

Long Island (Nassau & Suffolk 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	\$1,259.52	\$1,195.57	\$1,166.98	\$1,096.16	\$1,069.97	\$1,024.74	\$1,000.11	
Individual/Spouse	\$2,519.04	\$2,391.14	\$2,333.96	\$2,192.32	\$2,139.94	\$2,049.48	\$2,000.22	
Individual/Children	\$2,141.18	\$2,032.47	\$1,983.87	\$1,863.47	\$1,818.95	\$1,742.06	\$1,700.19	
Family	\$3,589.63	\$3,407.37	\$3,325.89	\$3,124.06	\$3,049.41	\$2,920.51	\$2,850.31	
Age 29 Rates								
Individual	\$1,297.31	\$1,231.44	\$1,201.99	\$1,129.04	\$1,102.07	\$1,055.48	\$1,030.11	
Individual/Spouse	\$2,594.62	\$2,462.88	\$2,403.98	\$2,258.08	\$2,204.14	\$2,110.96	\$2,060.22	
Individual/Children	\$2,205.43	\$2,093.45	\$2,043.38	\$1,919.37	\$1,873.52	\$1,794.32	\$1,751.19	
Family	\$3,697.33	\$3,509.60	\$3,425.67	\$3,217.76	\$3,140.90	\$3,008.12	\$2,935.81	
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

* Not Subject to Deductible



2020 1st Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

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	\$1,039.22	\$977.30	\$928.41	\$896.28	\$851.50	\$836.84	\$794.75	
Individual/Spouse	\$2,078.44	\$1,954.60	\$1,856.82	\$1,792.56	\$1,703.00	\$1,673.68	\$1,589.50	
Individual/Children	\$1,766.67	\$1,661.41	\$1,578.30	\$1,523.68	\$1,447.55	\$1,422.63	\$1,351.08	
Family	\$2,961.78	\$2,785.31	\$2,645.97	\$2,554.40	\$2,426.78	\$2,384.99	\$2,265.04	
Age 29 Rates								
Individual	\$1,070.40	\$1,006.62	\$956.26	\$923.17	\$877.05	\$861.95	\$818.59	
Individual/Spouse	\$2,140.80	\$2,013.24	\$1,912.52	\$1,846.34	\$1,754.10	\$1,723.90	\$1,637.18	
Individual/Children	\$1,819.68	\$1,711.25	\$1,625.64	\$1,569.39	\$1,490.99	\$1,465.32	\$1,391.60	
Family	\$3,050.64	\$2,868.87	\$2,725.34	\$2,631.03	\$2,499.59	\$2,456.56	\$2,332.98	
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 ^

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

^ After Deductible

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2020 1st Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Name	Silver HSA	Silver Premier P	Silver Value P	Silver Premier S	Silver Value S	Silver Premier M	Silver 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	\$791.77	\$823.13	\$795.86	\$755.10	\$730.13	\$704.12	\$680.66
Individual/Spouse	\$1,583.54	\$1,646.26	\$1,591.72	\$1,510.20	\$1,460.26	\$1,408.24	\$1,361.32
Individual/Children	\$1,346.01	\$1,399.32	\$1,352.96	\$1,283.67	\$1,241.22	\$1,197.00	\$1,157.12
Family	\$2,256.54	\$2,345.92	\$2,268.20	\$2,152.04	\$2,080.87	\$2,006.74	\$1,939.88
Age 29 Rates							
Individual	\$815.52	\$847.82	\$819.74	\$777.75	\$752.03	\$725.24	\$701.08
Individual/Spouse	\$1,631.04	\$1,695.64	\$1,639.48	\$1,555.50	\$1,504.06	\$1,450.48	\$1,402.16
Individual/Children	\$1,386.38	\$1,441.29	\$1,393.56	\$1,322.18	\$1,278.45	\$1,232.91	\$1,191.84
Family	\$2,324.23	\$2,416.29	\$2,336.26	\$2,216.59	\$2,143.29	\$2,066.93	\$1,998.08
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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Long Island (Nassau & Suffolk Counties)

Name Referral Required Network	Bronze HSA Non-Gated Prime	Bronze Premier P Non-Gated Prime	Bronze Value P Non-Gated Prime	Bronze Premier S Non-Gated Select Care	Bronze Value S Non-Gated Select Care	Bronze Premier M Gated Millennium	Bronze Value M Gated Millennium
Standard Rates							
Individual	\$700.25	\$709.55	\$677.62	\$651.08	\$621.84	\$606.36	\$578.87
Individual/Spouse	\$1,400.50	\$1,419.10	\$1,355.24	\$1,302.16	\$1,243.68	\$1,212.72	\$1,157.74
Individual/Children	\$1,190.43	\$1,206.24	\$1,151.95	\$1,106.84	\$1,057.13	\$1,030.81	\$984.08
Family	\$1,995.71	\$2,022.22	\$1,931.22	\$1,855.58	\$1,772.24	\$1,728.13	\$1,649.78
Age 29 Rates							
Individual	\$721.26	\$730.84	\$697.95	\$670.61	\$640.50	\$624.55	\$596.24
Individual/Spouse	\$1,442.52	\$1,461.68	\$1,395.90	\$1,341.22	\$1,281.00	\$1,249.10	\$1,192.48
Individual/Children	\$1,226.14	\$1,242.43	\$1,186.52	\$1,140.04	\$1,088.85	\$1,061.74	\$1,013.61
Family	\$2,055.59	\$2,082.89	\$1,989.16	\$1,911.24	\$1,825.43	\$1,779.97	\$1,699.28
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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