



2022 4th 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	\$1,358.05		\$1,390.31	\$1,274.01	\$1,200.36	\$1,351.44	\$1,238.40	\$1,166.85
Individual/Spouse	\$2,716.12		\$2,780.64	\$2,548.03	\$2,400.73	\$2,702.88	\$2,476.82	\$2,333.69
Individual/Children	\$2,308.70		\$2,363.54	\$2,165.83	\$2,040.62	\$2,297.45	\$2,105.29	\$1,983.63
Family	\$3,870.47		\$3,962.40	\$3,630.95	\$3,421.04	\$3,851.61	\$3,529.46	\$3,325.52
Age 29 Rates								
Individual	\$1,398.79		\$1,432.02	\$1,312.23	\$1,236.37	\$1,391.98	\$1,275.55	\$1,201.86
Individual/Spouse	\$2,797.61		\$2,864.05	\$2,624.49	\$2,472.75	\$2,783.97	\$2,551.11	\$2,403.69
Individual/Children	\$2,377.97		\$2,434.43	\$2,230.82	\$2,101.85	\$2,366.37	\$2,168.44	\$2,043.13
Family	\$3,986.59		\$4,081.25	\$3,739.89	\$3,523.67	\$3,967.15	\$3,635.33	\$3,425.26
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	\$1,124.91	\$1,037.16	\$977.29	\$1,034.90	\$979.80	\$923.29
Individual/Spouse	\$2,249.83	\$2,074.29	\$1,954.59	\$2,069.80	\$1,959.61	\$1,846.56
Individual/Children	\$1,912.35	\$1,763.15	\$1,661.39	\$1,759.32	\$1,665.67	\$1,569.58
Family	\$3,206.00	\$2,955.87	\$2,785.29	\$2,949.45	\$2,792.44	\$2,631.34
Age 29 Rates						
Individual	\$1,158.66	\$1,068.27	\$1,006.61	\$1,065.95	\$1,009.19	\$950.99
Individual/Spouse	\$2,317.31	\$2,136.52	\$2,013.23	\$2,131.87	\$2,018.40	\$1,901.96
Individual/Children	\$1,969.72	\$1,816.05	\$1,711.25	\$1,812.10	\$1,715.64	\$1,616.67
Family	\$3,302.17	\$3,044.56	\$2,868.87	\$3,037.92	\$2,876.22	\$2,710.30
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 4th 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	\$1,098.12		\$1,044.38		\$907.85	
Individual/Spouse	\$2,196.24		\$2,088.77		\$1,815.71	
Individual/Children	\$1,866.80		\$1,775.46		\$1,543.36	
Family	\$3,129.64		\$2,976.48		\$2,587.40	
Age 29 Rates						
Individual	\$1,131.06		\$1,075.71		\$935.09	
Individual/Spouse	\$2,262.13		\$2,151.43		\$1,870.17	
Individual/Children	\$1,922.81		\$1,828.72		\$1,589.64	
Family	\$3,223.53		\$3,065.78		\$2,664.99	
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 ^

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2022 4th 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	\$909.75	\$963.19	\$887.87	\$836.71	\$928.64	\$858.55	\$809.11
Individual/Spouse	\$1,819.51	\$1,926.39	\$1,775.75	\$1,673.44	\$1,857.28	\$1,717.12	\$1,618.20
Individual/Children	\$1,546.58	\$1,637.43	\$1,509.38	\$1,422.43	\$1,578.69	\$1,459.55	\$1,375.48
Family	\$2,592.80	\$2,745.10	\$2,530.44	\$2,384.65	\$2,646.63	\$2,446.90	\$2,305.94
Age 29 Rates							
Individual	\$937.04	\$992.09	\$914.51	\$861.81	\$956.50	\$884.31	\$833.38
Individual/Spouse	\$1,874.09	\$1,984.17	\$1,829.01	\$1,723.65	\$1,913.00	\$1,768.63	\$1,666.76
Individual/Children	\$1,592.98	\$1,686.55	\$1,554.67	\$1,465.11	\$1,626.05	\$1,503.33	\$1,416.75
Family	\$2,670.60	\$2,827.44	\$2,606.35	\$2,456.21	\$2,726.02	\$2,520.31	\$2,375.13
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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2022 4th Quarter Small Group Rate Sheet

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	\$827.55	\$830.67	\$767.22	\$723.09	\$793.78	\$727.73	\$685.89
Individual/Spouse	\$1,655.10	\$1,661.33	\$1,534.43	\$1,446.18	\$1,587.55	\$1,455.45	\$1,371.77
Individual/Children	\$1,406.83	\$1,412.13	\$1,304.27	\$1,229.24	\$1,349.42	\$1,237.13	\$1,166.01
Family	\$2,358.52	\$2,367.39	\$2,186.57	\$2,060.80	\$2,262.26	\$2,074.00	\$1,954.78
Age 29 Rates							
Individual	\$852.38	\$855.59	\$790.24	\$744.78	\$817.59	\$749.56	\$706.47
Individual/Spouse	\$1,704.76	\$1,711.19	\$1,580.46	\$1,489.55	\$1,635.18	\$1,499.11	\$1,412.94
Individual/Children	\$1,449.04	\$1,454.51	\$1,343.40	\$1,266.13	\$1,389.91	\$1,274.24	\$1,200.99
Family	\$2,429.28	\$2,438.44	\$2,252.17	\$2,122.62	\$2,330.13	\$2,136.23	\$2,013.44
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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