



2020 3rd 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 POS	Platinum Premier			Platinum Value			
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	
Standard Rates								
Individual	\$1,145.24	\$1,087.10	\$996.71	\$931.77	\$1,061.11	\$972.90	\$909.38	
Individual/Spouse	\$2,290.50	\$2,174.20	\$1,993.42	\$1,863.54	\$2,122.21	\$1,945.81	\$1,818.75	
Individual/Children	\$1,946.92	\$1,848.07	\$1,694.41	\$1,584.02	\$1,803.88	\$1,653.94	\$1,545.94	
Family	\$3,263.96	\$3,098.23	\$2,840.63	\$2,655.55	\$3,024.16	\$2,772.77	\$2,591.73	
Age 29 Rates								
Individual	\$1,179.60	\$1,119.71	\$1,026.61	\$959.72	\$1,092.94	\$1,002.09	\$936.66	
Individual/Spouse	\$2,359.22	\$2,239.42	\$2,053.23	\$1,919.46	\$2,185.89	\$2,004.18	\$1,873.32	
Individual/Children	\$2,005.33	\$1,903.51	\$1,745.25	\$1,631.54	\$1,858.01	\$1,703.56	\$1,592.33	
Family	\$3,361.89	\$3,191.17	\$2,925.85	\$2,735.22	\$3,114.89	\$2,855.96	\$2,669.49	
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			\$200/\$400		
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			\$2,400/\$4,800		
Primary Care Physician (PCP) office visit	3 free, then \$15	30% ^	3 free PCP visits, then \$15			3 free PCP visits, then \$15 *		
Specialist office visit	\$35	30% ^	\$35			\$35 *		
Urgent Care	\$75	30% ^	\$75			\$75 *		
Emergency Room	20%	20% *	\$350			\$350 ^		
Inpatient Admission	\$500	30% ^	\$500			\$500 ^		
Dental (Routine)	\$15 +	N/A	\$15			\$15 *		
Vision (Eye Exam)	\$0 +	N/A	\$0			\$0 *		
Telemedicine	\$0	N/A	\$0			\$0 *		
Acupuncture	\$0	N/A	\$0			\$0 *		
Prescription Drugs	\$0/\$30/\$60	N/A	\$0/\$30/\$60			\$0 */\$30 ^/\$60 ^		

