



2022 1st 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	\$1,272.23	\$1,302.45	\$1,193.50	\$1,124.50	\$1,266.03	\$1,160.14	\$1,093.10	
Individual/Spouse	\$2,544.46	\$2,604.90	\$2,387.00	\$2,249.00	\$2,532.06	\$2,320.28	\$2,186.20	
Individual/Children	\$2,162.79	\$2,214.17	\$2,028.95	\$1,911.65	\$2,152.25	\$1,972.24	\$1,858.27	
Family	\$3,625.86	\$3,711.98	\$3,401.48	\$3,204.83	\$3,608.19	\$3,306.40	\$3,115.34	
Age 29 Rates								
Individual	\$1,310.40	\$1,341.52	\$1,229.31	\$1,158.24	\$1,304.01	\$1,194.94	\$1,125.89	
Individual/Spouse	\$2,620.80	\$2,683.04	\$2,458.62	\$2,316.48	\$2,608.02	\$2,389.88	\$2,251.78	
Individual/Children	\$2,227.68	\$2,280.58	\$2,089.83	\$1,969.01	\$2,216.82	\$2,031.40	\$1,914.01	
Family	\$3,734.64	\$3,823.33	\$3,503.53	\$3,300.98	\$3,716.43	\$3,405.58	\$3,208.79	
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 1st 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	Gold Premier			Gold Value		
	Network	Prime	Select Care	Millennium	Prime	Select Care
Standard Rates						
Individual	\$1,053.82	\$971.60	\$915.53	\$969.49	\$917.88	\$864.93
Individual/Spouse	\$2,107.64	\$1,943.20	\$1,831.06	\$1,938.98	\$1,835.76	\$1,729.86
Individual/Children	\$1,791.49	\$1,651.72	\$1,556.40	\$1,648.13	\$1,560.40	\$1,470.38
Family	\$3,003.39	\$2,769.06	\$2,609.26	\$2,763.05	\$2,615.96	\$2,465.05
Age 29 Rates						
Individual	\$1,085.43	\$1,000.75	\$943.00	\$998.57	\$945.42	\$890.88
Individual/Spouse	\$2,170.86	\$2,001.50	\$1,886.00	\$1,997.14	\$1,890.84	\$1,781.76
Individual/Children	\$1,845.23	\$1,701.28	\$1,603.10	\$1,697.57	\$1,607.21	\$1,514.50
Family	\$3,093.48	\$2,852.14	\$2,687.55	\$2,845.92	\$2,694.45	\$2,539.01
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

* Not Subject to Deductible

Acupuncture is not included in Millennium plans



2022 1st 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	Gold PPO		Gold Virtual EPO-N		Gold Virtual EPO-M	
Network	Bridge/First Health National		Bridge/First Health National		Millennium	
Standard Rates						
Individual	\$1,028.72		\$978.38		\$850.48	
Individual/Spouse	\$2,057.44		\$1,956.76		\$1,700.96	
Individual/Children	\$1,748.82		\$1,663.25		\$1,445.82	
Family	\$2,931.85		\$2,788.38		\$2,423.87	
Age 29 Rates						
Individual	\$1,059.58		\$1,007.73		\$875.99	
Individual/Spouse	\$2,119.16		\$2,015.46		\$1,751.98	
Individual/Children	\$1,801.29		\$1,713.14		\$1,489.18	
Family	\$3,019.80		\$2,872.03		\$2,496.57	
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 1st 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	Silver Plus HSA	Silver Premier			Silver Value		
Network	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates							
Individual	\$852.26	\$902.32	\$831.76	\$783.84	\$869.95	\$804.30	\$757.97
Individual/Spouse	\$1,704.52	\$1,804.64	\$1,663.52	\$1,567.68	\$1,739.90	\$1,608.60	\$1,515.94
Individual/Children	\$1,448.84	\$1,533.94	\$1,413.99	\$1,332.53	\$1,478.92	\$1,367.31	\$1,288.55
Family	\$2,428.94	\$2,571.61	\$2,370.52	\$2,233.94	\$2,479.36	\$2,292.26	\$2,160.21
Age 29 Rates							
Individual	\$877.83	\$929.39	\$856.71	\$807.36	\$896.05	\$828.43	\$780.71
Individual/Spouse	\$1,755.66	\$1,858.78	\$1,713.42	\$1,614.72	\$1,792.10	\$1,656.86	\$1,561.42
Individual/Children	\$1,492.31	\$1,579.96	\$1,456.41	\$1,372.51	\$1,523.29	\$1,408.33	\$1,327.21
Family	\$2,501.82	\$2,648.76	\$2,441.62	\$2,300.98	\$2,553.74	\$2,361.03	\$2,225.02
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 ^		

