



2022 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	\$1,446.95	\$1,481.32	\$1,357.40	\$1,278.93	\$1,439.90	\$1,319.47	\$1,243.21	
Individual/Spouse	\$2,893.90	\$2,962.64	\$2,714.80	\$2,557.86	\$2,879.80	\$2,638.94	\$2,486.42	
Individual/Children	\$2,459.82	\$2,518.24	\$2,307.58	\$2,174.18	\$2,447.83	\$2,243.10	\$2,113.46	
Family	\$4,123.81	\$4,221.76	\$3,868.59	\$3,644.95	\$4,103.72	\$3,760.49	\$3,543.15	
Age 29 Rates								
Individual	\$1,490.36	\$1,525.76	\$1,398.12	\$1,317.30	\$1,483.10	\$1,359.05	\$1,280.51	
Individual/Spouse	\$2,980.72	\$3,051.52	\$2,796.24	\$2,634.60	\$2,966.20	\$2,718.10	\$2,561.02	
Individual/Children	\$2,533.61	\$2,593.79	\$2,376.80	\$2,239.41	\$2,521.27	\$2,310.39	\$2,176.87	
Family	\$4,247.53	\$4,348.42	\$3,984.64	\$3,754.31	\$4,226.84	\$3,873.29	\$3,649.45	
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 *	\$400			\$400 ^		
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

Acupuncture is not included in Millennium plans



2022 1st Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Gold Premier			Gold Value		
	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates						
Individual	\$1,198.55	\$1,105.03	\$1,041.26	\$1,102.63	\$1,043.93	\$983.72
Individual/Spouse	\$2,397.10	\$2,210.06	\$2,082.52	\$2,205.26	\$2,087.86	\$1,967.44
Individual/Children	\$2,037.54	\$1,878.55	\$1,770.14	\$1,874.47	\$1,774.68	\$1,672.32
Family	\$3,415.87	\$3,149.34	\$2,967.59	\$3,142.50	\$2,975.20	\$2,803.60
Age 29 Rates						
Individual	\$1,234.51	\$1,138.18	\$1,072.50	\$1,135.71	\$1,075.25	\$1,013.23
Individual/Spouse	\$2,469.02	\$2,276.36	\$2,145.00	\$2,271.42	\$2,150.50	\$2,026.46
Individual/Children	\$2,098.67	\$1,934.91	\$1,823.25	\$1,930.71	\$1,827.93	\$1,722.49
Family	\$3,518.35	\$3,243.81	\$3,056.63	\$3,236.77	\$3,064.46	\$2,887.71
Plan Benefits						
Referral Required	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$450/\$900			\$2,500/\$5,000		
Rx Deductible: Ind/Family	\$0			Integrated		
Out of Pocket Maximum: I/F	\$6,000/\$12,000			\$7,000/\$14,000		
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 ^		

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Acupuncture is not included in Millennium plans



2022 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	\$1,170.00		\$1,112.74		\$967.27	
Individual/Spouse	\$2,340.00		\$2,225.48		\$1,934.54	
Individual/Children	\$1,989.00		\$1,891.66		\$1,644.36	
Family	\$3,334.50		\$3,171.31		\$2,756.72	
Age 29 Rates						
Individual	\$1,205.10		\$1,146.12		\$996.29	
Individual/Spouse	\$2,410.20		\$2,292.24		\$1,992.58	
Individual/Children	\$2,048.67		\$1,948.40		\$1,693.69	
Family	\$3,434.54		\$3,266.44		\$2,839.43	
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		\$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	40% ^	N/A	40% ^
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	\$0*		\$0*	
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

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Acupuncture is not included in Millennium plans



2022 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	\$969.30	\$1,026.24	\$945.99	\$891.49	\$989.43	\$914.75	\$862.07
Individual/Spouse	\$1,938.60	\$2,052.48	\$1,891.98	\$1,782.98	\$1,978.86	\$1,829.50	\$1,724.14
Individual/Children	\$1,647.81	\$1,744.61	\$1,608.18	\$1,515.53	\$1,682.03	\$1,555.08	\$1,465.52
Family	\$2,762.51	\$2,924.78	\$2,696.07	\$2,540.75	\$2,819.88	\$2,607.04	\$2,456.90
Age 29 Rates							
Individual	\$998.38	\$1,057.03	\$974.37	\$918.23	\$1,019.11	\$942.19	\$887.93
Individual/Spouse	\$1,996.76	\$2,114.06	\$1,948.74	\$1,836.46	\$2,038.22	\$1,884.38	\$1,775.86
Individual/Children	\$1,697.25	\$1,796.95	\$1,656.43	\$1,560.99	\$1,732.49	\$1,601.72	\$1,509.48
Family	\$2,845.38	\$3,012.54	\$2,776.95	\$2,616.96	\$2,904.46	\$2,685.24	\$2,530.60
Plan Benefits							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$3,000/\$6,000	\$3,800/\$7,600			\$7,000/\$14,000		
Rx Deductible: Ind/Family	Integrated	\$0			Integrated		
Out of Pocket Maximum: I/F	\$6,800/\$13,600	\$8,000/\$16,000			\$7,000/\$14,000		
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 ^		

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Acupuncture is not included in Millennium plans



2022 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	\$881.71	\$885.04	\$817.44	\$770.42	\$845.73	\$775.35	\$730.79
Individual/Spouse	\$1,763.42	\$1,770.08	\$1,634.88	\$1,540.84	\$1,691.46	\$1,550.70	\$1,461.58
Individual/Children	\$1,498.91	\$1,504.57	\$1,389.65	\$1,309.71	\$1,437.74	\$1,318.10	\$1,242.34
Family	\$2,512.87	\$2,522.36	\$2,329.70	\$2,195.70	\$2,410.33	\$2,209.75	\$2,082.75
Age 29 Rates							
Individual	\$908.16	\$911.59	\$841.96	\$793.53	\$871.10	\$798.61	\$752.71
Individual/Spouse	\$1,816.32	\$1,823.18	\$1,683.92	\$1,587.06	\$1,742.20	\$1,597.22	\$1,505.42
Individual/Children	\$1,543.87	\$1,549.70	\$1,431.33	\$1,349.00	\$1,480.87	\$1,357.64	\$1,279.61
Family	\$2,588.26	\$2,598.03	\$2,399.59	\$2,261.56	\$2,482.64	\$2,276.04	\$2,145.22
Plan Benefits							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$6,300/\$12,600	\$5,500/\$11,000			\$8,550/\$17,100		
Rx Deductible: Ind/Family	Integrated	Integrated			Integrated		
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$8,700/\$17,400			\$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

Acupuncture is not included in Millennium plans