



2021 1st Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Platinum PPO		Platinum Premier			Platinum Value		
Network	Prime/First Health National		Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates								
Individual	\$1,372.97		\$1,362.09	\$1,248.47	\$1,174.83	\$1,324.12	\$1,213.68	\$1,142.03
Individual/Spouse	\$2,745.94		\$2,724.18	\$2,496.94	\$2,349.66	\$2,648.24	\$2,427.36	\$2,284.06
Individual/Children	\$2,334.05		\$2,315.55	\$2,122.40	\$1,997.21	\$2,251.00	\$2,063.26	\$1,941.45
Family	\$3,912.96		\$3,881.96	\$3,558.14	\$3,348.27	\$3,773.74	\$3,458.99	\$3,254.79
Age 29 Rates								
Individual	\$1,414.16		\$1,402.95	\$1,285.92	\$1,210.07	\$1,363.84	\$1,250.09	\$1,176.29
Individual/Spouse	\$2,828.32		\$2,805.90	\$2,571.84	\$2,420.14	\$2,727.68	\$2,500.18	\$2,352.58
Individual/Children	\$2,404.07		\$2,385.02	\$2,186.06	\$2,057.12	\$2,318.53	\$2,125.15	\$1,999.69
Family	\$4,030.36		\$3,998.41	\$3,664.87	\$3,448.70	\$3,886.94	\$3,562.76	\$3,352.43
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			\$250/\$500		
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			\$2,500/\$5,000		
Primary Care Physician (PCP) office visit	3 free, then \$15	30% ^	3 free visits, then \$15			3 free visits, then \$15 *		
Specialist office visit	\$35	30% ^	\$35			\$35 *		
Urgent Care	\$75	30% ^	\$75			\$75 *		
Emergency Room	\$750	\$750 *	\$350			\$350 ^		
Inpatient Admission	20%	30% ^	20%			20% ^		
Lab	\$15/\$35	30% ^	\$15			\$15/\$35 *		
X-rays	\$15/\$35	30% ^	\$15/\$35			\$15/\$35 ^		
Telemedicine	\$0	N/A	\$0			\$0 *		
Acupuncture	\$0	N/A	\$0			\$0 *		
Prescription Drugs	\$0/\$30/\$80	N/A	\$0/\$30/\$65			\$0 */\$30 ^/\$65 ^		

^ After Deductible

* Not Subject to Deductible

+ Adult Vision and Dental (not included in Millennium plans)



2021 1st Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Gold Premier			Gold Value		
Network	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates						
Individual	\$1,109.40	\$1,017.05	\$956.57	\$1,048.22	\$961.02	\$903.72
Individual/Spouse	\$2,218.80	\$2,034.10	\$1,913.14	\$2,096.44	\$1,922.04	\$1,807.44
Individual/Children	\$1,885.98	\$1,728.99	\$1,626.17	\$1,781.97	\$1,633.73	\$1,536.32
Family	\$3,161.79	\$2,898.59	\$2,726.22	\$2,987.43	\$2,738.91	\$2,575.60
Age 29 Rates						
Individual	\$1,142.68	\$1,047.56	\$985.27	\$1,079.67	\$989.85	\$930.83
Individual/Spouse	\$2,285.36	\$2,095.12	\$1,970.54	\$2,159.34	\$1,979.70	\$1,861.66
Individual/Children	\$1,942.56	\$1,780.85	\$1,674.96	\$1,835.44	\$1,682.75	\$1,582.41
Family	\$3,256.64	\$2,985.55	\$2,808.02	\$3,077.06	\$2,821.07	\$2,652.87
Plan Benefits						
Referral Required	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$450/\$900			\$2,300/\$4,600		
Rx Deductible: Ind/Family	\$0			Integrated		
Out of Pocket Maximum: I/F	\$5,600/\$11,200			\$5,300/\$10,600		
Primary Care Physician (PCP) office visit	3 free, then \$25 *			3 free, then \$25 *		
Specialist office visit	\$40 *			\$40 *		
Urgent Care	\$75 *			\$75 *		
Emergency Room	\$800 ^			\$800 ^		
Inpatient Admission	30% ^			30% ^		
Lab	\$25/\$40 *			\$25/\$40 *		
X-rays	\$25/\$40 ^			\$25/\$40 ^		
Telemedicine	\$0 *			\$0 *		
Acupuncture	\$0 *			\$0 *		
Prescription Drugs	\$0/\$40/\$80			\$0 */\$40 ^/\$80 ^		

