



2021 2nd Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Platinum PPO	Platinum Premier			Platinum Value			
Network	Prime/First Health National	Prime	Select Care	Millennium	Prime	Select Care	Millennium	
Standard Rates								
Individual	\$1,396.31	\$1,385.25	\$1,269.69	\$1,194.80	\$1,346.63	\$1,234.31	\$1,161.44	
Individual/Spouse	\$2,792.62	\$2,770.49	\$2,539.39	\$2,389.60	\$2,693.26	\$2,468.63	\$2,322.89	
Individual/Children	\$2,373.73	\$2,354.91	\$2,158.48	\$2,031.16	\$2,289.27	\$2,098.34	\$1,974.45	
Family	\$3,979.48	\$3,947.95	\$3,618.63	\$3,405.19	\$3,837.89	\$3,517.79	\$3,310.12	
Age 29 Rates								
Individual	\$1,438.20	\$1,426.81	\$1,307.78	\$1,230.64	\$1,387.03	\$1,271.34	\$1,196.28	
Individual/Spouse	\$2,876.40	\$2,853.60	\$2,615.56	\$2,461.28	\$2,774.05	\$2,542.68	\$2,392.57	
Individual/Children	\$2,444.94	\$2,425.57	\$2,223.22	\$2,092.09	\$2,357.95	\$2,161.28	\$2,033.68	
Family	\$4,098.88	\$4,066.38	\$3,727.17	\$3,507.33	\$3,953.02	\$3,623.33	\$3,409.42	
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		\$250/\$500			
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		\$2,500/\$5,000			
Primary Care Physician (PCP) office visit	3 free, then \$15	30% ^	3 free visits, then \$15		3 free visits, then \$15 *			
Specialist office visit	\$35	30% ^	\$35		\$35 *			
Urgent Care	\$75	30% ^	\$75		\$75 *			
Emergency Room	\$750	\$750 *	\$400		\$350 ^			
Inpatient Admission	20%	30% ^	20%		20% ^			
Lab	\$15/\$35	30% ^	\$15		\$15/\$35 *			
X-rays	\$15/\$35	30% ^	\$15/\$35		\$15/\$35 ^			
Telemedicine	\$0	N/A	\$0		\$0 *			
Acupuncture	\$0	N/A	\$0		\$0 *			
Prescription Drugs	\$0/\$30/\$80	N/A	\$0/\$30/\$65		\$0 */\$30 ^/\$65 ^			

^ After Deductible

* Not Subject to Deductible

Adult Vision and Dental, & Acupuncture are not included in Millennium plans



2021 2nd Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Gold Premier			Gold Value		
Network	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates						
Individual	\$1,128.26	\$1,034.34	\$972.83	\$1,066.04	\$977.36	\$919.08
Individual/Spouse	\$2,256.52	\$2,068.68	\$1,945.66	\$2,132.08	\$1,954.71	\$1,838.17
Individual/Children	\$1,918.04	\$1,758.38	\$1,653.81	\$1,812.26	\$1,661.50	\$1,562.44
Family	\$3,215.54	\$2,947.87	\$2,772.57	\$3,038.22	\$2,785.47	\$2,619.39
Age 29 Rates						
Individual	\$1,162.11	\$1,065.37	\$1,002.01	\$1,098.02	\$1,006.68	\$946.65
Individual/Spouse	\$2,324.21	\$2,130.74	\$2,004.04	\$2,196.05	\$2,013.35	\$1,893.31
Individual/Children	\$1,975.58	\$1,811.12	\$1,703.43	\$1,866.64	\$1,711.36	\$1,609.31
Family	\$3,312.00	\$3,036.30	\$2,855.76	\$3,129.37	\$2,869.03	\$2,697.97
Plan Benefits						
Referral Required	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$450/\$900			\$2,300/\$4,600		
Rx Deductible: Ind/Family	\$0			Integrated		
Out of Pocket Maximum: I/F	\$5,600/\$11,200			\$5,300/\$10,600		
Primary Care Physician (PCP) office visit	3 free, then \$25 *			3 free, then \$25 *		
Specialist office visit	\$40 *			\$40 *		
Urgent Care	\$75 *			\$75 *		
Emergency Room	\$800 ^			\$800 ^		
Inpatient Admission	30% ^			30% ^		
Lab	\$25/\$40 *			\$25/\$40 *		
X-rays	\$25/\$40 ^			\$25/\$40 ^		
Telemedicine	\$0 *			\$0 *		
Acupuncture	\$0 *			\$0 *		
Prescription Drugs	\$0/\$40/\$80			\$0 */\$40 ^/\$80 ^		

