



# Rate Guide

**Upstate New  
York Small  
Group (1-100)**



Q2 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
<b>COPAYMENTS</b>						
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%
<b>DEDUCTIBLES</b>						
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
<b>COINSURANCE</b>						
In-Network Coinsurance	100%	100%	100%	80%	100%	80%
Non-Network Coinsurance	80%	N/A	50%	50%	N/A	N/A
<b>OUT-OF-POCKET MAXIMUM (OOPM)</b>						
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
<b>PHARMACY</b>						
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
<b>RATES</b>						
Employee	\$1,495.59	\$1,450.39	\$1,462.26	\$1,418.15	\$1,444.46	\$1,374.98
Employee + Spouse	\$2,991.18	\$2,900.78	\$2,924.52	\$2,836.30	\$2,888.92	\$2,749.96
Employee + Child(ren)	\$2,542.50	\$2,465.66	\$2,485.84	\$2,410.86	\$2,455.58	\$2,337.47
Full Family	\$4,262.44	\$4,133.62	\$4,167.45	\$4,041.75	\$4,116.72	\$3,918.71
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
<b>COPAYMENTS</b>						
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
<b>DEDUCTIBLES</b>						
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
<b>COINSURANCE</b>						
In-Network Coinsurance	100%	100%	80%	80%	75%	80%
Non-Network Coinsurance	N/A	N/A	60%	N/A	50%	N/A
<b>OUT-OF-POCKET MAXIMUM (OOPM)</b>						
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
<b>PHARMACY</b>						
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
<b>RATES</b>						
Employee	\$1,243.71	\$1,272.31	\$1,251.67	\$1,207.69	\$1,180.85	\$1,185.43
Employee + Spouse	\$2,487.42	\$2,544.62	\$2,503.34	\$2,415.38	\$2,361.70	\$2,370.86
Employee + Child(ren)	\$2,114.31	\$2,162.93	\$2,127.84	\$2,053.07	\$2,007.45	\$2,015.23
Full Family	\$3,544.59	\$3,626.10	\$3,567.27	\$3,441.92	\$3,365.44	\$3,378.49

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 DYLL	NY S CHC NG 15/50/7000/75 EPO 25 DYMF	NY B CHC NG 35/60/6150/70 EPO 25 DYLW
<b>COPAYMENTS</b>						
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
<b>DEDUCTIBLES</b>						
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
<b>COINSURANCE</b>						
In-Network Coinsurance	75%	80%	75%	50%	75%	70%
Non-Network Coinsurance	N/A	60%	50%	N/A	N/A	N/A
<b>OUT-OF-POCKET MAXIMUM (OOPM)</b>						
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
<b>PHARMACY</b>						
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
<b>RATES</b>						
Employee	\$1,147.66	\$1,075.62	\$1,062.40	\$1,017.07	\$1,029.35	\$957.71
Employee + Spouse	\$2,295.32	\$2,151.24	\$2,124.80	\$2,034.14	\$2,058.70	\$1,915.42
Employee + Child(ren)	\$1,951.02	\$1,828.55	\$1,806.08	\$1,729.02	\$1,749.90	\$1,628.11
Full Family	\$3,270.84	\$3,065.52	\$3,027.85	\$2,898.66	\$2,933.66	\$2,729.49

DEDUCTIBLE HSA	Gold	Silver				
	NY G CHC NG 1800/80 EPO HSA 25 DYLM	NY S CHC NG 3200/80 EPO HSA 25 DYLN	NY S CHC + NG 30/50/2750/100 POS HSA 25 DYLT	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
<b>COPAYMENTS</b>						
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
<b>DEDUCTIBLES</b>						
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
<b>COINSURANCE</b>						
In-Network Coinsurance	80%	80%	100%	90%	90%	100%
Non-Network Coinsurance	N/A	N/A	50%	80%	50%	N/A
<b>OUT-OF-POCKET MAXIMUM (OOPM)</b>						
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
<b>PHARMACY INCLUDING CORE PLUS PREVENTIVE PDL</b>						
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
<b>RATES</b>						
Employee	\$1,181.66	\$1,046.34	\$1,120.00	\$1,122.43	\$1,102.74	\$1,078.18
Employee + Spouse	\$2,363.32	\$2,092.68	\$2,240.00	\$2,244.86	\$2,205.48	\$2,156.36
Employee + Child(ren)	\$2,008.82	\$1,778.78	\$1,904.00	\$1,908.13	\$1,874.66	\$1,832.91
Full Family	\$3,367.74	\$2,982.08	\$3,192.01	\$3,198.94	\$3,142.82	\$3,072.83

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
<b>COPAYMENTS</b>				
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%
<b>DEDUCTIBLES</b>				
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
<b>COINSURANCE</b>				
In-Network Coinsurance	100%	70%	100%	70%
Non-Network Coinsurance	50%	50%	N/A	N/A
<b>OUT-OF-POCKET MAXIMUM (OOPM)</b>				
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
<b>PHARMACY INCLUDING CORE PLUS PREVENTIVE PDL</b>				
Deductible	Same as medical	Same as medical	Same as medical	Same as medical
Copays	No Copay	\$0 / \$25 / \$50	No Copay	\$0 / \$25 / \$50
<b>RATES</b>				
Employee	\$998.72	\$1,001.15	\$966.21	\$969.18
Employee + Spouse	\$1,997.44	\$2,002.30	\$1,932.42	\$1,938.36
Employee + Child(ren)	\$1,697.82	\$1,701.96	\$1,642.56	\$1,647.61
Full Family	\$2,846.36	\$2,853.29	\$2,753.71	\$2,762.18

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