



2020 3rd Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)								
Plan Name	Platinum POS	Platinum Premier			Platinum Value			
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	
Standard Rates								
Individual	\$1,302.71	\$1,236.56	\$1,133.74	\$1,059.88	\$1,207.00	\$1,106.66	\$1,034.40	
Individual/Spouse	\$2,605.41	\$2,473.13	\$2,267.49	\$2,119.75	\$2,413.99	\$2,213.32	\$2,068.80	
Individual/Children	\$2,214.60	\$2,102.16	\$1,927.37	\$1,801.80	\$2,051.90	\$1,881.32	\$1,758.48	
Family	\$3,712.71	\$3,524.21	\$3,231.18	\$3,020.65	\$3,439.93	\$3,153.97	\$2,948.05	
Age 29 Rates								
Individual	\$1,341.79	\$1,273.66	\$1,167.75	\$1,091.68	\$1,243.21	\$1,139.86	\$1,065.43	
Individual/Spouse	\$2,683.59	\$2,547.33	\$2,335.51	\$2,183.35	\$2,486.41	\$2,279.72	\$2,130.86	
Individual/Children	\$2,281.05	\$2,165.23	\$1,985.18	\$1,855.84	\$2,113.45	\$1,937.76	\$1,811.24	
Family	\$3,824.10	\$3,629.94	\$3,328.09	\$3,111.27	\$3,543.14	\$3,248.60	\$3,036.48	
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		\$200/\$400			
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		\$2,400/\$4,800			
Primary Care Physician (PCP) office visit	3 free, then \$15	30% ^	3 free PCP visits, then \$15		3 free PCP visits, then \$15 *			
Specialist office visit	\$35	30% ^	\$35		\$35 *			
Urgent Care	\$75	30% ^	\$75		\$75 *			
Emergency Room	20%	20% *	\$350		\$350 ^			
Inpatient Admission	\$500	30% ^	\$500		\$500 ^			
Dental (Routine)	\$15 +	N/A	\$15		\$15 *			
Vision (Eye Exam)	\$0 +	N/A	\$0		\$0 *			
Telemedicine	\$0	N/A	\$0		\$0 *			
Acupuncture	\$0	N/A	\$0		\$0 *			
Prescription Drugs	\$0/\$30/\$60	N/A	\$0/\$30/\$60		\$0 */\$30 ^/\$60 ^			

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

^ After Deductible

* Not Subject to Deductible



2020 3rd Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)								
Plan Name	Gold POS	Gold Premier			Gold Value			
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	
Standard Rates								
Individual	\$1,074.86	\$1,010.81	\$927.02	\$865.54	\$960.24	\$880.70	\$822.00	
Individual/Spouse	\$2,149.70	\$2,021.62	\$1,854.02	\$1,731.07	\$1,920.49	\$1,761.39	\$1,644.00	
Individual/Children	\$1,827.24	\$1,718.37	\$1,575.92	\$1,471.41	\$1,632.42	\$1,497.19	\$1,397.41	
Family	\$3,063.34	\$2,880.82	\$2,641.98	\$2,466.76	\$2,736.70	\$2,510.00	\$2,342.71	
Age 29 Rates								
Individual	\$1,107.11	\$1,041.13	\$954.83	\$891.51	\$989.05	\$907.12	\$846.66	
Individual/Spouse	\$2,214.20	\$2,082.28	\$1,909.65	\$1,783.01	\$1,978.10	\$1,814.25	\$1,693.32	
Individual/Children	\$1,882.07	\$1,769.93	\$1,623.20	\$1,515.56	\$1,681.39	\$1,542.12	\$1,439.32	
Family	\$3,155.24	\$2,967.24	\$2,721.25	\$2,540.79	\$2,818.79	\$2,585.30	\$2,412.97	
Plan Benefits								
	In Network	Out of Network						
Referral Required	No	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$1,000/\$2,000	\$3,800/\$7,600	\$350/\$700			\$1,900/\$3,800		
Rx Deductible: Ind/Family	\$0	N/A	\$0			Integrated		
Out of Pocket Maximum: I/F	\$5,000/\$10,000	\$7,000/\$14,000	\$5,300/\$10,600			\$3,700/\$7,400		
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	3 free PCP visits, then \$40 *			3 free PCP visits, then \$25 *		
Specialist office visit	\$40 *	40% ^	\$60 *			\$40 *		
Urgent Care	\$75 *	40% ^	\$75 *			\$75 *		
Emergency Room	30% ^	30% ^	\$600 ^			\$500 ^		
Inpatient Admission	30% ^	40% ^	30% ^			30% ^		
Dental (Routine)	\$25 * +	N/A	\$40 *			\$25 *		
Vision (Eye Exam)	\$0 * +	N/A	\$0 *			\$0 *		
Telemedicine	\$0 *	N/A	\$0 *			\$0 *		
Acupuncture	\$0 *	N/A	\$0 *			\$0 *		
Prescription Drugs	\$0/\$35/\$75	N/A	\$0/\$40/\$80			\$0 */\$40 ^/\$80 ^		

