



Rate Guide

**Upstate New
York Small
Group (1-100)
Q1 2025 Rates**



Q1 2025 Rates

Region: Area 3 (Delaware, Dutchess, Orange, Putnam, Sullivan, Ulster Counties)

**United
Healthcare**

COPAY PLANS	Platinum					
	NY P CHC + NG 15/25/100 POS 25 DYLP	NY P CHC NG 15/25/100 EPO 25 DYLR	NY P CHC + NG 10/30/100 POS 25 DYLU	NY P CHC + NG 10/40/80 POS 25 DYMA	NY P CHC NG 10/25/100 EPO 25 DYLJ	NY P CHC NG 10/40/80 EPO 25 DYMB
COPAYMENTS						
In-Network PCP Copay	\$15	\$15	\$10	Adult: \$10 Child: \$0	\$10	Adult: \$10 Child: \$0
In-Network Specialist Copay	\$25	\$25	\$30	\$40 / \$80	\$25	\$40 / \$80
In-Network Hospital Copay	\$500 Admit	\$500 Admit	\$500 Admit	20%	\$1,000 Admit	20%
In-Network Emergency Room Copay	\$300	\$300	\$250	20%	\$200	20%
DEDUCTIBLES						
In-Network Deductible	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Non-Network Deductible	\$5,000 / \$10,000	N/A	\$5,000 / \$10,000	\$5,000 / \$10,000	N/A	N/A
COINSURANCE						
In-Network Coinsurance	100%	100%	100%	80%	100%	80%
Non-Network Coinsurance	80%	N/A	50%	50%	N/A	N/A
OUT-OF-POCKET MAXIMUM (OOPM)						
In-Network OOPM	\$5,500 / \$11,000	\$5,500 / \$11,000	\$5,000 / \$10,000	\$3,700 / \$7,400	\$7,000 / \$14,000	\$3,700 / \$7,400
Non-Network OOPM	\$10,000 / \$20,000	N/A	\$10,000 / \$20,000	\$10,000 / \$20,000	N/A	N/A
PHARMACY						
Deductible	N/A	N/A	N/A	N/A	\$50 D on T2 & T3	N/A
Copays	\$5 / \$25 / \$50	\$5 / \$25 / \$50	\$5 / \$30 / 50%	\$5 / \$40 / \$80	\$5 / \$30 / \$60	\$5 / \$40 / \$80
RATES						
Employee	\$1,457.69	\$1,413.64	\$1,425.21	\$1,382.21	\$1,407.85	\$1,340.14
Employee + Spouse	\$2,915.38	\$2,827.28	\$2,850.42	\$2,764.42	\$2,815.70	\$2,680.28
Employee + Child(ren)	\$2,478.07	\$2,403.19	\$2,422.86	\$2,349.76	\$2,393.35	\$2,278.24
Full Family	\$4,154.43	\$4,028.89	\$4,061.87	\$3,939.32	\$4,012.39	\$3,819.41
COPAY PLANS	Gold					
	NY G CHC NG 40/70/100 EPO 25 DYLS	NY G CHC NG 30/60/350/100 EPO 25 DYLV	NY G CHC + NG 40/60/1100/80 POS 25 DYLO	NY G CHC NG 40/60/1100/80 EPO 25 DYLQ	NY G CHC + NG 15/50/2500/75 POS 25 DYMC	NY G CHC NG 15/30/1750/80 EPO 25 DYLK
COPAYMENTS						
In-Network PCP Copay	\$40	\$30	\$40	\$40	Adult: \$15 Child: \$0	\$15
In-Network Specialist Copay	\$70	\$60	\$60	\$60	\$50 / \$100	\$30
In-Network Hospital Copay	\$1,500 Admit	Ded + \$1,500 Admit	Ded + 20%	Ded + 20%	Ded + 25%	Ded + 20%
In-Network Emergency Room Copay	\$650	Ded + \$350	\$250	\$250	Ded + 25%	\$400
DEDUCTIBLES						
In-Network Deductible	\$0 / \$0	\$350 / \$700	\$1,100 / \$2,200	\$1,100 / \$2,200	\$2,500 / \$5,000	\$1,750 / \$3,500
Non-Network Deductible	N/A	N/A	\$5,000 / \$10,000	N/A	\$10,000 / \$20,000	N/A
COINSURANCE						
In-Network Coinsurance	100%	100%	80%	80%	75%	80%
Non-Network Coinsurance	N/A	N/A	60%	N/A	50%	N/A
OUT-OF-POCKET MAXIMUM (OOPM)						
In-Network OOPM	\$9,200 / \$18,400	\$9,200 / \$18,400	\$8,500 / \$17,000	\$8,500 / \$17,000	\$7,150 / \$14,300	\$8,500 / \$17,000
Non-Network OOPM	N/A	N/A	\$10,000 / \$20,000	N/A	\$20,000 / \$40,000	N/A
PHARMACY						
Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Copays	\$15 / \$100 / 50%	\$10 / \$50 / \$100	\$15 / \$50 / 50% up to \$800	\$15 / \$50 / 50% up to \$800	\$10 / \$50 / \$100	\$10 / \$65 / 50% up to \$800
RATES						
Employee	\$1,212.20	\$1,240.07	\$1,219.95	\$1,177.09	\$1,150.92	\$1,155.39
Employee + Spouse	\$2,424.40	\$2,480.14	\$2,439.90	\$2,354.18	\$2,301.84	\$2,310.78
Employee + Child(ren)	\$2,060.74	\$2,108.12	\$2,073.92	\$2,001.05	\$1,956.56	\$1,964.16
Full Family	\$3,454.78	\$3,534.21	\$3,476.88	\$3,354.71	\$3,280.13	\$3,292.87