^ After Deductible

* Not Subject to Deductible

+ Adult Vision and Dental (not included in Millennium plans)



2021 1st Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Gold PPO		Gold Virtual EPO-N		Gold Virtual EPO-M	
Network	Prime/First Health National		Prime/First Health National		Millennium	
Standard Rates						
Individual	\$1,110.63		\$1,050.11		\$872.21	
Individual/Spouse	\$2,221.26		\$2,100.22		\$1,744.42	
Individual/Children	\$1,888.07		\$1,785.19		\$1,482.76	
Family	\$3,165.30		\$2,992.81		\$2,485.80	
Age 29 Rates						
Individual	\$1,143.95		\$1,081.61		\$898.38	
Individual/Spouse	\$2,287.90		\$2,163.22		\$1,796.76	
Individual/Children	\$1,944.72		\$1,838.74		\$1,527.25	
Family	\$3,260.26		\$3,082.59		\$2,560.38	
Plan Benefits						
	In Network	Out of Network	Virtual Visit	Office Visit	Virtual Visit	Office Visit
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$1,300/\$2,600	\$3,500/\$7,000	\$0	\$500/\$1,000	\$0	\$1,700/\$3,400
Rx Deductible: Ind/Family	\$0	N/A	N/A	N/A	N/A	N/A
Out of Pocket Maximum: I/F	\$5,500/\$11,000	\$7,500/\$15,000	\$7,800/\$15,600	\$7,800/\$15,600	\$8,200/\$16,400	\$8,200/\$16,400
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	\$0	\$40 *	\$0	\$40 *
Specialist office visit	\$40 *	40% ^	N/A	\$60 *	N/A	\$60 *
Urgent Care	\$75 *	40% ^	N/A	\$75 *	N/A	\$75 *
Emergency Room	\$1,000 ^	\$1,000^	N/A	\$350 ^	N/A	\$350 ^
Inpatient Admission	30% ^	40% ^	N/A	30% ^	N/A	30% ^
Lab	\$25/\$40^	40% ^	\$0	\$0/\$60 ^	\$0	\$0/\$60 ^
X-rays	\$25/\$40 ^	40% ^	N/A	\$40/\$60 ^	N/A	\$40/\$60 ^
Telemedicine	\$0 *	N/A	N/A	N/A	N/A	N/A
Acupuncture	\$0 *	N/A	N/A	\$0 *	N/A	\$0 *
Prescription Drugs	\$0/\$35/\$100	N/A	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^

^ After Deductible

* Not Subject to Deductible

+ Adult Vision and Dental (not included in Millennium plans)