^ After Deductible

* Not Subject to Deductible

Acupuncture is not included in Millennium plans



2022 1st 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	Bronze Plus HSA	Bronze Premier			Bronze Value		
Network	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates							
Individual	\$775.25	\$778.17	\$718.73	\$677.39	\$743.61	\$681.73	\$642.54
Individual/Spouse	\$1,550.50	\$1,556.34	\$1,437.46	\$1,354.78	\$1,487.22	\$1,363.46	\$1,285.08
Individual/Children	\$1,317.93	\$1,322.89	\$1,221.84	\$1,151.56	\$1,264.14	\$1,158.94	\$1,092.32
Family	\$2,209.46	\$2,217.78	\$2,048.38	\$1,930.56	\$2,119.29	\$1,942.93	\$1,831.24
Age 29 Rates							
Individual	\$798.51	\$801.52	\$740.29	\$697.71	\$765.92	\$702.18	\$661.82
Individual/Spouse	\$1,597.02	\$1,603.04	\$1,480.58	\$1,395.42	\$1,531.84	\$1,404.36	\$1,323.64
Individual/Children	\$1,357.47	\$1,362.58	\$1,258.49	\$1,186.11	\$1,302.06	\$1,193.71	\$1,125.09
Family	\$2,275.75	\$2,284.33	\$2,109.83	\$1,988.47	\$2,182.87	\$2,001.21	\$1,886.19
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



2022 1st 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	\$1,446.95		\$1,481.32	\$1,357.40	\$1,278.93	\$1,439.90	\$1,319.47	\$1,243.21
Individual/Spouse	\$2,893.90		\$2,962.64	\$2,714.80	\$2,557.86	\$2,879.80	\$2,638.94	\$2,486.42
Individual/Children	\$2,459.82		\$2,518.24	\$2,307.58	\$2,174.18	\$2,447.83	\$2,243.10	\$2,113.46
Family	\$4,123.81		\$4,221.76	\$3,868.59	\$3,644.95	\$4,103.72	\$3,760.49	\$3,543.15
Age 29 Rates								
Individual	\$1,490.36		\$1,525.76	\$1,398.12	\$1,317.30	\$1,483.10	\$1,359.05	\$1,280.51
Individual/Spouse	\$2,980.72		\$3,051.52	\$2,796.24	\$2,634.60	\$2,966.20	\$2,718.10	\$2,561.02
Individual/Children	\$2,533.61		\$2,593.79	\$2,376.80	\$2,239.41	\$2,521.27	\$2,310.39	\$2,176.87
Family	\$4,247.53		\$4,348.42	\$3,984.64	\$3,754.31	\$4,226.84	\$3,873.29	\$3,649.45
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 1st Quarter Small Group Rate Sheet

Long Island (Nassau & Suffolk Counties)

Plan Name	Gold Premier			Gold Value		
	Network	Prime	Select Care	Millennium	Prime	Select Care
Standard Rates						
Individual	\$1,198.55	\$1,105.03	\$1,041.26	\$1,102.63	\$1,043.93	\$983.72
Individual/Spouse	\$2,397.10	\$2,210.06	\$2,082.52	\$2,205.26	\$2,087.86	\$1,967.44
Individual/Children	\$2,037.54	\$1,878.55	\$1,770.14	\$1,874.47	\$1,774.68	\$1,672.32
Family	\$3,415.87	\$3,149.34	\$2,967.59	\$3,142.50	\$2,975.20	\$2,803.60
Age 29 Rates						
Individual	\$1,234.51	\$1,138.18	\$1,072.50	\$1,135.71	\$1,075.25	\$1,013.23
Individual/Spouse	\$2,469.02	\$2,276.36	\$2,145.00	\$2,271.42	\$2,150.50	\$2,026.46
Individual/Children	\$2,098.67	\$1,934.91	\$1,823.25	\$1,930.71	\$1,827.93	\$1,722.49
Family	\$3,518.35	\$3,243.81	\$3,056.63	\$3,236.77	\$3,064.46	\$2,887.71
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

