

Rate Guide

Upstate New York Small Group (1-100)

Q3 2025 Rates

Region: Area 3 (Delaware, Dutchess, Orange, Putnam, Sullivan, Ulster Counties)

United Healthcare

In-Network Special S25 S25 S20		Platinum						
In-Network PCP Copy \$15 \$15 \$10 Adult \$10 Child \$10 Adult \$10 Child \$10 Adult \$10 Child \$10 In-Network Specialist Copy \$250 Admit \$255 \$25 \$20 Admit \$200 Admit <t< th=""><th>COPAY PLANS</th><th>15/25/100 POS 25</th><th>15/25/100 ÉPO 25</th><th>10/30/100 POS 25</th><th>10/40/80 POS 25</th><th>10/25/100 ÉPO 25</th><th>10/40/80 EPO 25</th></t<>	COPAY PLANS	15/25/100 POS 25	15/25/100 ÉPO 25	10/30/100 POS 25	10/40/80 POS 25	10/25/100 ÉPO 25	10/40/80 EPO 25	
Intervet. 3.10 2.10 Child 3.0 Child 3.0 Child 3.0 Intervet. 525 530 540 / 800 525 540 / 800 Intervet. 5300 Admit 5500 Admit 5500 Admit 20% \$200 20% Intervet. 5300 525 500 / 500 50 / 50 50 / 50 20% 500 / 50 20% Intervet. 5300 / 510,000 N/A 50 / 50 50 / 5	COPAYMENTS							
Coping 3.23 4.23 4.20 4.20 4.20 4.20 4.20 4.20 4.20 4.20 4.20 4.20 4.20 4.20 4.20 4.20 4.20 4.20 4.20 4.20 20% 5.2000 5.	In-Network PCP Copay	\$15	\$15	\$10		\$10		
In-stepsort Supplic Copy SEOD Admit N/A CONSULTANCE In-Network CORM SEOD Admit SEOD Admit SEOD Admit N/A SEOD Admit N/A CONSULTANCE In-Network CORM SEOD Admit SEOD Admit SEOD Admit N/A SEOD Admit N/A CONSULTANCE In-Network CORM SEOD Admit SEOD Admit SEOD Admit N/A SEOD Admit N/A COPAMENTS In-Network CORM SEOD Admit SEOD Admit SEOD Admit SEOD Admit SEOD Admit SEOD Admit <td< td=""><td>In-Network Specialist Copay</td><td>\$25</td><td>\$25</td><td>\$30</td><td>\$40/\$80</td><td>\$25</td><td>\$40/\$80</td></td<>	In-Network Specialist Copay	\$25	\$25	\$30	\$40/\$80	\$25	\$40/\$80	
Biom Copay 1,000	In-Network Hospital Copay	\$500 Admit	\$500 Admit	\$500 Admit	20%	\$1,000 Admit	20%	
In-Network Deductible \$0/40 \$0/40 \$0/50 \$1/50	In-Network Emergency Room Copay	\$300	\$300	\$250	20%	\$200	20%	
Non-Network Deductible \$5,000 / \$10,000 N/A \$5,000 / \$10,000 N/A N/A COINSURANCE	DEDUCTIBLES							
CONSURANCE Victor Vic	In-Network Deductible	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	
Defective Consumance 100% 100% 100% 80% 100% 80% Non-Network Consumance 80% N/A 50% 50% N/A N/A DIM-DEF-DECKET MAXIMUM (OOPM) 55.000 / \$10.000 \$55.000 / \$10.000 \$50.000 / \$20.000 \$20.000 / \$20.000 N/A N/A Dim-Network OOPM \$55.000 / \$10.000 \$50.000 / \$20.000 \$20.000 / \$20.000 N/A N/A Deductible N/A N/A N/A N/A S50.0 / \$10.000 \$55.00 / \$10.000 \$50.000 / \$20.000 N/A N/A Deductible N/A N/A N/A N/A S50.0 / \$10.000 \$20.000 / \$20.000 \$20.500 / \$20	Non-Network Deductible	\$5,000 / \$10,000	N/A	\$5,000 / \$10,000	\$5,000 / \$10,000	N/A	N/A	
