



2023 2nd Quarter Small Group Rate Sheet

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

Plan Name	Platinum Premier-P	Gold Premier-P	Silver Premier-P	Bronze Premier-P	Silver Plus H.S.A.	Bronze Plus H.S.A.
Network	Prime	Prime	Prime	Prime	Prime	Prime
Standard Rates						
Individual	\$1,453.39	\$1,164.20	\$1,028.12	\$853.26	\$958.53	\$869.39
Individual/Spouse	\$2,906.78	\$2,328.40	\$2,056.23	\$1,706.51	\$1,917.07	\$1,738.78
Individual/Children	\$2,470.76	\$1,979.14	\$1,747.80	\$1,450.54	\$1,629.50	\$1,477.96
Family	\$4,142.17	\$3,317.97	\$2,930.13	\$2,431.78	\$2,731.82	\$2,477.77
Age 29 Rates						
Individual	\$1,496.99	\$1,199.13	\$1,058.96	\$878.86	\$987.29	\$895.47
Individual/Spouse	\$2,993.98	\$2,398.25	\$2,117.91	\$1,757.72	\$1,974.59	\$1,790.95
Individual/Children	\$2,544.88	\$2,038.51	\$1,800.23	\$1,494.06	\$1,678.40	\$1,522.31
Family	\$4,266.42	\$3,417.50	\$3,018.02	\$2,504.75	\$2,813.79	\$2,552.11
Plan Benefits						
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$0/\$0	\$500/\$1,000	\$4,800/\$9,600	\$6,300/\$12,600	\$3,500/\$7,000	\$6,750/\$13,500
Rx Deductible: Ind/Family	\$0/\$0	\$0/\$0	\$0/\$0	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$7,500/\$15,000	\$8,800/\$17,600	\$9,100/\$18,200	\$7,000/\$14,000	\$7,500/\$15,000
Primary Care Physician (PCP) office visit	3 free visits, then \$15	3 free visits, then \$25*	1 free visit, then \$35*	1 free visit, then 50%^	\$30^	50%^
Specialist office visit	\$35	\$50*	\$75*	50%^	\$50^	50%^
Urgent Care	\$100	\$100^	\$100^	50%^	\$100^	\$100^
Emergency Room	\$400	\$800^	\$1,000^	50%^	40%^	50%^
Inpatient Admission	20%	30%^	40%^	50%^	40%^	50%^
Lab	\$15/\$35	\$25/\$50*	\$35/\$75*	50%^	\$30/\$50^	50%^
X-rays	\$15/\$35	\$25/\$50^	\$35/\$75^	50%^	\$30/\$50^	50%^
Telemedicine	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full^	Covered in full^
Acupuncture	Covered in full	Covered in full	Covered in full	Covered in full	Not Covered	Not Covered
Prescription Drugs (Tier 1/2/3)	\$0/\$30/\$65	\$0/\$40/\$80	\$0/\$40/\$80	\$50*/50%^/50%^	\$15/\$45/\$80 ^	\$15/\$65/\$100 ^