^ After Deductible

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Adult Vision and Dental, & Acupuncture are not included in Millennium plans



2021 2nd Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Gold PPO		Gold Virtual EPO-N		Gold Virtual EPO-M	
Network	Prime/First Health National		Prime/First Health National		Millennium	
Standard Rates						
Individual	\$1,129.51		\$1,067.96		\$887.04	
Individual/Spouse	\$2,259.02		\$2,135.92		\$1,774.08	
Individual/Children	\$1,920.17		\$1,815.54		\$1,507.97	
Family	\$3,219.11		\$3,043.69		\$2,528.06	
Age 29 Rates						
Individual	\$1,163.40		\$1,100.00		\$913.65	
Individual/Spouse	\$2,326.79		\$2,199.99		\$1,827.30	
Individual/Children	\$1,977.78		\$1,870.00		\$1,553.21	
Family	\$3,315.68		\$3,134.99		\$2,603.91	
Plan Benefits						
	In Network	Out of Network	Virtual Visit	Office Visit	Virtual Visit	Office Visit
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$1,300/\$2,600	\$3,500/\$7,000	\$0	\$500/\$1,000	\$0	\$1,700/\$3,400
Rx Deductible: Ind/Family	\$0	N/A	N/A	N/A	N/A	N/A
Out of Pocket Maximum: I/F	\$5,500/\$11,000	\$7,500/\$15,000	\$7,800/\$15,600	\$7,800/\$15,600	\$8,200/\$16,400	\$8,200/\$16,400
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	\$0	\$40 *	\$0	\$40 *
Specialist office visit	\$40 *	40% ^	N/A	\$60 *	N/A	\$60 *
Urgent Care	\$75 *	40% ^	N/A	\$75 *	N/A	\$75 *
Emergency Room	\$1,000 ^	\$1,000^	N/A	40% ^	N/A	40% ^
Inpatient Admission	30% ^	40% ^	N/A	30% ^	N/A	30% ^
Lab	\$25/\$40^	40% ^	\$0	\$0/\$60 ^	\$0	\$0/\$60 ^
X-rays	\$25/\$40 ^	40% ^	N/A	\$40/\$60 ^	N/A	\$40/\$60 ^
Telemedicine	\$0 *	N/A	N/A	N/A	N/A	N/A
Acupuncture	\$0 *	N/A	N/A	\$0 *	N/A	\$0 *
Prescription Drugs	\$0/\$35/\$100	N/A	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^

^ After Deductible

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Adult Vision and Dental, & Acupuncture are not included in Millennium plans



