

Q1 2026 Rates

Region: Area 1 (Albany, Columbia, Fulton,

Greene, Montgomery, Rensselaer, Saratoga,

Schenectady, Schoharie, Warren, Washington)

United Healthcare

		Platinum								
COPAY PLANS	NY P CHC 15/25/1 POS 2 EP3I	.00 !6	NY P SEL + NG 15/25/100 POS 26 EP3U		NY P CHC NG 15/25/100 EPO 26 EP3H		NY P SEL NG 15/25/100 EPO 26 EP3N	NY P CHO 10/25/1 EPO 2 EP39	.00	NY P CHC + NG 10/30/100 POS 26 EP3K
COPAYMENTS										
In-Network PCP Copay	\$15		\$15		\$15		\$15	\$10		\$10
In-Network Specialist	\$25		\$25		\$25		\$25	\$25		\$30
Copay In-Network Hospital Copay	\$500 Ac	łmit	\$500 Admit		\$500 Admit		\$500 Admit	\$1.000 A	dmit	\$500 Admit
In-Network Emergency		\$300 \$300			\$300		\$300	\$200		\$250
Room Copay	\$300		\$300		\$300		\$300	\$200	,	\$250
DEDUCTIBLES	*0.4		40.740		40.440		40.440	40.44		40.440
In-Network Deductible Non-Network Deductible	\$0/\$		\$0/\$0 5000/\$10000		\$0/\$0 N/A		\$0/\$0 N/A	\$0/\$		\$0/\$0
COINSURANCE	\$5,000 / \$3	10,000 \$:	5,000 / \$10,000		N/A		N/A	N/A	_	\$5,000 / \$10,000
In-Network Coinsurance	100%	<u></u>	100%		100%		100%	100%	4	100%
Non-Network Coinsurance	80%		80%		N/A		N/A	N/A		50%
OUT-OF-POCKET M					,		.,,			
In-Network OOPM	\$5,500/\$,	5,500 / \$11,000		\$5,500 / \$11,000	\$	5,500 / \$11,000	\$7,000 / \$1	4,000	\$5,000 / \$10,000
Non-Network OOPM	\$10,000 / \$	\$20,000 \$10	0,000 / \$20,000	0	N/A		N/A	N/A		\$10,000 / \$20,000
PHARMACY										
Deductible	N/A		N/A		N/A		N/A	\$50 D on T	2 & T3	N/A
Copays	\$5/\$25,	/\$50	\$5/\$25/\$50		\$5/\$25/\$50		\$5/\$25/\$50	\$5/\$30,	/\$60	\$5/\$30/50%
RATES										
Employee	\$1,417.		\$1,404.12		\$1,401.91		\$1,388.67	\$1,394		\$1,385.68
Employee + Spouse	\$2,834		\$2,808.24		\$2,803.82		\$2,777.34	\$2,788		\$2,771.36
Employee + Child(ren) Full Family	\$2,409 \$4,039		\$2,387.00 \$4,001.75		\$2,383.25 \$3,995.46		\$2,360.74 \$3,957.72	\$2,370. \$3,974.		\$2,355.66 \$3,949.21
	Ψ-1,000	.10	Ψ-1,001.70		ψο,σσοτο		ψ0,307.72	Ψ0,074.		Ψ0,040.21
						Plati	num			
COPAY PLANS		NY P SEL + NG 10/30/100 POS 26 EP3V			NY P SEL NG 10/30/100 EPO 26 EP3P		NY P CHC + NG 10/40/80 POS 26 EP4C			NY P CHC NG 10/40/80 EPO 26 EP4D
COPAYMENTS										
In-Network PCP Co	nav	\$10			\$10		Adul			Adult: \$10
								d: \$0		Child: \$0
In-Network Specialist In-Network Hospital	1 3	\$30 \$500 Admit			\$30 \$500 Admit			/ \$80)%		\$40 / \$80 20%
In-Network Emergency Ro					\$250)%		20%
DEDUCTIBLES	сорај	, , , ,			,					
In-Network Deduct	tible	\$0/\$0	O		\$0/\$0		\$0,	/\$0		\$0/\$0
Non-Network Deduc	ctible	N/A			N/A		\$5,000/	\$10,000		N/A
COINSURANCE										
In-Network Coinsur	ance	100%			100%		80)%		80%
Non-Network Coinsu		N/A			N/A		50)%		N/A
OUT-OF-POCKET M	`	· · · · · · · · · · · · · · · · · · ·								
In-Network OOP		\$5,000/\$1	0,000	\$	\$5,000 / \$10,000			/ \$7,400		\$3,700 / \$7,400
Non-Network OOI	PIVI	N/A			N/A		\$10,000 /	/ \$20,000		N/A
PHARMACY Deductible		N/A			N/A		N1	/A		N/A
Copays		\$5/\$30/	50%		\$5 / \$30 / 50%		\$5/\$4			\$5/\$40/\$80
RATES		ΨΟ/ ΨΟΟ/			-5, 400, 00%		ΨΟ/ ΨΤ			
Employee		\$1,372.8			\$1,357.89		 \$1.3 ²	13.60		\$1,328.93
Employee + Spou	ise	\$2,745.6			\$2,715.78			87.20		\$2,657.86
Employee + Child(ren)	\$2,333.7	79		\$2,308.41		\$2,284.12			\$2,259.18
Full Family		\$3,912.5	55		\$3,870.00		\$3,82	29.27		\$3,787.46