Non-Network Colnaurance 90% N/A 50% 50% N/A N/A CUT-OF-POCKET MAXUUM (OOPM 55.000 / \$10.000 \$5.000 / \$10.000 \$5.000 / \$10.000 \$5.000 / \$10.000 \$5.000 / \$10.000 \$10.000 / \$20.000 N/A N/A In-Network OOPM \$5.000 / \$10.000 \$5.000 / \$10.000 \$10.000 / \$20.000 N/A N/A PHARMACY V V V V V N/A PHARMACY N/A N/A N/A \$5.000 / \$14.000 \$15.010 / \$14.000 \$15.410/\$80 \$1.456.47 \$1.482.47 \$1.442.47 \$1.441.116 Employee + Spouse \$1.556.08 \$1.250.75 \$1.456.47 \$1.482.47 \$1.482.47 \$1.422.00 \$2.296.120 <td>COINSURANCE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	COINSURANCE							
CUT-OF-POCKET MAXIMUM (COPM) Construction In-Network COPM \$5,500 / \$11,000 \$5,500 / \$10,000 \$5,500 / \$10,000 \$5,700 / \$7,400 \$7,000 / \$10,000 \$7,000 / \$10,000 \$10,000 / \$2	In-Network Coinsurance	100%	100%	100%	80%	100%	80%	
In-Network OOPM \$5500/\$11.000 \$5500/\$11.000 \$5000/\$10.000 \$3700/\$7400 \$7000/\$14.000 \$3700/\$			N/A	50%	50%	N/A	N/A	
Non-Retwork OOPM \$10,000 / \$20,000 N/A \$10,000 / \$20,000 N/A N/A PHARMACY N/A N/A N/A N/A Sto Oon 72 & T3 N/A Deductible N/A N/A N/A N/A N/A Sto J Sto		~ /						
PHARMACY N/A N/A N/A N/A N/A N/A N/A N/A Store								
Copays \$\$/ \$25/ \$50 \$\$/ \$25/ \$50 \$\$/ \$20/ 500 \$\$/ \$40/ \$80 \$\$/ \$40/ \$80 RATES Employee \$\$1,553.94 \$1,488.27 \$1,482.47 \$1,482.47 \$1,482.47 Employee + Spouse \$3,059.88 \$2,977.12 \$3,001.50 \$2,280.94 \$2,296.94 \$2,292.22 Employee + Child(ren) \$2,609.40 \$2,250.25 \$2,251.28 \$2,474.30 \$2,250.20 \$2,398.97 Full Family \$4,374.60 \$4,242.41 \$4,277.16 \$4,148.11 \$4,225.06 \$40/02.02 COPAY PLANS NY G CHCNG 40/70/100 NY G CHC NG 201/750/750 NY G CHC NG		\$10,000 / \$20,000	N/A	\$10,000 / \$20,000	\$10,000 / \$20,000	N/A	N/A	
RATES N <td>Deductible</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>\$50 D on T2 & T3</td> <td>N/A</td>	Deductible	N/A	N/A	N/A	N/A	\$50 D on T2 & T3	N/A	
Employee \$1,458.49.4 \$1,488.56 \$1,500.75 \$1,455.47 \$1,482.47 \$1,411.16 Employee - Spouse \$3,069.88 \$2,297.12 \$3,001.50 \$2,291.09.4 \$2,296.4.94 \$2,227.32 Employee - Spouse \$3,069.88 \$2,277.12 \$3,001.50 \$2,291.09.4 \$2,292.02 \$2,298.87 Full Family \$4,374.60 \$4,242.41 \$4,277.16 \$4,148.11 \$4,225.06 \$4,021.82 Code Code NY G CHC NG 40/90/100/90 NY G CHC NG 20/00 NY G CHC NG 20/00/100/90 NY G CHC NG 20/00/100/90 NY G CHC NG 13/60/2500/75 NY G CHC NG 20/00	Copays	\$5/\$25/\$50	\$5/\$25/\$50	\$5/\$30/50%	\$5/\$40/\$80	\$5/\$30/\$60	\$5/\$40/\$80	
Employee + Spouse \$3,069,88 \$2,977,12 \$3,001.50 \$2,910,94 \$2,964.94 \$2,282,32 Employee + Child(ren) \$2,609,40 \$2,530,55 \$2,551,28 \$2,474,30 \$2,250,20 \$2,398,97 Full Family \$4,374,60 \$4,242,41 \$4,427,712 \$4,070,100 \$4,020,112 \$4,020,100,96 \$4,020,110,976 \$4,020,110,976 \$4,020,110,976 \$4,020,110,976 \$1,050,250,000 \$1,050,250,000 \$1,050,250,000 \$1,050,250,000 \$1,050,250,000 \$1,050,250,000 \$1,050,275,00	RATES							
