



2022 4th 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	\$1,544.56		\$1,581.26	\$1,448.97	\$1,365.22	\$1,537.04	\$1,408.49	\$1,327.08
Individual/Spouse	\$3,089.14		\$3,162.51	\$2,897.95	\$2,730.42	\$3,074.08	\$2,816.97	\$2,654.15
Individual/Children	\$2,625.77		\$2,688.13	\$2,463.26	\$2,320.85	\$2,612.97	\$2,394.42	\$2,256.04
Family	\$4,402.01		\$4,506.57	\$4,129.57	\$3,890.85	\$4,380.57	\$4,014.18	\$3,782.18
Age 29 Rates								
Individual	\$1,590.90		\$1,628.70	\$1,492.44	\$1,406.18	\$1,583.15	\$1,450.74	\$1,366.89
Individual/Spouse	\$3,181.81		\$3,257.38	\$2,984.88	\$2,812.34	\$3,166.31	\$2,901.47	\$2,733.79
Individual/Children	\$2,704.54		\$2,768.77	\$2,537.15	\$2,390.49	\$2,691.37	\$2,466.26	\$2,323.72
Family	\$4,534.08		\$4,641.78	\$4,253.45	\$4,007.58	\$4,512.00	\$4,134.59	\$3,895.65
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 4th 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	\$1,279.41	\$1,179.58	\$1,111.51	\$1,177.02	\$1,114.36	\$1,050.08
Individual/Spouse	\$2,558.82	\$2,359.15	\$2,223.01	\$2,354.03	\$2,228.71	\$2,100.17
Individual/Children	\$2,175.00	\$2,005.29	\$1,889.56	\$2,000.93	\$1,894.40	\$1,785.14
Family	\$3,646.31	\$3,361.81	\$3,167.79	\$3,354.51	\$3,175.91	\$2,992.74
Age 29 Rates						
Individual	\$1,317.79	\$1,214.97	\$1,144.86	\$1,212.33	\$1,147.79	\$1,081.58
Individual/Spouse	\$2,635.58	\$2,429.93	\$2,289.71	\$2,424.65	\$2,295.58	\$2,163.17
Individual/Children	\$2,240.25	\$2,065.44	\$1,946.25	\$2,060.97	\$1,951.24	\$1,838.69
Family	\$3,755.71	\$3,462.64	\$3,262.85	\$3,455.14	\$3,271.20	\$3,082.53
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 ^		

^ After Deductible

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Acupuncture is not included in Millennium plans



2022 4th 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	\$1,248.94		\$1,187.81		\$1,032.53	
Individual/Spouse	\$2,497.86		\$2,375.62		\$2,065.05	
Individual/Children	\$2,123.18		\$2,019.28		\$1,755.30	
Family	\$3,559.45		\$3,385.25		\$2,942.70	
Age 29 Rates						
Individual	\$1,286.41		\$1,223.44		\$1,063.51	
Individual/Spouse	\$2,572.79		\$2,446.88		\$2,127.01	
Individual/Children	\$2,186.88		\$2,079.84		\$1,807.95	
Family	\$3,666.24		\$3,486.80		\$3,030.99	
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 ^

^ After Deductible

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Acupuncture is not included in Millennium plans



2022 4th 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	\$1,034.68	\$1,095.47	\$1,009.81	\$951.63	\$1,056.19	\$976.46	\$920.23
Individual/Spouse	\$2,069.39	\$2,190.94	\$2,019.62	\$1,903.27	\$2,112.35	\$1,952.92	\$1,840.46
Individual/Children	\$1,758.97	\$1,862.31	\$1,716.67	\$1,617.77	\$1,795.50	\$1,659.98	\$1,564.39
Family	\$2,948.88	\$3,122.10	\$2,877.95	\$2,712.16	\$3,010.12	\$2,782.92	\$2,622.65
Age 29 Rates							
Individual	\$1,065.72	\$1,128.33	\$1,040.10	\$980.18	\$1,087.88	\$1,005.75	\$947.84
Individual/Spouse	\$2,131.47	\$2,256.68	\$2,080.21	\$1,960.35	\$2,175.73	\$2,011.51	\$1,895.67
Individual/Children	\$1,811.75	\$1,918.17	\$1,768.17	\$1,666.30	\$1,849.36	\$1,709.78	\$1,611.32
Family	\$3,037.34	\$3,215.77	\$2,964.29	\$2,793.50	\$3,100.40	\$2,866.40	\$2,701.32
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 4th 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	\$941.19	\$944.75	\$872.58	\$822.39	\$902.79	\$827.66	\$780.09
Individual/Spouse	\$1,882.39	\$1,889.49	\$1,745.18	\$1,644.79	\$1,805.57	\$1,655.32	\$1,560.17
Individual/Children	\$1,600.03	\$1,606.07	\$1,483.39	\$1,398.07	\$1,534.74	\$1,407.03	\$1,326.15
Family	\$2,682.39	\$2,692.52	\$2,486.86	\$2,343.83	\$2,572.94	\$2,358.82	\$2,223.26
Age 29 Rates							
Individual	\$969.43	\$973.09	\$898.76	\$847.06	\$929.87	\$852.49	\$803.49
Individual/Spouse	\$1,938.86	\$1,946.17	\$1,797.52	\$1,694.13	\$1,859.73	\$1,704.97	\$1,606.98
Individual/Children	\$1,648.03	\$1,654.24	\$1,527.89	\$1,440.01	\$1,580.78	\$1,449.24	\$1,365.93
Family	\$2,762.86	\$2,773.30	\$2,561.47	\$2,414.13	\$2,650.13	\$2,429.58	\$2,289.93
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

* Not Subject to Deductible

Acupuncture is not included in Millennium plans