2021 2nd Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Silver Plus HSA ⁺	Silver Premier ⁺			Silver Value ⁺		
Network	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates							
Individual	\$930.20	\$970.35	\$890.08	\$832.95	\$938.56	\$860.95	\$805.47
Individual/Spouse	\$1,860.40	\$1,940.70	\$1,780.16	\$1,665.91	\$1,877.12	\$1,721.90	\$1,610.95
Individual/Children	\$1,581.34	\$1,649.59	\$1,513.13	\$1,416.02	\$1,595.55	\$1,463.62	\$1,369.31
Family	\$2,651.06	\$2,765.50	\$2,536.72	\$2,373.92	\$2,674.89	\$2,453.72	\$2,295.60
Age 29 Rates							
Individual	\$958.11	\$999.46	\$916.78	\$857.94	\$966.72	\$886.78	\$829.63
Individual/Spouse	\$1,916.21	\$1,998.91	\$1,833.57	\$1,715.88	\$1,933.44	\$1,773.57	\$1,659.28
Individual/Children	\$1,628.78	\$1,699.08	\$1,558.53	\$1,458.50	\$1,643.42	\$1,507.53	\$1,410.39
Family	\$2,730.60	\$2,848.45	\$2,612.84	\$2,445.13	\$2,755.15	\$2,527.34	\$2,364.46
Plan Benefits							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$3,000/\$6,000	\$3,600/\$7,200			\$6,700/\$13,400		
Rx Deductible: Ind/Family	Integrated	\$0			Integrated		
Out of Pocket Maximum: I/F	\$6,000/\$12,000	\$7,800/\$15,600			\$6,700/\$13,400		
Primary Care Physician (PCP) office visit	\$30 ^	3 free, then \$35 *			3 free, then \$10 *		
Specialist office visit	\$50 ^	\$65 *			\$55 *		
Urgent Care	\$100 ^	\$75 *			\$75 *		
Emergency Room	40% ^	40% ^			\$0 ^		
Inpatient Admission	40% ^	40% ^			\$0 ^		
Lab	\$30/\$50^	\$35/\$65 *			\$10/\$55 *		
X-rays	\$30/\$50 ^	\$35/\$65 ^			\$0		
Telemedicine	\$0 ^	\$0 *			\$0 *		
Acupuncture	\$0 ^	\$0 *			\$0 *		
Prescription Drugs	\$15 ^/\$45 ^/\$80 ^	\$0/\$40/\$80			\$0 ^/\$0 ^/\$0 ^		

^ After Deductible

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Adult Vision and Dental, & Acupuncture are not included in Millennium plans



2021 2nd Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Bronze Plus HSA ⁺	Bronze Premier ⁺			Bronze Value ⁺		
Network	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates							
Individual	\$830.15	\$839.44	\$770.19	\$719.87	\$796.59	\$730.96	\$682.85
Individual/Spouse	\$1,660.29	\$1,678.88	\$1,540.39	\$1,439.75	\$1,593.17	\$1,461.92	\$1,365.71
Individual/Children	\$1,411.25	\$1,427.05	\$1,309.33	\$1,223.79	\$1,354.20	\$1,242.63	\$1,160.85
Family	\$2,365.92	\$2,392.41	\$2,195.05	\$2,051.63	\$2,270.27	\$2,083.23	\$1,946.13
Age 29 Rates							
Individual	\$855.05	\$864.62	\$793.30	\$741.47	\$820.49	\$752.89	\$703.34
Individual/Spouse	\$1,710.11	\$1,729.25	\$1,586.60	\$1,482.95	\$1,640.97	\$1,505.77	\$1,406.67
Individual/Children	\$1,453.59	\$1,469.86	\$1,348.61	\$1,260.51	\$1,394.83	\$1,279.90	\$1,195.68
Family	\$2,436.90	\$2,464.17	\$2,260.90	\$2,113.20	\$2,338.38	\$2,145.73	\$2,004.51
Plan Benefits							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$6,300/\$12,600	\$5,300/\$10,600			\$8,550/\$17,100		
Rx Deductible: Ind/Family	Integrated	Integrated			Integrated		
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$8,450/\$16,900			\$8,550/\$17,100		
Primary Care Physician (PCP) office visit	50% ^	3 free PCP visits, then 50% ^			3 free PCP visits, then 0% ^		
Specialist office visit	50% ^	50% ^			0% ^		
Urgent Care	\$100 ^	\$75 *			\$75 *		
Emergency Room	50% ^	50% ^			0% ^		
Inpatient Admission	50% ^	50% ^			0% ^		
Lab	50% ^	50% ^			0% ^		
X-rays	50% ^	50% ^			0% ^		
Telemedicine	\$0 ^	\$0 *			\$0 *		
Acupuncture	\$0 ^	\$0 *			\$0 *		
Prescription Drugs	\$15 ^/\$65 ^/\$80 ^	\$50 */50% ^/50% ^			\$35 */0% ^/0% ^		

^ After Deductible

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Adult Vision and Dental, & Acupuncture are not included in Millennium plans