



# Rate Guide

**Upstate New  
York Small  
Group (1-100)**



Q3 2025 Rates

Region: Area 1 (Albany, Columbia, Fulton,  
Greene, Montgomery, Rensselaer, Saratoga,  
Schenectady, Schoharie, Warren, Washington)

**United  
Healthcare**

COPAY PLANS	Platinum					
	NY P CHC + NG 15/25/100 POS 25 DYL P	NY P CHC NG 15/25/100 EPO 25 DYL R	NY P CHC + NG 10/30/100 POS 25 DYL U	NY P CHC + NG 10/40/80 POS 25 DYL A	NY P CHC NG 10/25/100 EPO 25 DYL J	NY P CHC NG 10/40/80 EPO 25 DYL B
COPAYMENTS						
In-Network PCP Copay	\$15	\$15	\$10	Adult: \$10 Child: \$0	\$10	Adult: \$10 Child: \$0
In-Network Specialist Copay	\$25	\$25	\$30	\$40 / \$80	\$25	\$40 / \$80
In-Network Hospital Copay	\$500 Admit	\$500 Admit	\$500 Admit	20%	\$1,000 Admit	20%
In-Network Emergency Room Copay	\$300	\$300	\$250	20%	\$200	20%
DEDUCTIBLES						
In-Network Deductible	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Non-Network Deductible	\$5,000 / \$10,000	N/A	\$5,000 / \$10,000	\$5,000 / \$10,000	N/A	N/A
COINSURANCE						
In-Network Coinsurance	100%	100%	100%	80%	100%	80%
Non-Network Coinsurance	80%	N/A	50%	50%	N/A	N/A
OUT-OF-POCKET MAXIMUM (OOPM)						
In-Network OOPM	\$5,500 / \$11,000	\$5,500 / \$11,000	\$5,000 / \$10,000	\$3,700 / \$7,400	\$7,000 / \$14,000	\$3,700 / \$7,400
Non-Network OOPM	\$10,000 / \$20,000	N/A	\$10,000 / \$20,000	\$10,000 / \$20,000	N/A	N/A
PHARMACY						
Deductible	N/A	N/A	N/A	N/A	\$50 D on T2 & T3	N/A
Copays	\$5 / \$25 / \$50	\$5 / \$25 / \$50	\$5 / \$30 / 50%	\$5 / \$40 / \$80	\$5 / \$30 / \$60	\$5 / \$40 / \$80
RATES						
Employee	\$1,419.17	\$1,376.28	\$1,387.55	\$1,345.69	\$1,370.65	\$1,304.72
Employee + Spouse	\$2,838.34	\$2,752.56	\$2,775.10	\$2,691.38	\$2,741.30	\$2,609.44
Employee + Child(ren)	\$2,412.59	\$2,339.68	\$2,358.84	\$2,287.67	\$2,330.11	\$2,218.02
Full Family	\$4,044.65	\$3,922.42	\$3,954.54	\$3,835.23	\$3,906.37	\$3,718.46
COPAY PLANS	Gold					
	NY G CHC NG 40/70/100 EPO 25 DYL S	NY G CHC NG 30/60/350/100 EPO 25 DYL V	NY G CHC + NG 40/60/1100/80 POS 25 DYL O	NY G CHC NG 40/60/1100/80 EPO 25 DYL Q	NY G CHC + NG 15/50/2500/75 POS 25 DYL C	NY G CHC NG 15/30/1750/80 EPO 25 DYL K
COPAYMENTS						
In-Network PCP Copay	\$40	\$30	\$40	\$40	Adult: \$15 Child: \$0	\$15
In-Network Specialist Copay	\$70	\$60	\$60	\$60	\$50 / \$100	\$30
In-Network Hospital 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	\$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%	100%	80%	80%	75%	80%
Non-Network Coinsurance	N/A	N/A	60%	N/A	50%	N/A
OUT-OF-POCKET MAXIMUM (OOPM)						
In-Network OOPM	\$9,200 / \$18,400	\$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						
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	\$1,180.16	\$1,207.30	\$1,187.72	\$1,145.98	\$1,120.51	\$1,124.86
Employee + Spouse	\$2,360.32	\$2,414.60	\$2,375.44	\$2,291.96	\$2,241.02	\$2,249.72
Employee + Child(ren)	\$2,006.27	\$2,052.41	\$2,019.12	\$1,948.17	\$1,904.87	\$1,912.26
Full Family	\$3,363.47	\$3,440.82	\$3,385.01	\$3,266.06	\$3,193.47	\$3,205.86

COPAY PLANS	Gold	Silver				Bronze
	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 DYL1	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 MAXIMUM (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	\$1,089.02	\$1,020.66	\$1,008.11	\$965.10	\$976.75	\$908.77
Employee + Spouse	\$2,178.04	\$2,041.32	\$2,016.22	\$1,930.20	\$1,953.50	\$1,817.54
Employee + Child(ren)	\$1,851.33	\$1,735.12	\$1,713.79	\$1,640.67	\$1,660.48	\$1,544.91
Full Family	\$3,103.71	\$2,908.89	\$2,873.13	\$2,750.54	\$2,783.75	\$2,590.00

  

DEDUCTIBLE HSA	Gold	Silver				
	NY G CHC NG 1800/80 EPO HSA 25 DYL1	NY S CHC NG 3200/80 EPO HSA 25 DYL1	NY S CHC + NG 30/50/2750/100 POS HSA 25 DYL1	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	N/A	N/A	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	N/A
COINSURANCE						
In-Network Coinsurance	80%	80%	100%	90%	90%	100%
Non-Network Coinsurance	N/A	N/A	50%	80%	50%	N/A
OUT-OF-POCKET MAXIMUM (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 INCLUDING CORE PLUS PREVENTIVE 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	\$1,121.28	\$992.88	\$1,062.77	\$1,065.08	\$1,046.39	\$1,023.09
Employee + Spouse	\$2,242.56	\$1,985.76	\$2,125.54	\$2,130.16	\$2,092.78	\$2,046.18
Employee + Child(ren)	\$1,906.18	\$1,687.90	\$1,806.71	\$1,810.64	\$1,778.86	\$1,739.25
Full Family	\$3,195.66	\$2,829.72	\$3,028.91	\$3,035.49	\$2,982.22	\$2,915.81

DEDUCTIBLE HSA	Bronze			
	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
<b>COPAYMENTS</b>				
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%
<b>DEDUCTIBLES</b>				
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
<b>COINSURANCE</b>				
In-Network Coinsurance	100%	70%	100%	70%
Non-Network Coinsurance	50%	50%	N/A	N/A
<b>OUT-OF-POCKET MAXIMUM (OOPM)</b>				
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
<b>PHARMACY INCLUDING CORE PLUS PREVENTIVE PDL</b>				
Deductible	Same as medical	Same as medical	Same as medical	Same as medical
Copays	No Copay	\$0 / \$25 / \$50	No Copay	\$0 / \$25 / \$50
<b>RATES</b>				
Employee	\$947.69	\$949.99	\$916.84	\$919.65
Employee + Spouse	\$1,895.38	\$1,899.98	\$1,833.68	\$1,839.30
Employee + Child(ren)	\$1,611.07	\$1,614.98	\$1,558.63	\$1,563.41
Full Family	\$2,700.92	\$2,707.48	\$2,613.01	\$2,621.02

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