Employee + Child(ren) \$2,609.40 \$2,503.55 \$2,512.88 \$2,474.30 \$2,520.20 \$2,398.97 Full Family \$4,374.60 \$4,224.41 \$4,277.16 \$4,148.11 \$4,225.06 \$4,021.82 COPAY PLANS NY G CHC NG EPO 25 DYLS NY G CHC CNO OPO 25 DYLS NY G CHC CNO DY COPA NY G CHC CNO SO 25 DYLS NY G CHC CNO DY COPA Sto COPA NY G CHC CNO DY COPA	Employee	\$1,534.94	\$1,488.56	\$1,500.75	\$1,455.47	\$1,482.47	\$1,411.16	
Full Family \$4,374.60 \$4,242.41 \$4,277.16 \$4.148.11 \$4,225.06 \$4,021.82 COPAY PLANS NY G CHC NG 40/70/1000 DVLS NY G CHC NG 0/60/350/100/80 DVLS NY G CHC NG 40/60/1100/80 POS.25 DVLS NY G CHC NG 40/60/1100/80 POS.25 DVLS NY G CHC NG 15/50/2500/75 DVLS NY G CHC NG 15/50/250 NY G CHC NG 25/50/250	Employee + Spouse	\$3,069.88	\$2,977.12	\$3,001.50	\$2,910.94	\$2,964.94	\$2,822.32	
Gold COPAY PLANS Gold NY G CHC NG 40/70/200 EPO 25 DYLS NY G CHC NG 30/60/350/100 EPO 25 DYLS NY G CHC NG 40/60/110/80 EPO 25 DYLS NY G CHC NG 40/60/110/80 EPO 25 DYLS NY G CHC NG 15/50/750/02 EPO 25 DYLS NY G CHC NG 15/50/750/02 EPO 25 DYLS NY G CHC NG 40/60/110/80 EPO 25 DYLS NY G CHC NG 15/50/750/02 EPO 25 DYLS NY G CHC NG 40/60/110/80 EPO 25 DYLS Nod 250 No	Employee + Child(ren)	\$2,609.40	\$2,530.55	\$2,551.28	\$2,474.30	\$2,520.20	\$2,398.97	
COPAY PLANS NY G CHC NG 40/70/200 EPO 25 DYLS NY G CHC NG 30/60/350,200 DYLS NY G CHC NG 40/60/1100/80 DYLS NY G CHC NG 40/60/1100/80 DYLS NY G CHC NG 15/50/2500/75 DYLS NY G CHC NG 15/50/2500/75 DYLS NY G CHC NG 15/50/2500/75 DYLS COPAY PLANS FA0 \$40 \$406/1100/80 DYLS NY G CHC NG 16/50/1200/80 DYLS NY G CHC NG 16/50/2500/75 DYLS NY G CHC NG 15/50/2500/75 DYLS NY G CHC NG 16/50/2500/75 DYLS COPAY PLANS FA0 \$40 \$40 Adult \$15 Child \$0 \$15/30/1750/80 DYLS COPAY EVANCK \$40 \$40 \$40 Adult \$15 \$15 In-Network CPG copay \$40 \$60 \$60 \$60 \$50/\$100 \$30 In-Network Despital Copay \$1500 Admit Ded + \$1,500 Admit Ded + 20% Ded + 20% Ded + 25% Ded + 20% In-Network Coinsurance \$0 / \$0 \$350 / \$100 / \$2,200 \$1100 / \$2,200 \$1100 / \$2,200 \$1,500 / \$1,500 / \$3,500 In-Network Coinsurance N/A N/A N/A N/A N/A In-Network Coinsurance N/A N/A N/A \$0% \$1,700 / \$1,7000	Full Family	\$4,374.60	\$4,242.41	\$4,277.16	\$4,148.11	\$4,225.06	\$4,021.82	
CONTINUARS 40/70/100 EPO 25 DYLS 50/60/350/100 EPO 25 DYLX 40/60/1100/80 PO 25 DYLX 15/50/250/250 DYLX 15/50/250/250 DYLX COPAYMENTS EPO 25 DYLX DYLX		Gold						
In-Network PCP Copay \$40 \$30 \$40 \$40 \$40 Adult: \$15 Child: \$0 \$15 In-Network Specialist Copay \$70 \$60 \$60 \$60 \$50 / \$100 \$30 In-Network Specialist Copay \$1,500 Admit Ded + \$1,500 Admit Ded + 20% Ded + 20% Ded + 25% Ded + 20% In-Network Copay \$650 Ded + \$350 \$250 \$250 Ded + 25% Ded + 20% DEDUCTIBLES In-Network Deductible \$0 / \$0 \$350 / \$700 \$1,100 / \$2,200 \$1,200 / \$2,500 / \$1,000 \$1,750 / \$3,500 Non-Network Coinsurance N/A N/A \$0,000 / \$10,000 \$1,000 / \$2,200 \$1,000 / \$2,000 N/A OCONSURANCE In-Network Coinsurance N/A N/A \$0% N/A \$0% N/A \$0% N/A \$0% N/A \$0% N/A \$100 % \$8,500 / \$17,000 \$1,150 / \$1,4300 \$8,500 / \$1,700 \$1,500 / \$1,700 \$1,500 / \$1,4300 \$8,500 / \$1,700 \$1,500 / \$1,4300 \$8,500 / \$1,700 \$1,50 / \$1,4300 \$10 / \$65 / \$100 \$10 / \$65 / \$1	COPAY PLANS	40/70/100 EPO 25	30/60/350/100 EPO 25	40/60/1100/80 POS 25	40/60/1100/80 EPO 25	15/50/2500/75 POS 25	15/30/1750/80 EPO 25	
In-Network Specialist Copay \$40 \$40 \$40 Child: \$0 \$13 In-Network Specialist Copay \$70 \$60 \$60 \$60 \$50 / \$100 \$30 In-Network Maspital Copay \$1,500 Admit Ded + \$1,500 Admit Ded + 20% Ded + 20% Ded + 25% Ded + 20% In-Network Emergency Room Copay \$650 Ded + \$350 \$250 \$250 Ded + 25% \$400 DEDUCTIBLES In-Network Deductible \$0 / \$0 \$350 / \$700 \$1,100 / \$2,200 \$2,500 / \$5,000 \$1,750 / \$3,500 Non-Network Deductible N/A N/A \$5,000 / \$10,000 N/A \$10,000 / \$20,000 N/A COINSURANCE In-Network Coinsurance 100% 80% 80% 75% 80% Out-OF-POCKET MAXIMU(OPPM) In-Network OOPM \$9,200 / \$18,400 \$8,500 / \$17,000 \$7,150 / \$14,300 \$8,500 / \$17,000 Non-Network OOPM N/A N/A \$8,500 / \$17,000 \$7,150 / \$14,300 \$10 / \$650 / \$100 Non-Network OOPM N/A N/A N/A \$10 / \$50 / \$100 <	COPAYMENTS							
In-Network Specialist Copay \$70 \$60 \$60 \$60 \$50 / \$100 \$30 In-Network Spital Copay \$1,500 Admit Ded + \$1,500 Admit Ded + 20%	In-Network PCP Copay	\$40	\$30	\$40	\$40		\$15	
In-Network Hospital Copy Room Copay \$1,500 Admit Ded + \$1,500 Admit Ded + 20% Ded + 20% Ded + 25% Ded + 20% In-Network Emergency Room Copay \$650 Ded + \$350 \$250 \$250 Ded + 25% Ded + 20% DEDUCTIBLES \$3550 / \$700 \$1,100 / \$2,200 \$1,000 / \$2,000 \$1,750 / \$3,500 Non-Network Deductible N/A N/A \$5,000 / \$10,000 N/A \$10,000 / \$20,000 N/A COINSURANCE N/A \$5,000 / \$10,000 N/A \$10,000 / \$20,000 N/A In-Network Coinsurance 100% 100% 80% 80% 75% 80% OUT-OF-POCKET MAXIMUM (OOPM) 100% 80% \$1,100 / \$17,000 \$1,500 / \$17,000 \$1,500 / \$17,000 \$1,500 / \$17,000 \$1,500 / \$17,000 \$1,500 / \$17,000 \$1,500 / \$17,000 \$1,500 / \$10,000 N/A \$1,000 / \$20,000 \$1,000 / \$20,000 \$1,000 / \$20,000 \$1,000 / \$20,000 N/A		\$70	\$60	\$60	\$60		\$30	
Room Copay \$650 Deff +\$350 \$250 \$250 \$250 Deff +23% \$400 DEDUCTIBLES In-Network Deductible \$0 / \$0 \$350 / \$700 \$1,100 / \$2,200 \$1,00 / \$2,000 \$10,000 / \$20,000 N/A COINSURANCE U U N/A \$5,000 / \$10,000 N/A \$0,000 / \$20,000 N/A COINSURANCE U U 80% 80% 80% 75% 80% Non-Network Coinsurance N/A N/A 60% N/A 50% N/A OUT-OF-POCKET MAXIMUM (OOPM) U N/A \$8,500 / \$17,000 \$8,500 / \$17,000 \$7,150 / \$14,300 \$8,500 / \$17,000 In-Network OOPM N/A N/A \$10,000 / \$20,000 N/A \$20,000 / \$10	1.2	\$1,500 Admit	Ded + \$1,500 Admit	Ded + 20%	Ded + 20%	Ded + 25%	Ded + 20%	