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2020 3rd Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)							
Plan Name	Silver Plus HSA	Silver Premier			Silver Value		
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)
Standard Rates							
Individual	\$818.92	\$851.35	\$780.99	\$728.26	\$823.15	\$755.16	\$704.00
Individual/Spouse	\$1,637.84	\$1,702.71	\$1,561.98	\$1,456.53	\$1,646.30	\$1,510.33	\$1,408.00
Individual/Children	\$1,392.16	\$1,447.30	\$1,327.68	\$1,238.04	\$1,399.35	\$1,283.78	\$1,196.80
Family	\$2,333.91	\$2,426.36	\$2,225.83	\$2,075.54	\$2,345.97	\$2,152.22	\$2,006.40
Age 29 Rates							
Individual	\$843.49	\$876.89	\$804.42	\$750.11	\$847.84	\$777.81	\$725.12
Individual/Spouse	\$1,686.97	\$1,753.79	\$1,608.83	\$1,500.22	\$1,695.69	\$1,555.63	\$1,450.24
Individual/Children	\$1,433.92	\$1,490.71	\$1,367.52	\$1,275.19	\$1,441.34	\$1,322.28	\$1,232.71
Family	\$2,403.92	\$2,499.15	\$2,292.59	\$2,137.81	\$2,416.37	\$2,216.79	\$2,066.59
Plan Benefits							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$2,800/\$5,200	\$2,400/\$4,800			\$6,300/\$12,600		
Rx Deductible: Ind/Family	Integrated	\$0			Integrated		
Out of Pocket Maximum: I/F	\$5,800/\$11,600	\$7,800/\$15,600			\$6,300/\$12,600		
Primary Care Physician (PCP) office visit	\$30 ^	3 free PCP visits, then \$35 *			3 free PCP visits, then \$10 *		
Specialist office visit	\$50 ^	\$65 *			\$55 *		
Urgent Care	\$75 ^	\$75 *			\$75 *		
Emergency Room	40% ^	40% ^			\$0 ^		
Inpatient Admission	40% ^	40% ^			\$0 ^		
Dental (Routine)	\$30 *	\$35 *			\$10 *		
Vision (Eye Exam)	\$0 *	\$0 *			\$0 *		
Telemedicine	\$0 ^	\$0 *			\$0 *		
Acupuncture	\$0 *	\$0 *			\$0 *		
Prescription Drugs	\$15 ^/\$45 ^/\$80 ^	\$0/\$40/\$80			\$0 */\$0 ^/\$0 ^		

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2020 3rd Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)							
Plan Name	Bronze Plus HSA	Bronze Premier			Bronze Value		
Gated Status Network	Non-Gated Prime	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)	Non-Gated Prime (-P)	Non-Gated Select Care (-S)	Gated Millennium (-M)
Standard Rates							
Individual	\$724.26	\$733.88	\$673.41	\$627.15	\$700.86	\$643.16	\$598.72
Individual/Spouse	\$1,448.52	\$1,467.75	\$1,346.81	\$1,254.31	\$1,401.71	\$1,286.32	\$1,197.44
Individual/Children	\$1,231.25	\$1,247.60	\$1,144.80	\$1,066.15	\$1,191.45	\$1,093.38	\$1,017.82
Family	\$2,064.14	\$2,091.56	\$1,919.20	\$1,787.39	\$1,997.44	\$1,833.01	\$1,706.35
Age 29 Rates							
Individual	\$745.99	\$755.90	\$693.61	\$645.96	\$721.89	\$662.45	\$616.68
Individual/Spouse	\$1,491.98	\$1,511.80	\$1,387.21	\$1,291.93	\$1,443.76	\$1,324.93	\$1,233.37
Individual/Children	\$1,268.18	\$1,285.03	\$1,179.13	\$1,098.15	\$1,227.20	\$1,126.19	\$1,048.36
Family	\$2,126.08	\$2,154.31	\$1,976.77	\$1,841.00	\$2,057.37	\$1,888.02	\$1,757.55
Plan Benefits							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$6,300/\$12,600	\$4,600/\$9,200			\$8,150/\$16,300		
Rx Deductible: Ind/Family	Integrated	Integrated			Integrated		
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$7,900/\$15,800			\$8,150/\$16,300		
Primary Care Physician (PCP) office visit	50% ^	3 free PCP visits, then \$40 ^			3 free PCP visits, then 0% ^		
Specialist office visit	50% ^	\$70 ^			0% ^		
Urgent Care	\$75 ^	\$75 *			\$75 *		
Emergency Room	50% ^	50% ^			0% ^		
Inpatient Admission	50% ^	50% ^			0% ^		
Dental (Routine)	50% *	\$40 *			\$35 *		
Vision (Eye Exam)	\$0 *	\$0 *			\$0 *		
Telemedicine	\$0 ^	\$0 *			\$0 *		
Acupuncture	\$0 *	\$0 *			\$0 *		
Prescription Drugs	\$15 ^/\$65 ^/\$80 ^	\$25^/50% ^/50% ^			\$35 */0% ^/0% ^		

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