



# 2021 3<sup>rd</sup> 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 PPO		Platinum Premier			Platinum Value		
Network	Prime/First Health National	Prime	Select Care	Millennium	Prime	Select Care	Millennium	
<b>Standard Rates</b>								
Individual	\$1,248.48	\$1,238.59	\$1,135.27	\$1,068.31	\$1,204.06	\$1,103.64	\$1,038.48	
Individual/Spouse	\$2,496.96	\$2,477.19	\$2,270.53	\$2,136.62	\$2,408.11	\$2,207.28	\$2,076.96	
Individual/Children	\$2,122.41	\$2,105.61	\$1,929.95	\$1,816.12	\$2,046.90	\$1,876.19	\$1,765.42	
Family	\$3,558.17	\$3,529.99	\$3,235.51	\$3,044.67	\$3,431.56	\$3,145.37	\$2,959.66	
<b>Age 29 Rates</b>								
Individual	\$1,285.93	\$1,275.75	\$1,169.33	\$1,100.36	\$1,240.18	\$1,136.75	\$1,069.63	
Individual/Spouse	\$2,571.86	\$2,551.51	\$2,338.65	\$2,200.72	\$2,480.35	\$2,273.49	\$2,139.26	
Individual/Children	\$2,186.08	\$2,168.78	\$1,987.85	\$1,870.62	\$2,108.29	\$1,932.46	\$1,818.38	
Family	\$3,664.91	\$3,635.90	\$3,332.59	\$3,136.03	\$3,534.49	\$3,239.72	\$3,048.45	
<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



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Plan Name	Gold Premier			Gold Value		
Network	Prime	Select Care	Millennium	Prime	Select Care	Millennium
<b>Standard Rates</b>						
Individual	\$1,008.80	\$924.84	\$869.84	\$953.17	\$873.89	\$821.79
Individual/Spouse	\$2,017.61	\$1,849.68	\$1,739.67	\$1,906.34	\$1,747.79	\$1,643.56
Individual/Children	\$1,714.97	\$1,572.23	\$1,478.72	\$1,620.39	\$1,485.61	\$1,397.03
Family	\$2,875.10	\$2,635.79	\$2,479.04	\$2,716.53	\$2,490.59	\$2,342.09
<b>Age 29 Rates</b>						
Individual	\$1,039.06	\$952.59	\$895.94	\$981.77	\$900.11	\$846.44
Individual/Spouse	\$2,078.14	\$1,905.18	\$1,791.86	\$1,963.53	\$1,800.22	\$1,692.88
Individual/Children	\$1,766.41	\$1,619.41	\$1,523.08	\$1,669.00	\$1,530.19	\$1,438.95
Family	\$2,961.34	\$2,714.88	\$2,553.41	\$2,798.04	\$2,565.31	\$2,412.35
<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 ^		

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New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties  
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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	\$1,009.93		\$954.90		\$793.13	
Individual/Spouse	\$2,019.86		\$1,909.79		\$1,586.25	
Individual/Children	\$1,716.89		\$1,623.33		\$1,348.31	
Family	\$2,878.30		\$2,721.45		\$2,260.40	
<b>Age 29 Rates</b>						
Individual	\$1,040.23		\$983.55		\$816.92	
Individual/Spouse	\$2,080.46		\$1,967.09		\$1,633.82	
Individual/Children	\$1,768.39		\$1,672.03		\$1,388.75	
Family	\$2,964.65		\$2,803.11		\$2,328.21	
<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 ^

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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 <sup>+</sup>	Silver Premier <sup>+</sup>			Silver Value <sup>+</sup>		
Network	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
<b>Standard Rates</b>							
Individual	\$831.71	\$867.62	\$795.84	\$744.77	\$839.19	\$769.80	\$720.21
Individual/Spouse	\$1,663.43	\$1,735.25	\$1,591.69	\$1,489.54	\$1,678.39	\$1,539.61	\$1,440.42
Individual/Children	\$1,413.91	\$1,474.96	\$1,352.94	\$1,266.11	\$1,426.63	\$1,308.67	\$1,224.35
Family	\$2,370.38	\$2,472.72	\$2,268.15	\$2,122.60	\$2,391.69	\$2,193.93	\$2,052.59
<b>Age 29 Rates</b>							
Individual	\$856.66	\$893.65	\$819.72	\$767.11	\$864.37	\$792.89	\$741.82
Individual/Spouse	\$1,713.32	\$1,787.32	\$1,639.43	\$1,534.23	\$1,728.73	\$1,585.79	\$1,483.63
Individual/Children	\$1,456.32	\$1,519.21	\$1,393.51	\$1,304.09	\$1,469.42	\$1,347.93	\$1,261.08
Family	\$2,441.48	\$2,546.92	\$2,336.19	\$2,186.27	\$2,463.44	\$2,259.75	\$2,114.17
<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 ^		

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Plan Name	Bronze Plus HSA+	Bronze Premier+			Bronze Value+		
Network	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
<b>Standard Rates</b>							
Individual	\$742.26	\$750.57	\$688.65	\$643.66	\$712.26	\$653.56	\$610.57
Individual/Spouse	\$1,484.51	\$1,501.12	\$1,377.30	\$1,287.32	\$1,424.50	\$1,307.13	\$1,221.12
Individual/Children	\$1,261.84	\$1,275.96	\$1,170.70	\$1,094.21	\$1,210.83	\$1,111.06	\$1,037.95
Family	\$2,115.43	\$2,139.11	\$1,962.66	\$1,834.42	\$2,029.91	\$1,862.68	\$1,740.10
<b>Age 29 Rates</b>							
Individual	\$764.53	\$773.09	\$709.31	\$662.97	\$733.63	\$673.17	\$628.89
Individual/Spouse	\$1,529.05	\$1,546.16	\$1,418.61	\$1,325.93	\$1,467.25	\$1,346.36	\$1,257.75
Individual/Children	\$1,299.70	\$1,314.24	\$1,205.82	\$1,127.04	\$1,247.16	\$1,144.40	\$1,069.09
Family	\$2,178.89	\$2,203.27	\$2,021.52	\$1,889.46	\$2,090.83	\$1,918.55	\$1,792.31
<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% ^		

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