In-Network Deductible \$0 / \$0 \$350 / \$700 \$1,100 / \$2,200 \$1,100 / \$2,200 \$2,500 / \$5,000 \$1,750 / \$3,500 Non-Network Deductible N/A N/A \$5,000 / \$10,000 N/A \$10,000 / \$20,000 N/A COINSURANCE In-Network Coinsurance 100% 80% 80% 75% 80% In-Network Coinsurance N/A N/A 60% N/A 50% N/A OUT-OF-POCKET MAXIMUM (OOPM) In-Network OOPM \$9,200 / \$18,400 \$8,500 / \$17,000 \$8,500 / \$17,000 \$7,150 / \$14,300 \$8,500 / \$17,000 Non-Network OOPM N/A N/A N/A \$000 / \$10,000 / \$20,000 N/A \$20,000 / \$14,400 N/A In-Network OOPM N/A N/A N/A \$10,000 / \$20,000 N/A \$20,000 / \$14,000 N/A PHARMACY Deductible N/A N/A N/A N/A \$10 / \$50 / \$100 \$10 / \$50 / \$100 \$10 / \$50 / \$100 \$10 / \$50 / \$100 \$10 / \$50 / \$100 \$10 / \$50 / \$100 \$10 / \$50 / \$100 \$10 / \$50 / \$100 \$10 / \$50 / \$100 \$10 / \$50 / \$1		\$650	Ded + \$350	\$250	\$250	Ded + 25%	\$400	
Non-Network Deductible N/A N/A \$5,000 / \$10,000 N/A \$10,000 / \$20,000 N/A COINSURANCE In-Network Coinsurance 100% 80% 80% 75% 80% In-Network Coinsurance N/A N/A 60% N/A 50% N/A OUT-OF-POCKET MAXIMUM (OOPM) \$9,200 / \$18,400 \$8,500 / \$17,000 \$8,500 / \$17,000 \$7,150 / \$14,300 \$8,500 / \$17,000 Non-Network OOPM \$9,200 / \$18,400 \$9,200 / \$18,400 \$8,500 / \$17,000 \$7,150 / \$14,300 \$8,500 / \$17,000 Non-Network OOPM N/A N/A \$10,000 / \$20,000 N/A \$20,000 / \$40,000 N/A PHARMACY V N/A N/A N/A N/A N/A N/A Copays \$15 / \$100 / 50% \$10 / \$50 / \$100 \$15 / \$50 / 50% up to \$800 \$10 / \$50 / \$100 \$10 / \$50 / \$0% Up to \$800 \$10 / \$50 / \$100 \$10 / \$65 / \$0% Up to \$800 \$10 / \$50 / \$100 \$10 / \$65 / \$0% Up to \$800 \$10 / \$50 / \$100 \$10 / \$65 / \$0% Up to \$800 \$10 / \$50 / \$100 \$10 / \$65 / \$0% Up to \$800 \$10 / \$50 / \$100 \$10 / \$65 / \$0% Up to \$800 \$10 / \$50 / \$100 \$10 / \$65 / \$0% Up to	DEDUCTIBLES							
COINSURANCE N/A N/A N/A N/A S0% S10 <th< td=""><td>In-Network Deductible</td><td>\$0/\$0</td><td>\$350/\$700</td><td>\$1,100/\$2,200</td><td>\$1,100/\$2,200</td><td>\$2,500/\$5,000</td><td>\$1,750 / \$3,500</td></th<>	In-Network Deductible	\$0/\$0	\$350/\$700	\$1,100/\$2,200	\$1,100/\$2,200	\$2,500/\$5,000	\$1,750 / \$3,500	
In-Network Coinsurance 100% 80% 80% 75% 80% Non-Network Coinsurance N/A 60% N/A 50% N/A OUT-OF-POCKET MAXIMUM (OOPM) \$9,200 / \$18,400 \$8,500 / \$17,000 \$8,500 / \$17,000 \$7,150 / \$14,300 \$8,500 / \$17,000 Non-Network OOPM \$9,200 / \$18,400 \$10,000 / \$20,000 N/A \$20,000 / \$40,000 N/A PHARMACY \$10 / \$50 / \$100 / \$20,000 N/A \$10 / \$50 / \$100 / \$20,000 \$10 / \$50 / \$100 / \$20,000 \$10 / \$50 / \$100 / \$20,000 \$10 / \$50 / \$100 / \$20,000 \$10 / \$50 / \$100 / \$100 / \$20,000 \$10 / \$20,000 / \$40,000 N/A PHARMACY \$10 / \$50 / \$100 / \$10 /		N/A	N/A	\$5,000 / \$10,000	N/A	\$10,000 / \$20,000	N/A	
