



2022 2nd 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	\$1,478.78		\$1,513.91	\$1,387.26	\$1,307.07	\$1,471.58	\$1,348.50	\$1,270.56
Individual/Spouse	\$2,957.57		\$3,027.82	\$2,774.53	\$2,614.13	\$2,943.16	\$2,697.00	\$2,541.12
Individual/Children	\$2,513.94		\$2,573.64	\$2,358.35	\$2,222.01	\$2,501.68	\$2,292.45	\$2,159.96
Family	\$4,214.53		\$4,314.64	\$3,953.70	\$3,725.14	\$4,194.00	\$3,843.22	\$3,621.10
Age 29 Rates								
Individual	\$1,523.14		\$1,559.33	\$1,428.88	\$1,346.28	\$1,515.73	\$1,388.96	\$1,308.68
Individual/Spouse	\$3,046.30		\$3,118.65	\$2,857.76	\$2,692.56	\$3,031.46	\$2,777.90	\$2,617.36
Individual/Children	\$2,589.35		\$2,650.85	\$2,429.09	\$2,288.68	\$2,576.74	\$2,361.22	\$2,224.76
Family	\$4,340.98		\$4,444.09	\$4,072.30	\$3,836.90	\$4,319.83	\$3,958.50	\$3,729.74
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 2nd 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	\$1,224.92	\$1,129.34	\$1,064.17	\$1,126.89	\$1,066.90	\$1,005.36
Individual/Spouse	\$2,449.84	\$2,258.68	\$2,128.34	\$2,253.78	\$2,133.79	\$2,010.72
Individual/Children	\$2,082.37	\$1,919.88	\$1,809.08	\$1,915.71	\$1,813.72	\$1,709.11
Family	\$3,491.02	\$3,218.63	\$3,032.88	\$3,211.64	\$3,040.65	\$2,865.28
Age 29 Rates						
Individual	\$1,261.67	\$1,163.22	\$1,096.10	\$1,160.70	\$1,098.91	\$1,035.52
Individual/Spouse	\$2,523.34	\$2,326.44	\$2,192.19	\$2,321.39	\$2,197.81	\$2,071.04
Individual/Children	\$2,144.84	\$1,977.48	\$1,863.36	\$1,973.19	\$1,868.14	\$1,760.38
Family	\$3,595.75	\$3,315.17	\$3,123.88	\$3,307.98	\$3,131.88	\$2,951.24
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 2nd 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	\$1,195.74		\$1,137.22		\$988.55	
Individual/Spouse	\$2,391.48		\$2,274.44		\$1,977.10	
Individual/Children	\$2,032.76		\$1,933.28		\$1,680.54	
Family	\$3,407.86		\$3,241.08		\$2,817.37	
Age 29 Rates						
Individual	\$1,231.61		\$1,171.34		\$1,018.21	
Individual/Spouse	\$2,463.22		\$2,342.67		\$2,036.42	
Individual/Children	\$2,093.74		\$1,991.26		\$1,730.95	
Family	\$3,510.10		\$3,338.30		\$2,901.90	
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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Acupuncture is not included in Millennium plans



2022 2nd 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	\$990.62	\$1,048.82	\$966.80	\$911.10	\$1,011.20	\$934.87	\$881.04
Individual/Spouse	\$1,981.25	\$2,097.63	\$1,933.60	\$1,822.21	\$2,022.39	\$1,869.75	\$1,762.07
Individual/Children	\$1,684.06	\$1,782.99	\$1,643.56	\$1,548.87	\$1,719.03	\$1,589.29	\$1,497.76
Family	\$2,823.29	\$2,989.13	\$2,755.38	\$2,596.65	\$2,881.92	\$2,664.39	\$2,510.95
Age 29 Rates							
Individual	\$1,020.34	\$1,080.28	\$995.80	\$938.43	\$1,041.54	\$962.92	\$907.47
Individual/Spouse	\$2,040.69	\$2,160.57	\$1,991.61	\$1,876.86	\$2,083.06	\$1,925.84	\$1,814.93
Individual/Children	\$1,734.59	\$1,836.48	\$1,692.87	\$1,595.33	\$1,770.60	\$1,636.96	\$1,542.69
Family	\$2,907.98	\$3,078.82	\$2,838.04	\$2,674.53	\$2,968.36	\$2,744.32	\$2,586.27
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 2nd Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Bronze PlusHSA+	Bronze Premier+			Bronze Value+		
Network	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates							
Individual	\$901.11	\$904.51	\$835.42	\$787.37	\$864.34	\$792.41	\$746.87
Individual/Spouse	\$1,802.22	\$1,809.02	\$1,670.85	\$1,574.74	\$1,728.67	\$1,584.82	\$1,493.73
Individual/Children	\$1,531.89	\$1,537.67	\$1,420.22	\$1,338.52	\$1,469.37	\$1,347.10	\$1,269.67
Family	\$2,568.15	\$2,577.85	\$2,380.95	\$2,244.01	\$2,463.36	\$2,258.36	\$2,128.57
Age 29 Rates							
Individual	\$928.14	\$931.65	\$860.48	\$810.99	\$890.27	\$816.18	\$769.28
Individual/Spouse	\$1,856.28	\$1,863.29	\$1,720.97	\$1,621.98	\$1,780.53	\$1,632.36	\$1,538.54
Individual/Children	\$1,577.84	\$1,583.79	\$1,462.82	\$1,378.68	\$1,513.45	\$1,387.51	\$1,307.76
Family	\$2,645.20	\$2,655.19	\$2,452.38	\$2,311.31	\$2,537.26	\$2,326.11	\$2,192.41
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

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Acupuncture is not included in Millennium plans