



2021 4th 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	
Standard Rates								
Individual	\$1,269.70	\$1,259.65	\$1,154.57	\$1,086.47	\$1,224.53	\$1,122.40	\$1,056.13	
Individual/Spouse	\$2,539.41	\$2,519.30	\$2,309.13	\$2,172.94	\$2,449.05	\$2,244.80	\$2,112.27	
Individual/Children	\$2,158.49	\$2,141.41	\$1,962.76	\$1,846.99	\$2,081.70	\$1,908.09	\$1,795.43	
Family	\$3,618.66	\$3,590.00	\$3,290.51	\$3,096.43	\$3,489.90	\$3,198.84	\$3,009.97	
Age 29 Rates								
Individual	\$1,307.79	\$1,297.44	\$1,189.21	\$1,119.06	\$1,261.27	\$1,156.07	\$1,087.81	
Individual/Spouse	\$2,615.58	\$2,594.89	\$2,378.41	\$2,238.13	\$2,522.52	\$2,312.14	\$2,175.63	
Individual/Children	\$2,223.24	\$2,205.65	\$2,021.64	\$1,902.42	\$2,144.13	\$1,965.31	\$1,849.29	
Family	\$3,727.21	\$3,697.71	\$3,389.24	\$3,189.34	\$3,594.58	\$3,294.80	\$3,100.27	
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			\$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
Standard Rates						
Individual	\$1,025.95	\$940.56	\$884.63	\$969.37	\$888.75	\$835.76
Individual/Spouse	\$2,051.91	\$1,881.12	\$1,769.24	\$1,938.75	\$1,777.50	\$1,671.50
Individual/Children	\$1,744.12	\$1,598.96	\$1,503.86	\$1,647.94	\$1,510.87	\$1,420.78
Family	\$2,923.98	\$2,680.60	\$2,521.18	\$2,762.71	\$2,532.93	\$2,381.91
Age 29 Rates						
Individual	\$1,056.73	\$968.78	\$911.17	\$998.45	\$915.41	\$860.83
Individual/Spouse	\$2,113.47	\$1,937.57	\$1,822.32	\$1,996.91	\$1,830.82	\$1,721.66
Individual/Children	\$1,796.44	\$1,646.94	\$1,548.97	\$1,697.37	\$1,556.20	\$1,463.41
Family	\$3,011.68	\$2,761.03	\$2,596.82	\$2,845.61	\$2,608.92	\$2,453.36
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 ^		

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2021 4th Quarter Small Group Rate Sheet

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	
Standard Rates						
Individual	\$1,027.10		\$971.13		\$806.61	
Individual/Spouse	\$2,054.20		\$1,942.26		\$1,613.22	
Individual/Children	\$1,746.08		\$1,650.93		\$1,371.23	
Family	\$2,927.23		\$2,767.71		\$2,298.83	
Age 29 Rates						
Individual	\$1,057.91		\$1,000.26		\$830.81	
Individual/Spouse	\$2,115.83		\$2,000.53		\$1,661.59	
Individual/Children	\$1,798.45		\$1,700.45		\$1,412.36	
Family	\$3,015.05		\$2,850.76		\$2,367.79	
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 ^

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2021 4th Quarter Small Group Rate Sheet

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 ⁺		
	Network	Prime	Prime	Select Care	Millennium	Prime	Select Care
Standard Rates							
Individual	\$845.85	\$882.37	\$809.37	\$757.43	\$853.46	\$782.89	\$732.45
Individual/Spouse	\$1,691.71	\$1,764.75	\$1,618.75	\$1,514.86	\$1,706.92	\$1,565.78	\$1,464.91
Individual/Children	\$1,437.95	\$1,500.03	\$1,375.94	\$1,287.63	\$1,450.88	\$1,330.92	\$1,245.16
Family	\$2,410.68	\$2,514.76	\$2,306.71	\$2,158.68	\$2,432.35	\$2,231.23	\$2,087.48
Age 29 Rates							
Individual	\$871.23	\$908.84	\$833.65	\$780.15	\$879.06	\$806.38	\$754.42
Individual/Spouse	\$1,742.45	\$1,817.70	\$1,667.30	\$1,560.31	\$1,758.12	\$1,612.75	\$1,508.85
Individual/Children	\$1,481.08	\$1,545.04	\$1,417.20	\$1,326.26	\$1,494.40	\$1,370.84	\$1,282.52
Family	\$2,482.99	\$2,590.22	\$2,375.91	\$2,223.44	\$2,505.32	\$2,298.17	\$2,150.11
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 ^		

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2021 4th Quarter Small Group Rate Sheet

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+		
Network	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates							
Individual	\$754.88	\$763.33	\$700.36	\$654.60	\$724.37	\$664.67	\$620.95
Individual/Spouse	\$1,509.75	\$1,526.64	\$1,400.71	\$1,309.20	\$1,448.72	\$1,329.35	\$1,241.88
Individual/Children	\$1,283.29	\$1,297.65	\$1,190.60	\$1,112.81	\$1,231.41	\$1,129.95	\$1,055.60
Family	\$2,151.39	\$2,175.47	\$1,996.03	\$1,865.61	\$2,064.42	\$1,894.35	\$1,769.68
Age 29 Rates							
Individual	\$777.53	\$786.23	\$721.37	\$674.24	\$746.10	\$684.61	\$639.58
Individual/Spouse	\$1,555.04	\$1,572.44	\$1,442.73	\$1,348.47	\$1,492.19	\$1,369.25	\$1,279.13
Individual/Children	\$1,321.79	\$1,336.58	\$1,226.32	\$1,146.20	\$1,268.36	\$1,163.85	\$1,087.26
Family	\$2,215.93	\$2,240.73	\$2,055.89	\$1,921.58	\$2,126.37	\$1,951.17	\$1,822.78
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% ^		

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