Non-Network Coinsurance N/A N/A 60% N/A 50% N/A OUT-OF-POCKET MAXIMUM (OOPM) \$9,200 / \$18,400 \$8,500 / \$17,000 \$8,500 / \$17,000 \$7,150 / \$14,300 \$8,500 / \$17,000 Non-Network OOPM N/A N/A \$10,000 / \$20,000 N/A \$20,000 / \$40,000 N/A PHARMACY N/A N/A N/A N/A Copays \$15 / \$100 / 50% \$10 / \$50 / \$100 \$15 / \$50 / 50% up to \$800 \$15 / \$50 / 50% up to \$800 \$10 / \$50 / \$100 \$10 / \$50 / \$100 RATES \$1,276.44 \$1,305.80 \$1,284.61 \$1,239.48 \$1,211.92 \$1,216.63 Employee + Spouse \$2,552.88 \$2,611.60 \$2,269.22 \$2,478.96 \$2,423.84 \$2,433.26 Employee + Child(ren) \$2,169.95 \$2,219.86 \$2,183.84 \$2,107.12 \$2,060.26 \$2,068.27		100%	100%	80%	80%	75%	80%	
OUT-OF-POCKET MAXIMUM (OOPM) In-Network OOPM \$9,200 / \$18,400 \$9,200 / \$18,400 \$8,500 / \$17,000 \$7,150 / \$14,300 \$8,500 / \$17,000 Non-Network OOPM N/A N/A \$10,000 / \$20,000 N/A \$20,000 / \$40,000 N/A PHARMACY								
In-Network OOPM \$9,200 / \$18,400 \$9,200 / \$18,400 \$8,500 / \$17,000 \$7,150 / \$14,300 \$8,500 / \$17,000 Non-Network OOPM N/A N/A \$10,000 / \$20,000 N/A \$20,000 / \$40,000 N/A PHARMACY Deductible N/A N/A N/A N/A N/A N/A Deductible N/A \$10 / \$50 / \$100 \$15 / \$50 / 50% up to \$800 \$15 / \$50 / 50% up to \$800 \$10 / \$50 / \$100 \$10 / \$65 / 50% up to \$800 RATES Employee \$1,276.44 \$1,305.80 \$1,284.61 \$1,239.48 \$1,211.92 \$1,216.63 Employee + Spouse \$2,552.88 \$2,611.60 \$2,269.22 \$2,478.96 \$2,423.84 \$2,433.26 Employee + Child(ren) \$2,169.95 \$2,219.86 \$2,183.84 \$2,107.12 \$2,060.26 \$2,068.27			,		,		,	
Non-Network OOPM N/A N/A \$10,000 / \$20,000 N/A \$20,000 / \$40,000 N/A PHARMACY		~ /	\$9,200 / \$18,400	\$8,500 / \$17,000	\$8,500 / \$17,000	\$7,150 / \$14,300	\$8,500 / \$17,000	
PHARMACY Deductible N/A						· · · · · · · · · · · · · · · · · · ·		
Deductible N/A N/A N/A N/A N/A N/A Copays \$15 / \$100 / 50% \$10 / \$50 / \$100 \$15 / \$50 / 50% up to \$800 \$15 / \$50 / 50% up to \$800 \$10 / \$50 / \$100 \$10 / \$65 / 50% up to \$800 RATES Employee \$1,276.44 \$1,305.80 \$1,284.61 \$1,239.48 \$1,211.92 \$1,216.63 Employee + Spouse \$2,552.88 \$2,611.60 \$2,269.22 \$2,478.96 \$2,423.84 \$2,433.26 Employee + Child(ren) \$2,169.95 \$2,219.86 \$2,183.84 \$2,107.12 \$2,060.26 \$2,068.27	PHARMACY				-			
Copays \$15/\$100/50% \$10/\$50/\$100 \$15/\$50/50% up to \$800\$15/\$50/50% up to \$800 \$10/\$50/\$100 \$10/\$65/50% up to \$800 RATES Employee \$1,276.44 \$1,305.80 \$1,284.61 \$1,239.48 \$1,211.92 \$1,216.63 Employee + Spouse \$2,552.88 \$2,611.60 \$2,269.22 \$2,478.96 \$2,423.84 \$2,433.26 Employee + Child(ren) \$2,169.95 \$2,219.86 \$2,183.84 \$2,107.12 \$2,060.26 \$2,068.27		N/A	N/A	N/A	N/A	N/A	N/A	
Employee\$1,276.44\$1,305.80\$1,284.61\$1,239.48\$1,211.92\$1,216.63Employee + Spouse\$2,552.88\$2,611.60\$2,569.22\$2,478.96\$2,423.84\$2,433.26Employee + Child(ren)\$2,169.95\$2,219.86\$2,183.84\$2,107.12\$2,060.26\$2,068.27					,		\$10 / \$65 / 50% up to \$800	