2021 1st Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Silver Plus HSA ⁺	Silver Premier ⁺			Silver Value ⁺		
Network	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates							
Individual	\$914.65	\$954.13	\$875.20	\$819.03	\$922.87	\$846.56	\$792.01
Individual/Spouse	\$1,829.30	\$1,908.26	\$1,750.40	\$1,638.06	\$1,845.74	\$1,693.12	\$1,584.02
Individual/Children	\$1,554.91	\$1,622.02	\$1,487.84	\$1,392.35	\$1,568.88	\$1,439.15	\$1,346.42
Family	\$2,606.75	\$2,719.27	\$2,494.32	\$2,334.24	\$2,630.18	\$2,412.70	\$2,257.23
Age 29 Rates							
Individual	\$942.09	\$982.75	\$901.46	\$843.60	\$950.56	\$871.96	\$815.77
Individual/Spouse	\$1,884.18	\$1,965.50	\$1,802.92	\$1,687.20	\$1,901.12	\$1,743.92	\$1,631.54
Individual/Children	\$1,601.55	\$1,670.68	\$1,532.48	\$1,434.12	\$1,615.95	\$1,482.33	\$1,386.81
Family	\$2,684.96	\$2,800.84	\$2,569.16	\$2,404.26	\$2,709.10	\$2,485.09	\$2,324.94
Plan Benefits							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$3,000/\$6,000	\$3,600/\$7,200			\$6,700/\$13,400		
Rx Deductible: Ind/Family	Integrated	\$0			Integrated		
Out of Pocket Maximum: I/F	\$6,000/\$12,000	\$7,800/\$15,600			\$6,700/\$13,400		
Primary Care Physician (PCP) office visit	\$30 ^	3 free, then \$35 *			3 free, then \$10 *		
Specialist office visit	\$50 ^	\$65 *			\$55 *		
Urgent Care	\$100 ^	\$75 *			\$75 *		
Emergency Room	40% ^	40% ^			\$0 ^		
Inpatient Admission	40% ^	40% ^			\$0 ^		
Lab	\$30/\$50 ^	\$35/\$65 *			\$10/\$55 *		
X-rays	\$30/\$50 ^	\$35/\$65 ^			\$0		
Telemedicine	\$0 ^	\$0 *			\$0 *		
Acupuncture	\$0 ^	\$0 *			\$0 *		
Prescription Drugs	\$15 ^/\$45 ^/\$80 ^	\$0/\$40/\$80			\$0 */\$0 ^/\$0 ^		

^ After Deductible

* Not Subject to Deductible

+ Adult Vision and Dental (not included in Millennium plans)



2021 1st Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Bronze Plus HSA ⁺	Bronze Premier ⁺			Bronze Value ⁺		
Network	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates							
Individual	\$816.27	\$825.41	\$757.32	\$707.84	\$783.27	\$718.74	\$671.44
Individual/Spouse	\$1,632.54	\$1,650.82	\$1,514.64	\$1,415.68	\$1,566.54	\$1,437.48	\$1,342.88
Individual/Children	\$1,387.66	\$1,403.20	\$1,287.44	\$1,203.33	\$1,331.56	\$1,221.86	\$1,141.45
Family	\$2,326.37	\$2,352.42	\$2,158.36	\$2,017.34	\$2,232.32	\$2,048.41	\$1,913.60
Age 29 Rates							
Individual	\$840.76	\$850.17	\$780.04	\$729.08	\$806.77	\$740.30	\$691.58
Individual/Spouse	\$1,681.52	\$1,700.34	\$1,560.08	\$1,458.16	\$1,613.54	\$1,480.60	\$1,383.16
Individual/Children	\$1,429.29	\$1,445.29	\$1,326.07	\$1,239.44	\$1,371.51	\$1,258.51	\$1,175.69
Family	\$2,396.17	\$2,422.98	\$2,223.11	\$2,077.88	\$2,299.29	\$2,109.86	\$1,971.00
Plan Benefits							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$6,300/\$12,600	\$5,300/\$10,600			\$8,550/\$17,100		
Rx Deductible: Ind/Family	Integrated	Integrated			Integrated		
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$8,450/\$16,900			\$8,550/\$17,100		
Primary Care Physician (PCP) office visit	50% ^	3 free PCP visits, then 50% ^			3 free PCP visits, then 0% ^		
Specialist office visit	50% ^	50% ^			0% ^		
Urgent Care	\$100 ^	\$75 *			\$75 *		
Emergency Room	50% ^	50% ^			0% ^		
Inpatient Admission	50% ^	50% ^			0% ^		
Lab	50% ^	50% ^			0% ^		
X-rays	50% ^	50% ^			0% ^		
Telemedicine	\$0 ^	\$0 *			\$0 *		
Acupuncture	\$0 ^	\$0 *			\$0 *		
Prescription Drugs	\$15 ^/\$65 ^/\$80 ^	\$50 */50% ^/50% ^			\$35 */0% ^/0% ^		

^ After Deductible

* Not Subject to Deductible

+ Adult Vision and Dental (not included in Millennium plans)