* Not Subject to Deductible

Acupuncture is not included in Millennium plans



2022 1st 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	\$1,170.00		\$1,112.74		\$967.27	
Individual/Spouse	\$2,340.00		\$2,225.48		\$1,934.54	
Individual/Children	\$1,989.00		\$1,891.66		\$1,644.36	
Family	\$3,334.50		\$3,171.31		\$2,756.72	
Age 29 Rates						
Individual	\$1,205.10		\$1,146.12		\$996.29	
Individual/Spouse	\$2,410.20		\$2,292.24		\$1,992.58	
Individual/Children	\$2,048.67		\$1,948.40		\$1,693.69	
Family	\$3,434.54		\$3,266.44		\$2,839.43	
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/Famiily	\$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

* Not Subject to Deductible

Acupuncture is not included in Millennium plans



2022 1st 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	\$969.30	\$1,026.24	\$945.99	\$891.49	\$989.43	\$914.75	\$862.07
Individual/Spouse	\$1,938.60	\$2,052.48	\$1,891.98	\$1,782.98	\$1,978.86	\$1,829.50	\$1,724.14
Individual/Children	\$1,647.81	\$1,744.61	\$1,608.18	\$1,515.53	\$1,682.03	\$1,555.08	\$1,465.52
Family	\$2,762.51	\$2,924.78	\$2,696.07	\$2,540.75	\$2,819.88	\$2,607.04	\$2,456.90
Age 29 Rates							
Individual	\$998.38	\$1,057.03	\$974.37	\$918.23	\$1,019.11	\$942.19	\$887.93
Individual/Spouse	\$1,996.76	\$2,114.06	\$1,948.74	\$1,836.46	\$2,038.22	\$1,884.38	\$1,775.86
Individual/Children	\$1,697.25	\$1,796.95	\$1,656.43	\$1,560.99	\$1,732.49	\$1,601.72	\$1,509.48
Family	\$2,845.38	\$3,012.54	\$2,776.95	\$2,616.96	\$2,904.46	\$2,685.24	\$2,530.60
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 ^		

^ After Deductible

* Not Subject to Deductible

Acupuncture is not included in Millennium plans



2022 1st 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
Standard Rates							
Individual	\$881.71	\$885.04	\$817.44	\$770.42	\$845.73	\$775.35	\$730.79
Individual/Spouse	\$1,763.42	\$1,770.08	\$1,634.88	\$1,540.84	\$1,691.46	\$1,550.70	\$1,461.58
Individual/Children	\$1,498.91	\$1,504.57	\$1,389.65	\$1,309.71	\$1,437.74	\$1,318.10	\$1,242.34
Family	\$2,512.87	\$2,522.36	\$2,329.70	\$2,195.70	\$2,410.33	\$2,209.75	\$2,082.75
Age 29 Rates							
Individual	\$908.16	\$911.59	\$841.96	\$793.53	\$871.10	\$798.61	\$752.71
Individual/Spouse	\$1,816.32	\$1,823.18	\$1,683.92	\$1,587.06	\$1,742.20	\$1,597.22	\$1,505.42
Individual/Children	\$1,543.87	\$1,549.70	\$1,431.33	\$1,349.00	\$1,480.87	\$1,357.64	\$1,279.61
Family	\$2,588.26	\$2,598.03	\$2,399.59	\$2,261.56	\$2,482.64	\$2,276.04	\$2,145.22
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