Employee + Spouse\$2,552.88\$2,611.60\$2,569.22\$2,478.96\$2,423.84\$2,433.26Employee + Child(ren)\$2,169.95\$2,219.86\$2,183.84\$2,107.12\$2,060.26\$2,068.27		¢1 070 4 4	¢1 705 00	¢1.00.4.01	¢1.070.40	¢1 011 02	¢1 010 07	
Employee + Child(ren) \$2,169.95 \$2,219.86 \$2,183.84 \$2,107.12 \$2,060.26 \$2,068.27								
			\$2,219.86 \$3,721.54		\$2,107.12 \$3,532.54	\$2,060.26 \$3,453.98		



	Gold Silver Bronze						
COPAY PLANS	NY G CHC NG 15/50/2500/75 EPO 25 DYMD	NY S CHC + NG 40/80/3750/80 POS 25 DYL6	NY S CHC + NG 15/50/7000/75 POS 25 DYME	NY S CHC NG 30/75/4250/50 EPO 25 DYLL	NY S CHC NG 15/50/7000/75 EPO 25 DYMF	NY B CHC NG 35/60/6150/70 EPO 25 DYLW	
COPAYMENTS							
In-Network PCP Copay	Adult: \$15 Child: \$0	Ded + \$40	Adult: \$15 Child: \$0	\$30	Adult: \$15 Child: \$0	Ded + \$35	
In-Network Specialist Copay	\$50/\$100	Ded + \$80	\$50/\$100	\$75	\$50/\$100	Ded + \$60	
In-Network Hospital Copay	Ded + 25%	Ded + 20%	Ded + 25%	Ded + 50%	Ded + 25%	Ded + 30%	
In-Network Emergency Room Copay	Ded + 25%	Ded + \$500	Ded + 25%	Ded + \$900	Ded + 25%	Ded + \$350	
DEDUCTIBLES							
In-Network Deductible	\$2,500 / \$5,000	\$3,750 / \$7,500	\$7,000 / \$14,000	\$4,250 / \$8,500	\$7,000 / \$14,000	\$6,150 / \$12,300	
Non-Network Deductible	N/A	\$6,000/\$12,000	\$10,000 / \$20,000	N/A	N/A	N/A	
COINSURANCE							
In-Network Coinsurance	75%	80%	75%	50%	75%	70%	
Non-Network Coinsurance	N/A	60%	50%	N/A	N/A	N/A	
OUT-OF-POCKET M	IAXIMUM (OOPM)						
In-Network OOPM	\$7,150/\$14,300	\$9,200/\$18,400	\$9,200 / \$18,400	\$9,100 / \$18,200	\$9,200/\$18,400	\$9,200 / \$18,400	
Non-Network OOPM	N/A	\$10,000 / \$20,000	\$20,000 / \$40,000	N/A	N/A	N/A	
PHARMACY							
Deductible	N/A	N/A	\$100 D on T2 & T3	\$100 D on T2 & T3	\$100 D on T2 & T3	Same as medical	
Copays	\$10/\$50/\$100	\$5/\$45/\$90	\$10/\$50/\$100	\$15/\$65/50% up to \$800	\$10/\$50/\$100	\$10/\$40/\$60	
RATES							
Employee	\$1,177.86	\$1,103.92	\$1,090.36	\$1,043.83	\$1,056.43	\$982.91	
Employee + Spouse	\$2,355.72	\$2,207.84	\$2,180.72	\$2,087.66	\$2,112.86	\$1,965.82	
Employee + Child(ren)	\$2,002.36	\$1,876.66	\$1,853.61	\$1,774.51	\$1,795.93	\$1,670.95	
Full Family	\$3,356.91	\$3,146.18	\$3,107.53	\$2,974.92	\$3,010.83	\$2,801.31	
	Gold			Silver			
DEDUCTIBLE HSA	NY G CHC NG 1800/80 EPO HSA 25 DYLM	NY S CHC NG 3200/80 EPO HSA 25 DYLN	NY S CHC + NG 30/50/2750/100 POS HSA 25 DYLT	NY S CHC + NG 30/60/3250/90 POS HSA 25 DYL9	NY S CHC + NG 30/60/3250/90 POS HSA 25 DYL8	NY S CHC NG 30/50/2750/100 EPO HSA 25 DYL7	
COPAYMENTS							
In-Network PCP Copay	Ded + 20%	Ded + 20%	Ded + \$30	Ded + \$30	Ded + \$30	Ded + \$30	
In-Network Specialist Copay	Ded + 20%	Ded + 20%	Ded + \$50	Ded + \$60	Ded + \$60	Ded + \$50	
In-Network Hospital Copay	Ded + 20%	Ded + 20%	Ded + \$1,500 Admit	Ded + 10%	Ded + 10%	Ded + \$1,500 Admit	
