8,000/\$16,000
Primary Care Physician (PCP) office visit	1 free visit, then 50%^	\$30^	50%^
Specialist office visit	50%^	\$50^	50%^
Urgent Care	50%^	\$100^	\$100^
Emergency Room	50%^	40%^	50%^
Inpatient Admission	50%^	40%^	50%^
Lab (PCP/Spec./Free-standing/Outpatient)	30%/50%/20%/50%^	\$30/\$50/\$20/\$100^	30%/50%/20%/50%^
X-rays (PCP/Spec./Free-standing/Outpatient)	30%/50%/20%/50%^	\$30/\$50/\$20/\$100^	30%/50%/20%/50%^
Telemedicine	Covered in full	Covered in full^	Covered in full^
Prescription Drugs (Tier 1/2/3)	\$50*/50%^/50%^	\$15/\$45/\$85^	\$35/\$65/\$115^

^ After Deductible

* Not Subject to Deductible