



# 2021 3<sup>rd</sup> 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
<b>Standard Rates</b>								
Individual	\$1,420.05	\$1,408.80	\$1,291.27	\$1,215.11	\$1,369.52	\$1,255.29	\$1,181.18	
Individual/Spouse	\$2,840.09	\$2,817.59	\$2,582.56	\$2,430.22	\$2,739.05	\$2,510.60	\$2,362.38	
Individual/Children	\$2,414.08	\$2,394.94	\$2,195.17	\$2,065.69	\$2,328.19	\$2,134.01	\$2,008.02	
Family	\$4,047.13	\$4,015.07	\$3,680.15	\$3,463.08	\$3,903.13	\$3,577.59	\$3,366.39	
<b>Age 29 Rates</b>								
Individual	\$1,462.65	\$1,451.06	\$1,330.01	\$1,251.56	\$1,410.61	\$1,292.95	\$1,216.62	
Individual/Spouse	\$2,925.30	\$2,902.11	\$2,660.02	\$2,503.12	\$2,821.21	\$2,585.91	\$2,433.24	
Individual/Children	\$2,486.50	\$2,466.80	\$2,261.01	\$2,127.66	\$2,398.04	\$2,198.02	\$2,068.25	
Family	\$4,168.56	\$4,135.51	\$3,790.53	\$3,566.95	\$4,020.22	\$3,684.93	\$3,467.38	
<b>Plan Benefits</b>								
	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			\$400 ^		
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 3<sup>rd</sup> 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
<b>Standard Rates</b>						
Individual	\$1,147.44	\$1,051.92	\$989.37	\$1,084.16	\$993.98	\$934.70
Individual/Spouse	\$2,294.88	\$2,103.85	\$1,978.74	\$2,168.33	\$1,987.94	\$1,869.42
Individual/Children	\$1,950.65	\$1,788.27	\$1,681.92	\$1,843.07	\$1,689.75	\$1,589.00
Family	\$3,270.20	\$2,997.98	\$2,819.70	\$3,089.87	\$2,832.82	\$2,663.92
<b>Age 29 Rates</b>						
Individual	\$1,181.86	\$1,083.48	\$1,019.05	\$1,116.68	\$1,023.80	\$962.74
Individual/Spouse	\$2,363.72	\$2,166.96	\$2,038.11	\$2,233.38	\$2,047.58	\$1,925.50
Individual/Children	\$2,009.16	\$1,841.91	\$1,732.39	\$1,898.37	\$1,740.45	\$1,636.67
Family	\$3,368.30	\$3,087.92	\$2,904.31	\$3,182.57	\$2,917.80	\$2,743.84
<b>Plan Benefits</b>						
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

\* Not Subject to Deductible

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



## 2021 3<sup>rd</sup> 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			
<b>Standard Rates</b>						
Individual	\$1,148.71	\$1,086.12	\$902.12			
Individual/Spouse	\$2,297.42	\$2,172.23	\$1,804.24			
Individual/Children	\$1,952.81	\$1,846.40	\$1,533.61			
Family	\$3,273.83	\$3,095.43	\$2,571.04			
<b>Age 29 Rates</b>						
Individual	\$1,183.17	\$1,118.70	\$929.18			
Individual/Spouse	\$2,366.35	\$2,237.39	\$1,858.36			
Individual/Children	\$2,011.40	\$1,901.79	\$1,579.61			
Family	\$3,372.05	\$3,188.28	\$2,648.18			
<b>Plan Benefits</b>						
	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

\* Not Subject to Deductible

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



# 2021 3<sup>rd</sup> 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
<b>Standard Rates</b>							
Individual	\$946.01	\$986.85	\$905.21	\$847.11	\$954.52	\$875.59	\$819.16
Individual/Spouse	\$1,892.03	\$1,973.69	\$1,810.42	\$1,694.23	\$1,909.03	\$1,751.17	\$1,638.34
Individual/Children	\$1,608.22	\$1,677.63	\$1,538.85	\$1,440.09	\$1,622.67	\$1,488.50	\$1,392.59
Family	\$2,696.13	\$2,812.51	\$2,579.84	\$2,414.28	\$2,720.36	\$2,495.43	\$2,334.63
<b>Age 29 Rates</b>							
Individual	\$974.39	\$1,016.46	\$932.37	\$872.52	\$983.16	\$901.86	\$843.73
Individual/Spouse	\$1,948.79	\$2,032.89	\$1,864.74	\$1,745.05	\$1,966.31	\$1,803.72	\$1,687.49
Individual/Children	\$1,656.47	\$1,727.96	\$1,585.03	\$1,483.29	\$1,671.36	\$1,533.16	\$1,434.37
Family	\$2,777.02	\$2,896.87	\$2,657.26	\$2,486.70	\$2,801.99	\$2,570.30	\$2,404.66
<b>Plan Benefits</b>							
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

\* Not Subject to Deductible

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



## 2021 3<sup>rd</sup> 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
<b>Standard Rates</b>							
Individual	\$844.26	\$853.71	\$783.28	\$732.11	\$810.13	\$743.39	\$694.46
Individual/Spouse	\$1,688.51	\$1,707.42	\$1,566.58	\$1,464.23	\$1,620.25	\$1,486.77	\$1,388.93
Individual/Children	\$1,435.24	\$1,451.31	\$1,331.59	\$1,244.59	\$1,377.22	\$1,263.75	\$1,180.58
Family	\$2,406.14	\$2,433.08	\$2,232.37	\$2,086.51	\$2,308.86	\$2,118.64	\$1,979.21
<b>Age 29 Rates</b>							
Individual	\$869.59	\$879.32	\$806.78	\$754.07	\$834.43	\$765.69	\$715.29
Individual/Spouse	\$1,739.18	\$1,758.65	\$1,613.57	\$1,508.16	\$1,668.87	\$1,531.37	\$1,430.58
Individual/Children	\$1,478.30	\$1,494.85	\$1,371.54	\$1,281.94	\$1,418.54	\$1,301.66	\$1,216.01
Family	\$2,478.33	\$2,506.06	\$2,299.34	\$2,149.12	\$2,378.13	\$2,182.21	\$2,038.59
<b>Plan Benefits</b>							
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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