



# 2021 4<sup>th</sup> 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
<b>Standard Rates</b>								
Individual	\$1,444.19		\$1,432.75	\$1,313.22	\$1,235.77	\$1,392.80	\$1,276.63	\$1,201.26
Individual/Spouse	\$2,888.37		\$2,865.49	\$2,626.46	\$2,471.53	\$2,785.61	\$2,553.28	\$2,402.54
Individual/Children	\$2,455.12		\$2,435.65	\$2,232.49	\$2,100.81	\$2,367.77	\$2,170.29	\$2,042.16
Family	\$4,115.93		\$4,083.33	\$3,742.71	\$3,521.95	\$3,969.48	\$3,638.41	\$3,423.62
<b>Age 29 Rates</b>								
Individual	\$1,487.52		\$1,475.73	\$1,352.62	\$1,272.84	\$1,434.58	\$1,314.93	\$1,237.30
Individual/Spouse	\$2,975.03		\$2,951.45	\$2,705.24	\$2,545.67	\$2,869.17	\$2,629.87	\$2,474.61
Individual/Children	\$2,528.77		\$2,508.74	\$2,299.45	\$2,163.83	\$2,438.81	\$2,235.39	\$2,103.41
Family	\$4,239.43		\$4,205.81	\$3,854.97	\$3,627.59	\$4,088.56	\$3,747.57	\$3,526.33
<b>Plan Benefits</b>								
	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

Adult Vision and Dental, & Acupuncture are not included in Millennium plans



# 2021 4<sup>th</sup> Quarter Small Group Rate Sheet

## Long Island (Nassau & Suffolk Counties)

Plan Name	Gold Premier			Gold Value		
Network	Prime	Select Care	Millennium	Prime	Select Care	Millennium
<b>Standard Rates</b>						
Individual	\$1,166.95	\$1,069.80	\$1,006.19	\$1,102.59	\$1,010.88	\$950.59
Individual/Spouse	\$2,333.89	\$2,139.62	\$2,012.38	\$2,205.19	\$2,021.73	\$1,901.20
Individual/Children	\$1,983.81	\$1,818.67	\$1,710.51	\$1,874.40	\$1,718.48	\$1,616.01
Family	\$3,325.79	\$3,048.95	\$2,867.63	\$3,142.40	\$2,880.98	\$2,709.21
<b>Age 29 Rates</b>						
Individual	\$1,201.96	\$1,101.89	\$1,036.38	\$1,135.67	\$1,041.21	\$979.11
Individual/Spouse	\$2,403.90	\$2,203.80	\$2,072.76	\$2,271.35	\$2,082.39	\$1,958.23
Individual/Children	\$2,043.32	\$1,873.22	\$1,761.84	\$1,930.64	\$1,770.04	\$1,664.49
Family	\$3,425.56	\$3,140.41	\$2,953.68	\$3,236.67	\$2,967.40	\$2,790.49
<b>Plan Benefits</b>						
Referral Required	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$450/\$900			\$2,300/\$4,600		
Rx Deductible: Ind/Family	\$0			Integrated		
Out of Pocket Maximum: I/F	\$5,600/\$11,200			\$5,300/\$10,600		
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 ^		

^ After Deductible

\* Not Subject to Deductible

Adult Vision and Dental, & Acupuncture are not included in Millennium plans



# 2021 4<sup>th</sup> 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	
<b>Standard Rates</b>						
Individual	\$1,168.24		\$1,104.58		\$917.46	
Individual/Spouse	\$2,336.48		\$2,209.16		\$1,834.91	
Individual/Children	\$1,986.01		\$1,877.79		\$1,559.68	
Family	\$3,329.49		\$3,148.05		\$2,614.75	
<b>Age 29 Rates</b>						
Individual	\$1,203.29		\$1,137.72		\$944.98	
Individual/Spouse	\$2,406.58		\$2,275.43		\$1,889.95	
Individual/Children	\$2,045.59		\$1,934.12		\$1,606.46	
Family	\$3,429.37		\$3,242.48		\$2,693.20	
<b>Plan Benefits</b>						
	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	\$7,800/\$15,600	\$8,200/\$16,400	\$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	N/A	N/A	N/A	N/A
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

\* Not Subject to Deductible

Adult Vision and Dental, & Acupuncture are not included in Millennium plans



# 2021 4<sup>th</sup> 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
<b>Standard Rates</b>							
Individual	\$962.09	\$1,003.63	\$920.60	\$861.51	\$970.75	\$890.48	\$833.09
Individual/Spouse	\$1,924.19	\$2,007.24	\$1,841.20	\$1,723.03	\$1,941.48	\$1,780.94	\$1,666.19
Individual/Children	\$1,635.56	\$1,706.15	\$1,565.01	\$1,464.57	\$1,650.26	\$1,513.80	\$1,416.26
Family	\$2,741.96	\$2,860.32	\$2,623.70	\$2,455.32	\$2,766.61	\$2,537.85	\$2,374.32
<b>Age 29 Rates</b>							
Individual	\$990.95	\$1,033.74	\$948.22	\$887.36	\$999.87	\$917.19	\$858.08
Individual/Spouse	\$1,981.92	\$2,067.45	\$1,896.44	\$1,774.72	\$1,999.74	\$1,834.38	\$1,716.18
Individual/Children	\$1,684.63	\$1,757.34	\$1,611.98	\$1,508.51	\$1,699.77	\$1,559.22	\$1,458.75
Family	\$2,824.23	\$2,946.12	\$2,702.43	\$2,528.97	\$2,849.62	\$2,614.00	\$2,445.54
<b>Plan Benefits</b>							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$3,000/\$6,000	\$3,600/\$7,200			\$6,700/\$13,400		
Rx Deductible: Ind/Family	Integrated	\$0			Integrated		
Out of Pocket Maximum: I/F	\$6,000/\$12,000	\$7,800/\$15,600			\$6,700/\$13,400		
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 ^		

^ After Deductible

\* Not Subject to Deductible

Adult Vision and Dental, & Acupuncture are not included in Millennium plans



## 2021 4<sup>th</sup> 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
<b>Standard Rates</b>							
Individual	\$858.61	\$868.22	\$796.60	\$744.56	\$823.90	\$756.03	\$706.27
Individual/Spouse	\$1,717.21	\$1,736.45	\$1,593.21	\$1,489.12	\$1,647.79	\$1,512.05	\$1,412.54
Individual/Children	\$1,459.64	\$1,475.98	\$1,354.23	\$1,265.75	\$1,400.63	\$1,285.23	\$1,200.65
Family	\$2,447.04	\$2,474.44	\$2,270.32	\$2,121.98	\$2,348.11	\$2,154.66	\$2,012.86
<b>Age 29 Rates</b>							
Individual	\$884.37	\$894.27	\$820.50	\$766.90	\$848.62	\$778.71	\$727.46
Individual/Spouse	\$1,768.75	\$1,788.55	\$1,641.00	\$1,533.80	\$1,697.24	\$1,557.40	\$1,454.90
Individual/Children	\$1,503.43	\$1,520.26	\$1,394.86	\$1,303.73	\$1,442.66	\$1,323.79	\$1,236.68
Family	\$2,520.46	\$2,548.66	\$2,338.43	\$2,185.66	\$2,418.56	\$2,219.31	\$2,073.25
<b>Plan Benefits</b>							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$6,300/\$12,600	\$5,300/\$10,600			\$8,550/\$17,100		
Rx Deductible: Ind/Family	Integrated	Integrated			Integrated		
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$8,450/\$16,900			\$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

Adult Vision and Dental, & Acupuncture are not included in Millennium plans