



2020 1st Quarter Small Group Rate

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

Name	Platinum POS	Platinum Premier P	Platinum Value P	Platinum Premier S	Platinum Value S	Platinum Premier M	Platinum Value M	
Referral Required Network	Non-Gated Prime	Non-Gated Prime	Non-Gated Prime	Non-Gated Select Care	Non-Gated Select Care	Gated Millennium	Gated Millennium	
Standard Rates								
Individual	\$1,107.28	\$1,051.06	\$1,025.93	\$963.67	\$940.65	\$900.88	\$879.23	
Individual/Spouse	\$2,214.56	\$2,102.12	\$2,051.86	\$1,927.34	\$1,881.30	\$1,801.76	\$1,758.46	
Individual/Children	\$1,882.38	\$1,786.80	\$1,744.08	\$1,638.24	\$1,599.11	\$1,531.50	\$1,494.69	
Family	\$3,155.75	\$2,995.52	\$2,923.90	\$2,746.46	\$2,680.85	\$2,567.51	\$2,505.81	
Age 29 Rates								
Individual	\$1,140.50	\$1,082.59	\$1,056.71	\$992.58	\$968.87	\$927.91	\$905.61	
Individual/Spouse	\$2,281.00	\$2,165.18	\$2,113.42	\$1,985.16	\$1,937.74	\$1,855.82	\$1,811.22	
Individual/Children	\$1,938.85	\$1,840.40	\$1,796.41	\$1,687.39	\$1,647.08	\$1,577.45	\$1,539.54	
Family	\$3,250.43	\$3,085.38	\$3,011.62	\$2,828.85	\$2,761.28	\$2,644.54	\$2,580.99	
Plan Benefits								
	In Network	Out of Network						
Referral Required	No	No	No	No	No	No	Yes	Yes
Deductible: Individual/Family	\$0	\$2,600/\$5,200	\$0	\$200/\$400	\$0	\$200/\$400	\$0	\$200/\$400
Rx Deductible: Individual/Family	\$0	N/A	\$0	Integrated	\$0	Integrated	\$0	Integrated
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$5,000/\$10,000	\$2,000/\$4,000	\$2,400/\$4,800	\$2,000/\$4,000	\$2,400/\$4,800	\$2,000/\$4,000	\$2,400/\$4,800
Primary Care Physician (PCP) office visit	3 free, then \$15	30% ^	3 free, then \$15	3 free, then \$15 *	3 free, then \$15	3 free, then \$15 *	3 free, then \$15	3 free, then \$15 *
Specialist office visit	\$35	30% ^	\$35	\$35 *	\$35	\$35 *	\$35	\$35 *
Urgent Care	\$75	30% ^	\$75	\$75 *	\$75	\$75 *	\$75	\$75 *
Emergency Room	20%	20% *	\$350	\$350 ^	\$350	\$350 ^	\$350	\$350 ^
Inpatient Admission	\$500	30% ^	\$500	\$500 ^	\$500	\$500 ^	\$500	\$500 ^
Dental (Routine)	\$15 +	N/A	\$15	\$15 *	\$15	\$15 *	\$15 +	\$15 * +
Vision (Eye Exam)	\$0 +	N/A	\$0	\$0 *	\$0	\$0 *	\$0 +	\$0 * +
Telemedicine	\$0	N/A	\$0	\$0 *	\$0	\$0 *	\$0	\$0 *
Acupuncture	\$0	N/A	\$0	\$0 *	\$0	\$0 *	N/A	N/A
Prescription Drugs	\$0/\$30/\$60	N/A	\$0/\$30/\$60	\$0 */\$30 ^/\$60 ^	\$0/\$30/\$60	\$0 */\$30 ^/\$60 ^	\$0/\$30/\$60	\$0 */\$30 ^/\$60 ^