2022 1st Quarter Small Group Rate Sheet

Mid-Hudson (Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster 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	\$1,525.11		\$1,561.34	\$1,430.73	\$1,517.68	\$1,390.74	\$1,160.14	\$1,093.10
Individual/Spouse	\$3,050.22		\$3,122.68	\$2,861.46	\$3,035.36	\$2,781.48	\$2,320.28	\$2,186.20
Individual/Children	\$2,592.69		\$2,654.28	\$2,432.24	\$2,580.06	\$2,364.26	\$1,972.24	\$1,858.27
Family	\$4,346.56		\$4,449.82	\$4,077.58	\$4,325.39	\$3,963.61	\$3,306.40	\$3,115.34
Age 29 Rates								
Individual	\$1,570.86		\$1,608.18	\$1,473.65	\$1,563.21	\$1,432.46	\$1,194.94	\$1,125.89
Individual/Spouse	\$3,141.72		\$3,216.36	\$2,947.30	\$3,126.42	\$2,864.92	\$2,389.88	\$2,251.78
Individual/Children	\$2,670.46		\$2,733.91	\$2,505.21	\$2,657.46	\$2,435.18	\$2,031.40	\$1,914.01
Family	\$4,476.95		\$4,583.31	\$4,199.90	\$4,455.15	\$4,082.51	\$3,405.58	\$3,208.79
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 1st Quarter Small Group Rate Sheet

Mid-Hudson (Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster counties)

Plan Name	Gold Premier			Gold Value		
	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates						
Individual	\$1,263.29	\$1,164.72	\$1,162.19	\$1,100.32	\$917.88	\$864.93
Individual/Spouse	\$2,526.58	\$2,329.44	\$2,324.38	\$2,200.64	\$1,835.76	\$1,729.86
Individual/Children	\$2,147.59	\$1,980.02	\$1,975.72	\$1,870.54	\$1,560.40	\$1,470.38
Family	\$3,600.38	\$3,319.45	\$3,312.24	\$3,135.91	\$2,615.96	\$2,465.05
Age 29 Rates						
Individual	\$1,301.19	\$1,199.66	\$1,197.06	\$1,133.33	\$945.42	\$890.88
Individual/Spouse	\$2,602.38	\$2,399.32	\$2,394.12	\$2,266.66	\$1,890.84	\$1,781.76
Individual/Children	\$2,212.02	\$2,039.42	\$2,035.00	\$1,926.66	\$1,607.21	\$1,514.50
Family	\$3,708.39	\$3,419.03	\$3,411.62	\$3,229.99	\$2,694.45	\$2,539.01
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

* Not Subject to Deductible

Acupuncture is not included in Millennium plans



2022 1st Quarter Small Group Rate Sheet

Mid-Hudson (Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster 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	\$1,233.20		\$1,172.85		\$850.48	
Individual/Spouse	\$2,466.40		\$2,345.70		\$1,700.96	
Individual/Children	\$2,096.44		\$1,993.85		\$1,445.82	
Family	\$3,514.62		\$3,342.62		\$2,423.87	
Age 29 Rates						
Individual	\$1,270.20		\$1,208.04		\$875.99	
Individual/Spouse	\$2,540.40		\$2,416.08		\$1,751.98	
Individual/Children	\$2,159.34		\$2,053.67		\$1,489.18	
Family	\$3,620.07		\$3,442.91		\$2,496.57	
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/Famiily	\$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

* Not Subject to Deductible

Acupuncture is not included in Millennium plans



2022 1st Quarter Small Group Rate Sheet

Mid-Hudson (Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster counties)

Plan Name	Silver Plus HSA	Silver Premier			Silver Value		
Network	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates							
Individual	\$1,021.66	\$1,081.68	\$997.09	\$1,042.87	\$964.17	\$804.30	\$757.97
Individual/Spouse	\$2,043.32	\$2,163.36	\$1,994.18	\$2,085.74	\$1,928.34	\$1,608.60	\$1,515.94
Individual/Children	\$1,736.82	\$1,838.66	\$1,695.05	\$1,772.88	\$1,639.09	\$1,367.31	\$1,288.55
Family	\$2,911.73	\$3,082.79	\$2,841.71	\$2,972.18	\$2,747.88	\$2,292.26	\$2,160.21
Age 29 Rates							
Individual	\$1,052.31	\$1,114.13	\$1,027.00	\$1,074.16	\$993.10	\$828.43	\$780.71
Individual/Spouse	\$2,104.62	\$2,228.26	\$2,054.00	\$2,148.32	\$1,986.20	\$1,656.86	\$1,561.42
Individual/Children	\$1,788.93	\$1,894.02	\$1,745.90	\$1,826.07	\$1,688.27	\$1,408.33	\$1,327.21
Family	\$2,999.08	\$3,175.27	\$2,926.95	\$3,061.36	\$2,830.34	\$2,361.03	\$2,225.02
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 ^		