+ POS and Millennium (M) plans have pediatric vision and dental only

^ After Deductible

* Not Subject to Deductible



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New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties
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Plan Name	Gold POS		Gold Premier			Gold Value		
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	
Standard Rates								
Individual	\$944.94	\$888.63	\$814.95	\$760.92	\$844.19	\$774.25	\$722.65	
Individual/Spouse	\$1,889.87	\$1,777.26	\$1,629.92	\$1,521.83	\$1,688.37	\$1,548.49	\$1,445.30	
Individual/Children	\$1,606.39	\$1,510.67	\$1,385.43	\$1,293.55	\$1,435.12	\$1,316.22	\$1,228.50	
Family	\$2,693.07	\$2,532.59	\$2,322.63	\$2,168.61	\$2,405.93	\$2,206.61	\$2,059.55	
Age 29 Rates								
Individual	\$973.29	\$915.29	\$839.40	\$783.75	\$869.52	\$797.48	\$744.33	
Individual/Spouse	\$1,946.57	\$1,830.59	\$1,678.81	\$1,567.48	\$1,739.03	\$1,594.96	\$1,488.65	
Individual/Children	\$1,654.59	\$1,556.01	\$1,426.99	\$1,332.36	\$1,478.18	\$1,355.71	\$1,265.36	
Family	\$2,773.87	\$2,608.59	\$2,392.31	\$2,233.67	\$2,478.12	\$2,272.81	\$2,121.33	
Plan Benefits								
	In Network	Out of Network						
Referral Required	No	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$1,000/\$2,000	\$3,800/\$7,600	\$350/\$700			\$1,900/\$3,800		
Rx Deductible: Ind/Family	\$0	N/A	\$0			Integrated		
Out of Pocket Maximum: I/F	\$5,000/\$10,000	\$7,000/\$14,000	\$5,300/\$10,600			\$3,700/\$7,400		
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	3 free PCP visits, then \$40 *			3 free PCP visits, then \$25 *		
Specialist office visit	\$40 *	40% ^	\$60 *			\$40 *		
Urgent Care	\$75 *	40% ^	\$75 *			\$75 *		
Emergency Room	30% ^	30% ^	\$600 ^			\$500 ^		
Inpatient Admission	30% ^	40% ^	30% ^			30% ^		
Dental (Routine)	\$25 * +	N/A	\$40 *			\$25 *		
Vision (Eye Exam)	\$0 * +	N/A	\$0 *			\$0 *		
Telemedicine	\$0 *	N/A	\$0 *			\$0 *		
Acupuncture	\$0 *	N/A	\$0 *			\$0 *		
Prescription Drugs	\$0/\$35/\$75	N/A	\$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	Silver Plus HSA	Silver Premier			Silver Value		
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)
Standard Rates							
Individual	\$719.93	\$748.45	\$686.60	\$640.24	\$723.66	\$663.89	\$618.91
Individual/Spouse	\$1,439.88	\$1,496.90	\$1,373.18	\$1,280.49	\$1,447.32	\$1,327.77	\$1,237.82
Individual/Children	\$1,223.90	\$1,272.37	\$1,167.20	\$1,088.41	\$1,230.22	\$1,128.62	\$1,052.14
Family	\$2,051.82	\$2,133.09	\$1,956.79	\$1,824.70	\$2,062.44	\$1,892.09	\$1,763.88
Age 29 Rates							
Individual	\$741.53	\$770.90	\$707.20	\$659.45	\$745.37	\$683.81	\$637.48
Individual/Spouse	\$1,483.07	\$1,541.81	\$1,414.37	\$1,318.91	\$1,490.74	\$1,367.62	\$1,274.95
Individual/Children	\$1,260.61	\$1,310.55	\$1,202.22	\$1,121.07	\$1,267.13	\$1,162.48	\$1,083.71
Family	\$2,113.38	\$2,197.09	\$2,015.48	\$1,879.44	\$2,124.31	\$1,948.86	\$1,816.80
Plan Benefits							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$2,800/\$5,200	\$2,400/\$4,800			\$6,300/\$12,600		
Rx Deductible: Ind/Family	Integrated	\$0			Integrated		
Out of Pocket Maximum: I/F	\$5,800/\$11,600	\$7,800/\$15,600			\$6,300/\$12,600		
Primary Care Physician (PCP) office visit	\$30 ^	3 free PCP visits, then \$35 *			3 free, then \$10 *		
Specialist office visit	\$50 ^	\$65 *			\$55 *		
Urgent Care	\$75 ^	\$75 *			\$75 *		
Emergency Room	40% ^	40% ^			\$0 ^		
Inpatient Admission	40% ^	40% ^			\$0 ^		
Dental (Routine)	\$30 *	\$35 *			\$10 *		
Vision (Eye Exam)	\$0 *	\$0 *			\$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		
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)
Standard Rates							
Individual	\$636.72	\$645.16	\$592.02	\$551.35	\$616.15	\$565.41	\$526.35
Individual/Spouse	\$1,273.44	\$1,290.34	\$1,184.03	\$1,102.69	\$1,232.29	\$1,130.83	\$1,052.70
Individual/Children	\$1,082.42	\$1,096.79	\$1,006.42	\$937.30	\$1,047.45	\$961.21	\$894.80
Family	\$1,814.65	\$1,838.73	\$1,687.24	\$1,571.35	\$1,756.01	\$1,611.44	\$1,500.11
Age 29 Rates							
Individual	\$655.82	\$664.51	\$609.78	\$567.89	\$634.63	\$582.37	\$542.14
Individual/Spouse	\$1,311.65	\$1,329.04	\$1,219.56	\$1,135.78	\$1,269.26	\$1,164.75	\$1,084.28
Individual/Children	\$1,114.90	\$1,129.68	\$1,036.62	\$965.41	\$1,078.86	\$990.04	\$921.65
Family	\$1,869.09	\$1,893.89	\$1,737.86	\$1,618.47	\$1,808.69	\$1,659.77	\$1,545.11
Plan Benefits							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$6,300/\$12,600	\$4,600/\$9,200			\$8,150/\$16,300		
Rx Deductible: Ind/Family	Integrated	Integrated			Integrated		
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$7,900/\$15,800			\$8,150/\$16,300		
Primary Care Physician (PCP) office visit	50% ^	3 free PCP visits, then \$40 ^			3 free PCP visits, then 0% ^		
Specialist office visit	50% ^	\$70 ^			0% ^		
Urgent Care	\$75 ^	\$75 *			\$75 *		
Emergency Room	50% ^	50% ^			0% ^		
Inpatient Admission	50% ^	50% ^			0% ^		
Dental (Routine)	50% *	\$40 *			\$35 *		
Vision (Eye Exam)	\$0 *	\$0 *			\$0 *		
Telemedicine	\$0 ^	\$0 *			\$0 *		
Acupuncture	\$0 *	\$0 *			\$0 *		
Prescription Drugs	\$15 ^/\$65 ^/\$80 ^	\$25 ^/50% ^/50% ^			\$35 ^/0% ^/0% ^		

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