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

^ After Deductible

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Name Referral Required Network	Gold POS Non-Gated Prime	Gold Premier P Non-Gated Prime	Gold Value P Non-Gated Prime	Gold Premier S Non-Gated Select Care	Gold Value S Non-Gated Select Care	Gold Premier M Gated Millennium	Gold Value M Gated Millennium	
Standard Rates								
Individual	\$913.61	\$859.17	\$816.20	\$787.94	\$748.58	\$735.69	\$698.69	
Individual/Spouse	\$1,827.22	\$1,718.34	\$1,632.40	\$1,575.88	\$1,497.16	\$1,471.38	\$1,397.38	
Individual/Children	\$1,553.14	\$1,460.59	\$1,387.54	\$1,339.50	\$1,272.59	\$1,250.67	\$1,187.77	
Family	\$2,603.79	\$2,448.63	\$2,326.17	\$2,245.63	\$2,133.45	\$2,096.72	\$1,991.27	
Age 29 Rates								
Individual	\$941.02	\$884.95	\$840.69	\$811.58	\$771.04	\$757.76	\$719.65	
Individual/Spouse	\$1,882.04	\$1,769.90	\$1,681.38	\$1,623.16	\$1,542.08	\$1,515.52	\$1,439.30	
Individual/Children	\$1,599.73	\$1,504.42	\$1,429.17	\$1,379.69	\$1,310.77	\$1,288.19	\$1,223.41	
Family	\$2,681.91	\$2,522.11	\$2,395.97	\$2,313.00	\$2,197.46	\$2,159.62	\$2,051.00	
Plan Benefits								
	In Network	Out of Network						
Referral Required	No	No	No	No	No	No	Yes	Yes
Deductible: Individual/Family	\$1,000/\$2,000	\$3,800/\$7,600	\$350/\$700	\$1,900/\$3,800	\$350/\$700	\$1,900/\$3,800	\$350/\$700	\$1,900/\$3,800
Rx Deductible: Individual/Family	\$0	N/A	\$0	Integrated	\$0	Integrated	\$0	Integrated
Out of Pocket Maximum: I/F	\$5,000/\$10,000	\$7,000/\$14,000	\$5,300/\$10,600	\$3,700/\$7,400	\$5,300/\$10,600	\$3,700/\$7,400	\$5,300/\$10,600	\$3,700/\$7,400
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	3 free, then \$40 *	3 free, then \$25 *	3 free, then \$40 *	3 free, then \$25 *	3 free, then \$40 *	3 free, then \$25 *
Specialist office visit	\$40 *	40% ^	\$60 *	\$40 *	\$60 *	\$40 *	\$60 *	\$40 *
Urgent Care	\$75 *	40% ^	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	30% ^	30% ^	\$600 ^	\$500 ^	\$600 ^	\$500 ^	\$600 ^	\$500 ^
Inpatient Admission	30% ^	40% ^	30% ^	30% ^	30% ^	30% ^	30% ^	30% ^
Dental (Routine)	\$25 * +	N/A	\$40 *	\$25 *	\$40 *	\$25 *	\$40 * +	\$25 * +
Vision (Eye Exam)	\$0 * +	N/A	\$0 *	\$0 *	\$0 *	\$0 *	\$0 * +	\$0 * +
Telemedicine	\$0 *	N/A	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *
Acupuncture	\$0 *	N/A	\$0 *	\$0 *	\$0 *	\$0 *	N/A	N/A
Prescription Drugs	\$0/\$35/\$75	N/A	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^

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

Name Referral Required Network	Silver HSA Non-Gated Prime	Silver Premier P Non-Gated Prime	Silver Value P Non-Gated Prime	Silver Premier S Non-Gated Select Care	Silver Value S Non-Gated Select Care	Silver Premier M Gated Millennium	Silver Value M Gated Millennium
Standard Rates							
Individual	\$696.07	\$723.64	\$699.67	\$663.83	\$641.88	\$619.02	\$598.39
Individual/Spouse	\$1,392.14	\$1,447.28	\$1,399.34	\$1,327.66	\$1,283.76	\$1,238.04	\$1,196.78
Individual/Children	\$1,183.32	\$1,230.19	\$1,189.44	\$1,128.51	\$1,091.20	\$1,052.33	\$1,017.26
Family	\$1,983.80	\$2,062.37	\$1,994.06	\$1,891.92	\$1,829.36	\$1,764.21	\$1,705.41
Age 29 Rates							
Individual	\$716.95	\$745.35	\$720.66	\$683.74	\$661.14	\$637.59	\$616.34
Individual/Spouse	\$1,433.90	\$1,490.70	\$1,441.32	\$1,367.48	\$1,322.28	\$1,275.18	\$1,232.68
Individual/Children	\$1,218.82	\$1,267.10	\$1,225.12	\$1,162.36	\$1,123.94	\$1,083.90	\$1,047.78
Family	\$2,043.31	\$2,124.25	\$2,053.88	\$1,948.66	\$1,884.25	\$1,817.13	\$1,756.57
Plan Benefits							
Referral Required	No	No	No	No	No	Yes	Yes
Deductible: Individual/Family	\$2,600/\$5,200	\$2,400/\$4,800	\$6,300/\$12,600	\$2,400/\$4,800	\$6,300/\$12,600	\$2,400/\$4,800	\$6,300/\$12,600
Rx Deductible: Individual/ Family	Integrated	\$0	Integrated	\$0	Integrated	\$0	Integrated
Out of Pocket Maximum: I/F	\$5,800/\$11,600	\$7,800/\$15,600	\$6,300/\$12,600	\$7,800/\$15,600	\$6,300/\$12,600	\$7,800/\$15,600	\$6,300/\$12,600
Primary Care Physician (PCP) office visit	\$30 ^	3 free, then \$35 *	3 free, then \$10 *	3 free, then \$35 *	3 free, then \$10 *	3 free, then \$35 *	3 free, then \$10 *
Specialist office visit	\$50 ^	\$65 *	\$55 *	\$65 *	\$55 *	\$65 *	\$55 *
Urgent Care	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	40% ^	40% ^	\$0 ^	40% ^	\$0 ^	40% ^	\$0 ^
Inpatient Admission	40% ^	40% ^	\$0 ^	40% ^	\$0 ^	40% ^	\$0 ^
Dental (Routine)	\$30 *	\$35 *	\$10 *	\$35 *	\$10 *	\$35 * +	\$10 * +
Vision (Eye Exam)	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 * +	\$0 * +
Telemedicine	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *
Acupuncture	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	N/A	N/A
Prescription Drugs	\$15 */\$45 ^/\$80 ^	\$0/\$40/\$80	\$0 */\$0 ^/\$0 ^	\$0/\$40/\$80	\$0 */\$0 ^/\$0 ^	\$0/\$40/\$80	\$0 */\$0 ^/\$0 ^

