



2022 3rd Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Platinum PPO		Platinum Premier			Platinum Value		
Network	Bridge/First Health National		Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates								
Individual	\$1,511.31		\$1,547.22	\$1,417.78	\$1,335.83	\$1,503.95	\$1,378.17	\$1,298.51
Individual/Spouse	\$3,022.64		\$3,094.43	\$2,835.57	\$2,671.64	\$3,007.91	\$2,756.33	\$2,597.02
Individual/Children	\$2,569.25		\$2,630.26	\$2,410.23	\$2,270.89	\$2,556.72	\$2,342.88	\$2,207.48
Family	\$4,307.25		\$4,409.56	\$4,040.68	\$3,807.09	\$4,286.27	\$3,927.77	\$3,700.76
Age 29 Rates								
Individual	\$1,556.65		\$1,593.64	\$1,460.31	\$1,375.90	\$1,549.07	\$1,419.52	\$1,337.47
Individual/Spouse	\$3,113.32		\$3,187.26	\$2,920.63	\$2,751.80	\$3,098.15	\$2,839.01	\$2,674.94
Individual/Children	\$2,646.32		\$2,709.17	\$2,482.53	\$2,339.03	\$2,633.43	\$2,413.17	\$2,273.70
Family	\$4,436.48		\$4,541.86	\$4,161.89	\$3,921.31	\$4,414.87	\$4,045.59	\$3,811.79
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 3rd 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	\$1,251.87	\$1,154.19	\$1,087.58	\$1,151.68	\$1,090.37	\$1,027.48
Individual/Spouse	\$2,503.74	\$2,308.37	\$2,175.16	\$2,303.36	\$2,180.73	\$2,054.96
Individual/Children	\$2,128.18	\$1,962.12	\$1,848.88	\$1,957.86	\$1,853.62	\$1,746.71
Family	\$3,567.82	\$3,289.44	\$3,099.60	\$3,282.30	\$3,107.54	\$2,928.32
Age 29 Rates						
Individual	\$1,289.43	\$1,188.82	\$1,120.21	\$1,186.23	\$1,123.08	\$1,058.30
Individual/Spouse	\$2,578.85	\$2,377.62	\$2,240.42	\$2,372.46	\$2,246.16	\$2,116.60
Individual/Children	\$2,192.03	\$2,020.98	\$1,904.35	\$2,016.60	\$1,909.24	\$1,799.11
Family	\$3,674.86	\$3,388.10	\$3,192.61	\$3,380.76	\$3,200.78	\$3,016.17
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 3rd Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

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	\$1,222.05		\$1,162.24		\$1,010.30	
Individual/Spouse	\$2,444.09		\$2,324.48		\$2,020.60	
Individual/Children	\$2,077.48		\$1,975.81		\$1,717.51	
Family	\$3,482.83		\$3,312.38		\$2,879.35	
Age 29 Rates						
Individual	\$1,258.71		\$1,197.11		\$1,040.61	
Individual/Spouse	\$2,517.41		\$2,394.21		\$2,081.22	
Individual/Children	\$2,139.80		\$2,035.07		\$1,769.03	
Family	\$3,587.32		\$3,411.74		\$2,965.74	
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 3rd 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	\$1,012.41	\$1,071.89	\$988.07	\$931.14	\$1,033.45	\$955.44	\$900.42
Individual/Spouse	\$2,024.84	\$2,143.78	\$1,976.14	\$1,862.30	\$2,066.88	\$1,910.88	\$1,800.84
Individual/Children	\$1,721.11	\$1,822.22	\$1,679.72	\$1,582.95	\$1,756.85	\$1,624.25	\$1,530.71
Family	\$2,885.40	\$3,054.89	\$2,816.00	\$2,653.78	\$2,945.32	\$2,723.01	\$2,566.19
Age 29 Rates							
Individual	\$1,042.78	\$1,104.05	\$1,017.71	\$959.07	\$1,064.45	\$984.10	\$927.43
Individual/Spouse	\$2,085.59	\$2,208.10	\$2,035.43	\$1,918.15	\$2,128.89	\$1,968.21	\$1,854.86
Individual/Children	\$1,772.75	\$1,876.88	\$1,730.11	\$1,630.43	\$1,809.55	\$1,672.97	\$1,576.63
Family	\$2,971.96	\$3,146.55	\$2,900.48	\$2,733.37	\$3,033.66	\$2,804.70	\$2,643.17
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 3rd 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	\$920.93	\$924.41	\$853.80	\$804.69	\$883.36	\$809.84	\$763.30
Individual/Spouse	\$1,841.87	\$1,848.82	\$1,707.61	\$1,609.38	\$1,766.70	\$1,619.69	\$1,526.59
Individual/Children	\$1,565.59	\$1,571.50	\$1,451.46	\$1,367.97	\$1,501.70	\$1,376.74	\$1,297.60
Family	\$2,624.65	\$2,634.56	\$2,433.33	\$2,293.38	\$2,517.55	\$2,308.04	\$2,175.40
Age 29 Rates							
Individual	\$948.56	\$952.14	\$879.41	\$828.83	\$909.86	\$834.14	\$786.20
Individual/Spouse	\$1,897.12	\$1,904.28	\$1,758.83	\$1,657.66	\$1,819.70	\$1,668.27	\$1,572.39
Individual/Children	\$1,612.55	\$1,618.63	\$1,495.00	\$1,409.01	\$1,546.75	\$1,418.04	\$1,336.53
Family	\$2,703.39	\$2,713.60	\$2,506.33	\$2,362.16	\$2,593.08	\$2,377.28	\$2,240.64
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