^ After Deductible

* Not Subject to Deductible



2023 2nd Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Platinum Premier-P	Gold Premier-P	Silver Premier-P	Bronze Premier-P	Silver Plus H.S.A.	Bronze Plus H.S.A.
Network	Prime	Prime	Prime	Prime	Prime	Prime
Standard Rates						
Individual	\$1,653.00	\$1,324.09	\$1,169.31	\$970.44	\$1,090.17	\$988.80
Individual/Spouse	\$3,305.99	\$2,648.17	\$2,338.63	\$1,940.88	\$2,180.35	\$1,977.59
Individual/Children	\$2,810.10	\$2,250.95	\$1,987.83	\$1,649.74	\$1,853.30	\$1,680.95
Family	\$4,711.04	\$3,773.64	\$3,332.55	\$2,765.76	\$3,106.99	\$2,818.07
Age 29 Rates						
Individual	\$1,702.59	\$1,363.81	\$1,204.39	\$999.55	\$1,122.88	\$1,018.46
Individual/Spouse	\$3,405.17	\$2,727.61	\$2,408.79	\$1,999.10	\$2,245.75	\$2,036.93
Individual/Children	\$2,894.39	\$2,318.47	\$2,047.47	\$1,699.24	\$1,908.89	\$1,731.39
Family	\$4,852.36	\$3,886.84	\$3,432.52	\$2,848.71	\$3,200.20	\$2,902.62
Plan Benefits						
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$0/\$0	\$500/\$1,000	\$4,800/\$9,600	\$6,300/\$12,600	\$3,500/\$7,000	\$6,750/\$13,500
Rx Deductible: Ind/Family	\$0/\$0	\$0/\$0	\$0/\$0	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$7,500/\$15,000	\$8,800/\$17,600	\$9,100/\$18,200	\$7,000/\$14,000	\$7,500/\$15,000
Primary Care Physician (PCP) office visit	3 free visits, then \$15	3 free visits, then \$25*	1 free visit, then \$35*	1 free visit, then 50%^	\$30^	50%^
Specialist office visit	\$35	\$50*	\$75*	50%^	\$50^	50%^
Urgent Care	\$100	\$100^	\$100^	50%^	\$100^	\$100^
Emergency Room	\$400	\$800^	\$1,000^	50%^	40%^	50%^
Inpatient Admission	20%	30%^	40%^	50%^	40%^	50%^
Lab	\$15/\$35	\$25/\$50*	\$35/\$75*	50%^	\$30/\$50^	50%^
X-rays	\$15/\$35	\$25/\$50^	\$35/\$75^	50%^	\$30/\$50^	50%^
Telemedicine	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full^	Covered in full^
Acupuncture	Covered in full	Covered in full	Covered in full	Covered in full	Not Covered	Not Covered
Prescription Drugs (Tier 1/2/3)	\$0/\$30/\$65	\$0/\$40/\$80	\$0/\$40/\$80	\$50*/50%^/50%^	\$15/\$45/\$80 ^	\$15/\$65/\$100 ^

^ After Deductible

* Not Subject to Deductible



2023 2nd Quarter Small Group Rate Sheet

Mid-Hudson (Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster counties)

Plan Name	Platinum Premier-P	Gold Premier-P	Silver Premier-P	Bronze Premier-P	Silver Plus H.S.A.	Bronze Plus H.S.A.
Network	Prime	Prime	Prime	Prime	Prime	Prime
Standard Rates						
Individual	\$1,742.30	\$1,395.63	\$1,232.50	\$1,022.88	\$1,149.07	\$1,042.21
Individual/Spouse	\$3,484.61	\$2,791.27	\$2,464.99	\$2,045.75	\$2,298.15	\$2,084.42
Individual/Children	\$2,961.91	\$2,372.58	\$2,095.24	\$1,738.90	\$1,953.42	\$1,771.76
Family	\$4,965.56	\$3,977.56	\$3,512.61	\$2,915.20	\$3,274.86	\$2,970.30
Age 29 Rates						
Individual	\$1,794.57	\$1,437.50	\$1,269.48	\$1,053.57	\$1,183.54	\$1,073.48
Individual/Spouse	\$3,589.15	\$2,875.01	\$2,538.93	\$2,107.12	\$2,367.09	\$2,146.97
Individual/Children	\$3,050.78	\$2,443.75	\$2,158.09	\$1,791.06	\$2,012.02	\$1,824.92
Family	\$5,114.54	\$4,096.88	\$3,617.98	\$3,002.65	\$3,373.10	\$3,059.43
Plan Benefits						
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$0/\$0	\$500/\$1,000	\$4,800/\$9,600	\$6,300/\$12,600	\$3,500/\$7,000	\$6,750/\$13,500
Rx Deductible: Ind/Family	\$0/\$0	\$0/\$0	\$0/\$0	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$7,500/\$15,000	\$8,800/\$17,600	\$9,100/\$18,200	\$7,000/\$14,000	\$7,500/\$15,000
Primary Care Physician (PCP) office visit	3 free visits, then \$15	3 free visits, then \$25*	1 free visit, then \$35*	1 free visit, then 50%^	\$30^	50%^
Specialist office visit	\$35	\$50*	\$75*	50%^	\$50^	50%^
Urgent Care	\$100	\$100^	\$100^	50%^	\$100^	\$100^
Emergency Room	\$400	\$800^	\$1,000^	50%^	40%^	50%^
Inpatient Admission	20%	30%^	40%^	50%^	40%^	50%^
Lab	\$15/\$35	\$25/\$50*	\$35/\$75*	50%^	\$30/\$50^	50%^
X-rays	\$15/\$35	\$25/\$50^	\$35/\$75^	50%^	\$30/\$50^	50%^
Telemedicine	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full^	Covered in full^
Acupuncture	Covered in full	Covered in full	Covered in full	Covered in full	Not Covered	Not Covered
Prescription Drugs (Tier 1/2/3)	\$0/\$30/\$65	\$0/\$40/\$80	\$0/\$40/\$80	\$50*/50%^/50%^	\$15/\$45/\$80 ^	\$15/\$65/\$100 ^