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Name	Bronze HSA	Bronze Premier P	Bronze Value P	Bronze Premier S	Bronze Value S	Bronze Premier M	Bronze Value M
Referral Required Network	Non-Gated Prime	Non-Gated Prime	Non-Gated Prime	Non-Gated Select Care	Non-Gated Select Care	Gated Millennium	Gated Millennium
Standard Rates							
Individual	\$615.61	\$623.78	\$595.72	\$572.39	\$546.67	\$533.07	\$508.90
Individual/Spouse	\$1,231.22	\$1,247.56	\$1,191.44	\$1,144.78	\$1,093.34	\$1,066.14	\$1,017.80
Individual/Children	\$1,046.54	\$1,060.43	\$1,012.72	\$973.06	\$929.34	\$906.22	\$865.13
Family	\$1,754.49	\$1,777.77	\$1,697.80	\$1,631.31	\$1,558.01	\$1,519.25	\$1,450.37
Age 29 Rates							
Individual	\$634.08	\$642.49	\$613.59	\$589.56	\$563.07	\$549.06	\$524.17
Individual/Spouse	\$1,268.16	\$1,284.98	\$1,227.18	\$1,179.12	\$1,126.14	\$1,098.12	\$1,048.34
Individual/Children	\$1,077.94	\$1,092.23	\$1,043.10	\$1,002.25	\$957.22	\$933.40	\$891.09
Family	\$1,807.13	\$1,831.10	\$1,748.73	\$1,680.25	\$1,604.75	\$1,564.82	\$1,493.88
Plan Benefits							
Referral Required	No	No	No	No	No	Yes	Yes
Deductible: Individual/Family	\$6,300/\$12,600	\$4,600/\$9,200	\$8,150/\$16,300	\$4,600/\$9,200	\$8,150/\$16,300	\$4,600/\$9,200	\$8,150/\$16,300
Rx Deductible: Individual/Family	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$7,900/\$15,800	\$8,150/\$16,300	\$7,900/\$15,800	\$8,150/\$16,300	\$7,900/\$15,800	\$8,150/\$16,300
Primary Care Physician (PCP) office visit	50% ^	3 free, then \$40 ^	3 free, then 0% ^	3 free, then \$40 ^	3 free, then 0% ^	3 free, then \$40 ^	3 free, then 0% ^
Specialist office visit	50% ^	\$70 ^	0% ^	\$70 ^	0% ^	\$70 ^	0% ^
Urgent Care	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	50% ^	50% ^	0% ^	50% ^	0% ^	50% ^	0% ^
Inpatient Admission	50% ^	50% ^	0% ^	50% ^	0% ^	50% ^	0% ^
Dental (Routine)	50% *	\$40 *	\$35 *	\$40 *	\$35 *	\$40 * +	\$35 * +
Vision (Eye Exam)	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 * +	\$0 * +
Telemedicine	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *
Acupuncture	\$0 *	\$0 *	\$0 *	\$0 *	\$0 *	N/A	N/A
Prescription Drugs	\$15 ^/\$65 ^/\$80 ^	\$25^/50% ^/50% ^	\$35 */0% ^/0% ^	\$25^/50% ^/50% ^	\$35 */0% ^/0% ^	\$25^/50% ^/50% ^	\$35 */0% ^/0% ^

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