COPAY PLANS	Gold	Silver				Bronze
	NY G CHC NG 15/50/2500/75 EPO 25 DYMD	NY S CHC + NG 40/80/3750/80 POS 25 DYL6	NY S CHC + NG 15/50/7000/75 POS 25 DYME	NY S CHC NG 30/75/4250/50 EPO 25 DYL1	NY S CHC NG 15/50/7000/75 EPO 25 DYMF	NY B CHC NG 35/60/6150/70 EPO 25 DYLW
COPAYMENTS						
In-Network PCP Copay	Adult: \$15 Child: \$0	Ded + \$40	Adult: \$15 Child: \$0	\$30	Adult: \$15 Child: \$0	Ded + \$35
In-Network Specialist Copay	\$50 / \$100	Ded + \$80	\$50 / \$100	\$75	\$50 / \$100	Ded + \$60
In-Network Hospital Copay	Ded + 25%	Ded + 20%	Ded + 25%	Ded + 50%	Ded + 25%	Ded + 30%
In-Network Emergency Room Copay	Ded + 25%	Ded + \$500	Ded + 25%	Ded + \$900	Ded + 25%	Ded + \$350
DEDUCTIBLES						
In-Network Deductible	\$2,500 / \$5,000	\$3,750 / \$7,500	\$7,000 / \$14,000	\$4,250 / \$8,500	\$7,000 / \$14,000	\$6,150 / \$12,300
Non-Network Deductible	N/A	\$6,000 / \$12,000	\$10,000 / \$20,000	N/A	N/A	N/A
COINSURANCE						
In-Network Coinsurance	75%	80%	75%	50%	75%	70%
Non-Network Coinsurance	N/A	60%	50%	N/A	N/A	N/A
OUT-OF-POCKET MAXIMUM (OOPM)						
In-Network OOPM	\$7,150 / \$14,300	\$9,200 / \$18,400	\$9,200 / \$18,400	\$9,100 / \$18,200	\$9,200 / \$18,400	\$9,200 / \$18,400
Non-Network OOPM	N/A	\$10,000 / \$20,000	\$20,000 / \$40,000	N/A	N/A	N/A
PHARMACY						
Deductible	N/A	N/A	\$100 D on T2 & T3	\$100 D on T2 & T3	\$100 D on T2 & T3	Same as medical
Copays	\$10 / \$50 / \$100	\$5 / \$45 / \$90	\$10 / \$50 / \$100	\$15 / \$65 / 50% up to \$800	\$10 / \$50 / \$100	\$10 / \$40 / \$60
RATES						
Employee	\$1,118.58	\$1,048.36	\$1,035.48	\$991.30	\$1,003.26	\$933.44
Employee + Spouse	\$2,237.16	\$2,096.72	\$2,070.96	\$1,982.60	\$2,006.52	\$1,866.88
Employee + Child(ren)	\$1,901.59	\$1,782.21	\$1,760.32	\$1,685.21	\$1,705.54	\$1,586.85
Full Family	\$3,187.97	\$2,987.83	\$2,951.13	\$2,825.21	\$2,859.30	\$2,660.32