^ After Deductible

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2023 2nd Quarter Small Group Rate Sheet

Albany and Upstate

(Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington, Broome, and Otsego counties)

Plan Name	Platinum Premier-P	Gold Premier-P	Silver Premier-P	Bronze Premier-P	Silver Plus H.S.A.	Bronze Plus H.S.A.
Network	Prime	Prime	Prime	Prime	Prime	Prime
Standard Rates						
Individual	\$1,741.56	\$1,395.04	\$1,231.97	\$1,022.43	\$1,148.59	\$1,041.77
Individual/Spouse	\$3,483.12	\$2,790.07	\$2,463.94	\$2,044.87	\$2,297.18	\$2,083.54
Individual/Children	\$2,960.66	\$2,371.56	\$2,094.35	\$1,738.14	\$1,952.60	\$1,771.01
Family	\$4,963.45	\$3,975.85	\$3,511.11	\$2,913.94	\$3,273.49	\$2,969.05
Age 29 Rates						
Individual	\$1,793.81	\$1,436.89	\$1,268.93	\$1,053.10	\$1,183.05	\$1,073.02
Individual/Spouse	\$3,587.61	\$2,873.77	\$2,537.86	\$2,106.22	\$2,366.10	\$2,146.04
Individual/Children	\$3,049.47	\$2,442.70	\$2,157.19	\$1,790.29	\$2,011.19	\$1,824.14
Family	\$5,112.34	\$4,095.12	\$3,616.45	\$3,001.37	\$3,371.69	\$3,058.11
Plan Benefits						
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$0/\$0	\$500/\$1,000	\$4,800/\$9,600	\$6,300/\$12,600	\$3,500/\$7,000	\$6,750/\$13,500
Rx Deductible: Ind/Family	\$0/\$0	\$0/\$0	\$0/\$0	Integrated	Integrated	Integrated
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$7,500/\$15,000	\$8,800/\$17,600	\$9,100/\$18,200	\$7,000/\$14,000	\$7,500/\$15,000
Primary Care Physician (PCP) office visit	3 free visits, then \$15	3 free visits, then \$25*	1 free visit, then \$35*	1 free visit, then 50%^	\$30^	50%^
Specialist office visit	\$35	\$50*	\$75*	50%^	\$50^	50%^
Urgent Care	\$100	\$100^	\$100^	50%^	\$100^	\$100^
Emergency Room	\$400	\$800^	\$1,000^	50%^	40%^	50%^
Inpatient Admission	20%	30%^	40%^	50%^	40%^	50%^
Lab	\$15/\$35	\$25/\$50*	\$35/\$75*	50%^	\$30/\$50^	50%^
X-rays	\$15/\$35	\$25/\$50^	\$35/\$75^	50%^	\$30/\$50^	50%^
Telemedicine	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full^	Covered in full^
Acupuncture	Covered in full	Covered in full	Covered in full	Covered in full	Not Covered	Not Covered
Prescription Drugs (Tier 1/2/3)	\$0/\$30/\$65	\$0/\$40/\$80	\$0/\$40/\$80	\$50*/50%^/50%^	\$15/\$45/\$80 ^	\$15/\$65/\$100 ^

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