^ After Deductible

* Not Subject to Deductible

Acupuncture is not included in Millennium plans



2022 1st Quarter Small Group Rate Sheet

Mid-Hudson (Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster counties)

Plan Name	Bronze Plus HSA	Bronze Premier			Bronze Value		
Network	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates							
Individual	\$929.34	\$932.84	\$861.59	\$891.41	\$817.23	\$681.73	\$642.54
Individual/Spouse	\$1,858.68	\$1,865.68	\$1,723.18	\$1,782.82	\$1,634.46	\$1,363.46	\$1,285.08
Individual/Children	\$1,579.88	\$1,585.83	\$1,464.70	\$1,515.40	\$1,389.29	\$1,158.94	\$1,092.32
Family	\$2,648.62	\$2,658.59	\$2,455.53	\$2,540.52	\$2,329.11	\$1,942.93	\$1,831.24
Age 29 Rates							
Individual	\$957.22	\$960.83	\$887.44	\$918.15	\$841.75	\$702.18	\$661.82
Individual/Spouse	\$1,914.44	\$1,921.66	\$1,774.88	\$1,836.30	\$1,683.50	\$1,404.36	\$1,323.64
Individual/Children	\$1,627.27	\$1,633.41	\$1,508.65	\$1,560.86	\$1,430.98	\$1,193.71	\$1,125.09
Family	\$2,728.08	\$2,738.37	\$2,529.20	\$2,616.73	\$2,398.99	\$2,001.21	\$1,886.19
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



2022 1st Quarter Small Group Rate Sheet

Albany and Upstate

(Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington, Broome, and Otsego 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	\$1,524.46	\$1,560.67	\$1,430.11	\$1,517.03	\$1,390.15	\$1,160.14	\$1,093.10	
Individual/Spouse	\$3,048.92	\$3,121.34	\$2,860.22	\$3,034.06	\$2,780.30	\$2,320.28	\$2,186.20	
Individual/Children	\$2,591.58	\$2,653.14	\$2,431.19	\$2,578.95	\$2,363.26	\$1,972.24	\$1,858.27	
Family	\$4,344.71	\$4,447.91	\$4,075.81	\$4,323.54	\$3,961.93	\$3,306.40	\$3,115.34	
Age 29 Rates								
Individual	\$1,570.19	\$1,607.49	\$1,473.01	\$1,562.54	\$1,431.85	\$1,194.94	\$1,125.89	
Individual/Spouse	\$3,140.38	\$3,214.98	\$2,946.02	\$3,125.08	\$2,863.70	\$2,389.88	\$2,251.78	
Individual/Children	\$2,669.32	\$2,732.73	\$2,504.12	\$2,656.32	\$2,434.15	\$2,031.40	\$1,914.01	
Family	\$4,475.04	\$4,581.35	\$4,198.08	\$4,453.24	\$4,080.77	\$3,405.58	\$3,208.79	
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 1st Quarter Small Group Rate Sheet

Albany and Upstate (Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington, Broome, and Otsego counties)						
Plan Name	Gold Premier			Gold Value		
Network	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates						
Individual	\$1,262.75	\$1,164.22	\$1,161.69	\$1,099.85	\$917.88	\$864.93
Individual/Spouse	\$2,525.50	\$2,328.44	\$2,323.38	\$2,199.70	\$1,835.76	\$1,729.86
Individual/Children	\$2,146.68	\$1,979.17	\$1,974.87	\$1,869.75	\$1,560.40	\$1,470.38
Family	\$3,598.84	\$3,318.03	\$3,310.82	\$3,134.57	\$2,615.96	\$2,465.05
Age 29 Rates						
Individual	\$1,300.63	\$1,199.15	\$1,196.54	\$1,132.85	\$945.42	\$890.88
Individual/Spouse	\$2,601.26	\$2,398.30	\$2,393.08	\$2,265.70	\$1,890.84	\$1,781.76
Individual/Children	\$2,211.07	\$2,038.56	\$2,034.12	\$1,925.85	\$1,607.21	\$1,514.50
Family	\$3,706.80	\$3,417.58	\$3,410.14	\$3,228.62	\$2,694.45	\$2,539.01
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