DEDUCTIBLE HSA	Gold	Silver				
	NY G CHC NG 1800/80 EPO HSA 25 DYL1	NY S CHC NG 3200/80 EPO HSA 25 DYL1	NY S CHC + NG 30/50/2750/100 POS HSA 25 DYL1	NY S CHC + NG 30/60/3250/90 POS HSA 25 DYL9	NY S CHC + NG 30/60/3250/90 POS HSA 25 DYL8	NY S CHC NG 30/50/2750/100 EPO HSA 25 DYL7
COPAYMENTS						
In-Network PCP Copay	Ded + 20%	Ded + 20%	Ded + \$30	Ded + \$30	Ded + \$30	Ded + \$30
In-Network Specialist Copay	Ded + 20%	Ded + 20%	Ded + \$50	Ded + \$60	Ded + \$60	Ded + \$50
In-Network Hospital Copay	Ded + 20%	Ded + 20%	Ded + \$1,500 Admit	Ded + 10%	Ded + 10%	Ded + \$1,500 Admit
In-Network Emergency Room Copay	Ded + 20%	Ded + 20%	Ded + \$500	Ded + 10%	Ded + 10%	Ded + \$500
DEDUCTIBLES						
In-Network Deductible	\$1,800 / \$3,600	\$3,200 / \$6,400	\$2,750 / \$5,500	\$3,250 / \$6,500	\$3,250 / \$6,500	\$2,750 / \$5,500
Non-Network Deductible	N/A	N/A	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	N/A
COINSURANCE						
In-Network Coinsurance	80%	80%	100%	90%	90%	100%
Non-Network Coinsurance	N/A	N/A	50%	80%	50%	N/A
OUT-OF-POCKET MAXIMUM (OOPM)						
In-Network OOPM	\$5,000 / \$10,000	\$8,000 / \$16,000	\$7,500 / \$15,000	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,500 / \$15,000
Non-Network OOPM	N/A	N/A	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000	N/A
PHARMACY INCLUDING CORE PLUS PREVENTIVE PDL						
Deductible	Same as medical	Same as medical	Same as medical	Same as medical	Same as medical	Same as medical
Copays	\$5 / \$45 / \$90	\$15 / \$35 / \$75	\$10 / \$40 / \$60	\$15 / \$35 / \$75	\$15 / \$35 / \$75	\$10 / \$40 / \$60
RATES						
Employee	\$1,151.71	\$1,019.83	\$1,091.62	\$1,093.99	\$1,074.79	\$1,050.86
Employee + Spouse	\$2,303.42	\$2,039.66	\$2,183.24	\$2,187.98	\$2,149.58	\$2,101.72
Employee + Child(ren)	\$1,957.91	\$1,733.71	\$1,855.75	\$1,859.78	\$1,827.14	\$1,786.46
Full Family	\$3,282.39	\$2,906.52	\$3,111.12	\$3,117.88	\$3,063.16	\$2,994.96

DEDUCTIBLE HSA	Bronze			
	NY B CHC + NG 7750/100 POS HSA 25 DYL2	NY B CHC + NG 6000/70 POS HSA 25 DYL4	NY B CHC NG 7750/100 EPO HSA 25 DYL3	NY B CHC NG 6000/70 EPO HSA 25 DYL5
COPAYMENTS				
In-Network PCP Copay	Ded + 0%	Ded + 30%	Ded + 0%	Ded + 30%
In-Network Specialist Copay	Ded + 0%	Ded + 30%	Ded + 0%	Ded + 30%
In-Network Hospital Copay	Ded + 0%	Ded + 30%	Ded + 0%	Ded + 30%
In-Network Emergency Room Copay	Ded + 0%	Ded + 50%	Ded + 0%	Ded + 50%
DEDUCTIBLES				
In-Network Deductible	\$7,750 / \$15,500	\$6,000 / \$12,000	\$7,750 / \$15,500	\$6,000 / \$12,000
Non-Network Deductible	\$10,000 / \$20,000	\$10,000 / \$20,000	N/A	N/A
COINSURANCE				
In-Network Coinsurance	100%	70%	100%	70%
Non-Network Coinsurance	50%	50%	N/A	N/A
OUT-OF-POCKET MAXIMUM (OOPM)				
In-Network OOPM	\$7,750 / \$15,500	\$7,900 / \$15,800	\$7,750 / \$15,500	\$7,900 / \$15,800
Non-Network OOPM	\$20,000 / \$40,000	\$20,000 / \$40,000	N/A	N/A
PHARMACY INCLUDING CORE PLUS PREVENTIVE PDL				
Deductible	Same as medical	Same as medical	Same as medical	Same as medical
Copays	No Copay	\$0 / \$25 / \$50	No Copay	\$0 / \$25 / \$50
RATES				
Employee	\$973.41	\$975.78	\$941.72	\$944.62
Employee + Spouse	\$1,946.82	\$1,951.56	\$1,883.44	\$1,889.24
Employee + Child(ren)	\$1,654.80	\$1,658.83	\$1,600.92	\$1,605.85
Full Family	\$2,774.23	\$2,780.99	\$2,683.91	\$2,692.17

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