



2022 1st Quarter Small Group Rate Sheet

New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties
(Rockland County is excluded from Millennium Network Plans)

Plan Name	Platinum PPO		Platinum Premier			Platinum Value		
Network	Bridge/First Health National	Prime	Select Care	Millennium	Prime	Select Care	Millennium	
Standard Rates								
Individual	\$1,272.23	\$1,302.45	\$1,193.50	\$1,124.50	\$1,266.03	\$1,160.14	\$1,093.10	
Individual/Spouse	\$2,544.46	\$2,604.90	\$2,387.00	\$2,249.00	\$2,532.06	\$2,320.28	\$2,186.20	
Individual/Children	\$2,162.79	\$2,214.17	\$2,028.95	\$1,911.65	\$2,152.25	\$1,972.24	\$1,858.27	
Family	\$3,625.86	\$3,711.98	\$3,401.48	\$3,204.83	\$3,608.19	\$3,306.40	\$3,115.34	
Age 29 Rates								
Individual	\$1,310.40	\$1,341.52	\$1,229.31	\$1,158.24	\$1,304.01	\$1,194.94	\$1,125.89	
Individual/Spouse	\$2,620.80	\$2,683.04	\$2,458.62	\$2,316.48	\$2,608.02	\$2,389.88	\$2,251.78	
Individual/Children	\$2,227.68	\$2,280.58	\$2,089.83	\$1,969.01	\$2,216.82	\$2,031.40	\$1,914.01	
Family	\$3,734.64	\$3,823.33	\$3,503.53	\$3,300.98	\$3,716.43	\$3,405.58	\$3,208.79	
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

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Plan Name	Gold Premier			Gold Value		
Network	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates						
Individual	\$1,053.82	\$971.60	\$915.53	\$969.49	\$917.88	\$864.93
Individual/Spouse	\$2,107.64	\$1,943.20	\$1,831.06	\$1,938.98	\$1,835.76	\$1,729.86
Individual/Children	\$1,791.49	\$1,651.72	\$1,556.40	\$1,648.13	\$1,560.40	\$1,470.38
Family	\$3,003.39	\$2,769.06	\$2,609.26	\$2,763.05	\$2,615.96	\$2,465.05
Age 29 Rates						
Individual	\$1,085.43	\$1,000.75	\$943.00	\$998.57	\$945.42	\$890.88
Individual/Spouse	\$2,170.86	\$2,001.50	\$1,886.00	\$1,997.14	\$1,890.84	\$1,781.76
Individual/Children	\$1,845.23	\$1,701.28	\$1,603.10	\$1,697.57	\$1,607.21	\$1,514.50
Family	\$3,093.48	\$2,852.14	\$2,687.55	\$2,845.92	\$2,694.45	\$2,539.01
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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2022 1st Quarter Small Group Rate Sheet

New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties
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Plan Name	Gold PPO		Gold Virtual EPO-N		Gold Virtual EPO-M	
Network	Bridge/First Health National		Bridge/First Health National		Millennium	
Standard Rates						
Individual	\$1,028.72		\$978.38		\$850.48	
Individual/Spouse	\$2,057.44		\$1,956.76		\$1,700.96	
Individual/Children	\$1,748.82		\$1,663.25		\$1,445.82	
Family	\$2,931.85		\$2,788.38		\$2,423.87	
Age 29 Rates						
Individual	\$1,059.58		\$1,007.73		\$875.99	
Individual/Spouse	\$2,119.16		\$2,015.46		\$1,751.98	
Individual/Children	\$1,801.29		\$1,713.14		\$1,489.18	
Family	\$3,019.80		\$2,872.03		\$2,496.57	
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 ^

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2022 1st Quarter Small Group Rate Sheet

New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties
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Plan Name	Silver Plus HSA ⁺	Silver Premier ⁺			Silver Value ⁺		
	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates							
Individual	\$852.26	\$902.32	\$831.76	\$783.84	\$869.95	\$804.30	\$757.97
Individual/Spouse	\$1,704.52	\$1,804.64	\$1,663.52	\$1,567.68	\$1,739.90	\$1,608.60	\$1,515.94
Individual/Children	\$1,448.84	\$1,533.94	\$1,413.99	\$1,332.53	\$1,478.92	\$1,367.31	\$1,288.55
Family	\$2,428.94	\$2,571.61	\$2,370.52	\$2,233.94	\$2,479.36	\$2,292.26	\$2,160.21
Age 29 Rates							
Individual	\$877.83	\$929.39	\$856.71	\$807.36	\$896.05	\$828.43	\$780.71
Individual/Spouse	\$1,755.66	\$1,858.78	\$1,713.42	\$1,614.72	\$1,792.10	\$1,656.86	\$1,561.42
Individual/Children	\$1,492.31	\$1,579.96	\$1,456.41	\$1,372.51	\$1,523.29	\$1,408.33	\$1,327.21
Family	\$2,501.82	\$2,648.76	\$2,441.62	\$2,300.98	\$2,553.74	\$2,361.03	\$2,225.02
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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2022 1st Quarter Small Group Rate Sheet

New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties
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Plan Name	Bronze PlusHSA+	Bronze Premier+			Bronze Value+		
	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates							
Individual	\$775.25	\$778.17	\$718.73	\$677.39	\$743.61	\$681.73	\$642.54
Individual/Spouse	\$1,550.50	\$1,556.34	\$1,437.46	\$1,354.78	\$1,487.22	\$1,363.46	\$1,285.08
Individual/Children	\$1,317.93	\$1,322.89	\$1,221.84	\$1,151.56	\$1,264.14	\$1,158.94	\$1,092.32
Family	\$2,209.46	\$2,217.78	\$2,048.38	\$1,930.56	\$2,119.29	\$1,942.93	\$1,831.24
Age 29 Rates							
Individual	\$798.51	\$801.52	\$740.29	\$697.71	\$765.92	\$702.18	\$661.82
Individual/Spouse	\$1,597.02	\$1,603.04	\$1,480.58	\$1,395.42	\$1,531.84	\$1,404.36	\$1,323.64
Individual/Children	\$1,357.47	\$1,362.58	\$1,258.49	\$1,186.11	\$1,302.06	\$1,193.71	\$1,125.09
Family	\$2,275.75	\$2,284.33	\$2,109.83	\$1,988.47	\$2,182.87	\$2,001.21	\$1,886.19
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% ^		

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