* Not Subject to Deductible

Acupuncture is not included in Millennium plans



2022 1st Quarter Small Group Rate Sheet

Albany and Upstate

(Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington, Broome, and Otsego 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	\$1,232.67		\$1,172.34		\$850.48	
Individual/Spouse	\$2,465.34		\$2,344.68		\$1,700.96	
Individual/Children	\$2,095.54		\$1,992.98		\$1,445.82	
Family	\$3,513.11		\$3,341.17		\$2,423.87	
Age 29 Rates						
Individual	\$1,269.65		\$1,207.51		\$875.99	
Individual/Spouse	\$2,539.30		\$2,415.02		\$1,751.98	
Individual/Children	\$2,158.41		\$2,052.77		\$1,489.18	
Family	\$3,618.50		\$3,441.40		\$2,496.57	
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

* Not Subject to Deductible

Acupuncture is not included in Millennium plans



2022 1st Quarter Small Group Rate Sheet

Albany and Upstate
 (Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington, Broome, and Otsego counties)

Plan Name	Silver Plus HSA			Silver Premier		Silver Value		
Network	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium	
Standard Rates								
Individual	\$1,021.22	\$1,081.22	\$996.67	\$1,042.43	\$963.76	\$804.30	\$757.97	
Individual/Spouse	\$2,042.44	\$2,162.44	\$1,993.34	\$2,084.86	\$1,927.52	\$1,608.60	\$1,515.94	
Individual/Children	\$1,736.07	\$1,838.07	\$1,694.34	\$1,772.13	\$1,638.39	\$1,367.31	\$1,288.55	
Family	\$2,910.48	\$3,081.48	\$2,840.51	\$2,970.93	\$2,746.72	\$2,292.26	\$2,160.21	
Age 29 Rates								
Individual	\$1,051.86	\$1,113.66	\$1,026.57	\$1,073.70	\$992.67	\$828.43	\$780.71	
Individual/Spouse	\$2,103.72	\$2,227.32	\$2,053.14	\$2,147.40	\$1,985.34	\$1,656.86	\$1,561.42	
Individual/Children	\$1,788.16	\$1,893.22	\$1,745.17	\$1,825.29	\$1,687.54	\$1,408.33	\$1,327.21	
Family	\$2,997.80	\$3,173.93	\$2,925.72	\$3,060.05	\$2,829.11	\$2,361.03	\$2,225.02	
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 ^			

^ After Deductible

* Not Subject to Deductible

Acupuncture is not included in Millennium plans



2022 1st Quarter Small Group Rate Sheet

Albany and Upstate (Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington, Broome, and Otsego counties)							
Plan Name	Bronze Plus HSA	Bronze Premier			Bronze Value		
Network	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates							
Individual	\$928.94	\$932.44	\$861.22	\$891.03	\$816.88	\$681.73	\$642.54
Individual/Spouse	\$1,857.88	\$1,864.88	\$1,722.44	\$1,782.06	\$1,633.76	\$1,363.46	\$1,285.08
Individual/Children	\$1,579.20	\$1,585.15	\$1,464.07	\$1,514.75	\$1,388.70	\$1,158.94	\$1,092.32
Family	\$2,647.48	\$2,657.45	\$2,454.48	\$2,539.44	\$2,328.11	\$1,942.93	\$1,831.24
Age 29 Rates							
Individual	\$956.81	\$960.41	\$887.06	\$917.76	\$841.39	\$702.18	\$661.82
Individual/Spouse	\$1,913.62	\$1,920.82	\$1,774.12	\$1,835.52	\$1,682.78	\$1,404.36	\$1,323.64
Individual/Children	\$1,626.58	\$1,632.70	\$1,508.00	\$1,560.19	\$1,430.36	\$1,193.71	\$1,125.09
Family	\$2,726.91	\$2,737.17	\$2,528.12	\$2,615.62	\$2,397.96	\$2,001.21	\$1,886.19
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