



2022 3rd 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	\$1,328.82	\$1,360.38	\$1,246.59	\$1,174.52	\$1,322.35	\$1,211.74	\$1,141.73	
Individual/Spouse	\$2,657.65	\$2,720.78	\$2,493.18	\$2,349.05	\$2,644.70	\$2,423.50	\$2,283.45	
Individual/Children	\$2,259.00	\$2,312.66	\$2,119.21	\$1,996.69	\$2,247.99	\$2,059.97	\$1,940.93	
Family	\$3,787.15	\$3,877.10	\$3,552.79	\$3,347.40	\$3,768.70	\$3,453.48	\$3,253.93	
Age 29 Rates								
Individual	\$1,368.68	\$1,401.19	\$1,283.99	\$1,209.76	\$1,362.02	\$1,248.09	\$1,175.98	
Individual/Spouse	\$2,737.39	\$2,802.40	\$2,567.99	\$2,419.52	\$2,724.04	\$2,496.19	\$2,351.95	
Individual/Children	\$2,326.78	\$2,382.03	\$2,182.80	\$2,056.60	\$2,315.43	\$2,121.76	\$1,999.15	
Family	\$3,900.77	\$3,993.40	\$3,659.38	\$3,447.82	\$3,881.75	\$3,557.07	\$3,351.53	
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



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Plan Name	Gold Premier			Gold Value		
Network	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates						
Individual	\$1,100.69	\$1,014.83	\$956.25	\$1,012.62	\$958.71	\$903.41
Individual/Spouse	\$2,201.40	\$2,029.64	\$1,912.51	\$2,025.24	\$1,917.43	\$1,806.81
Individual/Children	\$1,871.18	\$1,725.20	\$1,625.63	\$1,721.45	\$1,629.81	\$1,535.79
Family	\$3,136.99	\$2,892.24	\$2,725.33	\$2,885.96	\$2,732.33	\$2,574.70
Age 29 Rates						
Individual	\$1,133.71	\$1,045.27	\$984.94	\$1,043.00	\$987.47	\$930.51
Individual/Spouse	\$2,267.43	\$2,090.53	\$1,969.89	\$2,085.98	\$1,974.95	\$1,861.02
Individual/Children	\$1,927.32	\$1,776.96	\$1,674.41	\$1,773.09	\$1,678.71	\$1,581.87
Family	\$3,231.09	\$2,979.02	\$2,807.11	\$2,972.52	\$2,814.31	\$2,651.96
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 3rd 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	\$1,074.48		\$1,021.90		\$888.31	
Individual/Spouse	\$2,148.96		\$2,043.81		\$1,776.62	
Individual/Children	\$1,826.61		\$1,737.24		\$1,510.14	
Family	\$3,062.27		\$2,912.41		\$2,531.70	
Age 29 Rates						
Individual	\$1,106.71		\$1,052.56		\$914.96	
Individual/Spouse	\$2,213.43		\$2,105.12		\$1,829.91	
Individual/Children	\$1,881.42		\$1,789.35		\$1,555.42	
Family	\$3,154.14		\$2,999.78		\$2,607.62	
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 3rd 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		
Network	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates							
Individual	\$890.17	\$942.46	\$868.76	\$818.70	\$908.65	\$840.07	\$791.69
Individual/Spouse	\$1,780.34	\$1,884.92	\$1,737.52	\$1,637.42	\$1,817.30	\$1,680.16	\$1,583.37
Individual/Children	\$1,513.29	\$1,602.18	\$1,476.89	\$1,391.81	\$1,544.71	\$1,428.13	\$1,345.87
Family	\$2,536.99	\$2,686.01	\$2,475.97	\$2,333.32	\$2,589.66	\$2,394.23	\$2,256.30
Age 29 Rates							
Individual	\$916.88	\$970.73	\$894.82	\$843.26	\$935.91	\$865.27	\$815.44
Individual/Spouse	\$1,833.75	\$1,941.46	\$1,789.64	\$1,686.55	\$1,871.82	\$1,730.56	\$1,630.88
Individual/Children	\$1,558.69	\$1,650.24	\$1,521.20	\$1,433.57	\$1,591.05	\$1,470.97	\$1,386.25
Family	\$2,613.11	\$2,766.58	\$2,550.24	\$2,403.34	\$2,667.34	\$2,466.06	\$2,324.00
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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New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties
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Plan Name	Bronze Plus HSA		Bronze Premier			Bronze Value		
	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium	
Standard Rates								
Individual	\$809.74	\$812.79	\$750.70	\$707.52	\$776.69	\$712.06	\$671.13	
Individual/Spouse	\$1,619.47	\$1,625.57	\$1,501.40	\$1,415.05	\$1,553.38	\$1,424.12	\$1,342.24	
Individual/Children	\$1,376.55	\$1,381.73	\$1,276.19	\$1,202.78	\$1,320.37	\$1,210.50	\$1,140.91	
Family	\$2,307.75	\$2,316.43	\$2,139.50	\$2,016.44	\$2,213.56	\$2,029.35	\$1,912.70	
Age 29 Rates								
Individual	\$834.03	\$837.17	\$773.22	\$728.75	\$799.99	\$733.42	\$691.26	
Individual/Spouse	\$1,668.06	\$1,674.35	\$1,546.44	\$1,457.49	\$1,599.98	\$1,466.84	\$1,382.52	
Individual/Children	\$1,417.85	\$1,423.20	\$1,314.48	\$1,238.87	\$1,359.99	\$1,246.81	\$1,175.14	
Family	\$2,376.99	\$2,385.95	\$2,203.69	\$2,076.93	\$2,279.97	\$2,090.24	\$1,970.10	
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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