In-Network Emergency Room Copay	Ded + 20%	Ded + 20%	Ded + \$500	Ded + 10%	Ded + 10%	Ded + \$500	
DEDUCTIBLES							
In-Network Deductible	\$1,800/\$3,600	\$3,200/\$6,400	\$2,750 / \$5,500	\$3,250 / \$6,500	\$3,250 / \$6,500	\$2,750 / \$5,500	
Non-Network Deductible COINSURANCE	N/A	N/A	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	N/A	
In-Network Coinsurance	80%	80%	100%	90%	90%	100%	
Non-Network Coinsurance	N/A	N/A	50%	80%	50%	N/A	
OUT-OF-POCKET M	IAXIMUM (OOPM)						
In-Network OOPM	\$5,000 / \$10,000	\$8,000/\$16,000	\$7,500/\$15,000	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,500/\$15,000	
Non-Network OOPM	N/A	N/A	\$10,000/\$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000	N/A	
PHARMACY INCLUE	DING CORE PLUS PR	EVENTIVE PDL					
Deductible	Same as medical	Same as medical	Same as medical	Same as medical	Same as medical	Same as medical	
Copays	\$5/\$45/\$90	\$15/\$35/\$75	\$10/\$40/\$60	\$15/\$35/\$75	\$15/\$35/\$75	\$10/\$40/\$60	
RATES							
Employee	\$1,212.75	\$1,073.88	\$1,149.48	\$1,151.97	\$1,131.76	\$1,106.56	
Employee + Spouse	\$2,425.50	\$2,147.76	\$2,298.96	\$2,303.94	\$2,263.52	\$2,213.12	
Employee + Child(ren)	\$2,061.68	\$1,825.60	\$1,954.12	\$1,958.35	\$1,923.99	\$1,881.15	
Full Family	\$3,456.36	\$3,060.57	\$3,276.03	\$3,283.13	\$3,225.52	\$3,153.70	



	Bronze						
DEDUCTIBLE HSA	NY B CHC + NG 7750/100 POS HSA 25 DYL2	NY B CHC + NG 6000/70 POS HSA 25 DYL4	NY B CHC NG 7750/100 EPO HSA 25 DYL3	NY B CHC NG 6000/70 EPO HSA 25 DYL5			
COPAYMENTS							
In-Network PCP Copay	Ded + 0%	Ded + 30%	Ded + 0%	Ded + 30%			
In-Network Specialist Copay	Ded + 0%	Ded + 30%	Ded + 0%	Ded + 30%			
In-Network Hospital Copay	Ded + 0%	Ded + 30%	Ded + 0%	Ded + 30%			
In-Network Emergency Room Copay	Ded + 0%	Ded + 50%	Ded + 0%	Ded + 50%			
DEDUCTIBLES							
In-Network Deductible	\$7,750 / \$15,500	\$6,000 / \$12,000	\$7,750 / \$15,500	\$6,000 / \$12,000			
Non-Network Deductible	\$10,000 / \$20,000	\$10,000 / \$20,000	N/A	N/A			
COINSURANCE							
In-Network Coinsurance	100%	70%	100%	70%			
Non-Network Coinsurance	50%	50%	N/A	N/A			
OUT-OF-POCKET MAXIMUM (OOPM)						
In-Network OOPM	\$7,750 / \$15,500	\$7,900/\$15,800	\$7,750 / \$15,500	\$7,900/\$15,800			
Non-Network OOPM	\$20,000 / \$40,000	\$20,000 / \$40,000	N/A	N/A			
PHARMACY INCLUDING COR	E PLUS PREVENTIVE PDL						
Deductible	Same as medical	Same as medical	Same as medical	Same as medical			
Copays	No Copay	\$0/\$25/\$50	No Copay	\$0/\$25/\$50			
RATES							
Employee	\$1,025.00	\$1,027.50	\$991.64	\$994.68			
Employee + Spouse	\$2,050.00	\$2,055.00	\$1,983.28	\$1,989.36			
Employee + Child(ren)	\$1,742.50	\$1,746.75	\$1,685.79	\$1,690.96			
Full Family	\$2,921.26	\$2,928.39	\$2,826.19	\$2,834.85			

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