	Gold								
COPAY PLANS	NY G CHC NG 30/65/450/100 EPO 26 EP3L	NY G CHC NG 40/70/100 EPO 26 EP3I	NY G CH 40/60/1 POS EP	.100/80	NY G SEL + I 40/60/1100 POS 26 EP3W		NY G CHC NG 40/60/1100/80 EPO 26 EP3G	NY G CHC + NG 40/60/1700/80 POS 26 EP4B	
COPAYMENTS									
In-Network PCP Copay	\$30	\$40	\$4	10	\$40		\$40	\$40	
In-Network Specialist Copay	\$65	\$70	\$60		\$60		\$60	\$60	
	Ded + \$1,500 Admit	\$1,500 Admit	Ded + 20%		Ded + 20%		Ded + 20%	Ded + 20%	
In-Network Emergency Room Copay	Ded + \$400	\$650	\$250		\$250		\$250	\$250	
DEDUCTIBLES									
In-Network Deductible	\$450/\$900	\$0/\$0	\$1,100/		\$1,100 / \$2,2		\$1,100 / \$2,200	\$1,700 / \$3,400	
Non-Network Deductible COINSURANCE	N/A	N/A	\$5,0007	\$10,000	\$5,000 / \$10,	000	N/A	\$5,000 / \$10,000	
In-Network Coinsurance	100%	100%	80)%	80%		80%	80%	
Non-Network Coinsurance	N/A	N/A	60)%	60%		N/A	60%	
OUT-OF-POCKET MA	AXIMUM (OOPM)								
In-Network OOPM		\$9,200 / \$18,400	\$8,500/		\$8,500 / \$17,		\$8,500 / \$17,000	\$8,500 / \$17,000	
Non-Network OOPM PHARMACY	N/A	N/A	\$10,000 /	['] \$20,000	\$10,000 / \$20	,000	N/A	\$10,000 / \$20,000	
Deductible	N/A	N/A	N,	/A	N/A		N/A		
Copays	\$10/\$50/\$100	\$15/\$100/50%	\$15/\$50/50	% up to \$800	\$15 / \$50 / 50% up	to \$800\$1	.5/\$50/50% up to \$8	300\$15 / \$50 / 50% up to \$80	
RATES									
Employee	\$1,230.62	\$1,211.27		92.83	\$1,181.79		\$1,177.76	\$1,181.40	
Employee + Spouse	\$2,461.24	\$2,422.54	\$2,38		\$2,363.58		\$2,355.52	\$2,362.80	
Employee + Child(ren) Full Family	\$2,092.05 \$3,507.27	\$2,059.16 \$3,452.13	\$2,09 \$3,39		\$2,009.04 \$3,368.11		\$2,002.19 \$3,356.63	\$2,008.38 \$3,367.00	
					Gold				
COPAY PLANS	NY G SEL + NG 15/30/1750/80 POS 26 EP3Y	NY G CH 15/30/17 EPO EP3	50/80 26	15/30 E	S SEL NG 0/1750/80 PO 26 EP3X		G CHC + NG 50/2500/75 POS 26 EP4E	NY G CHC NG 15/50/2500/75 EPO 26 EP4F	
COPAYMENTS									
In-Network PCP Copay	\$15	\$15	5		\$15		Adult: \$15 Child: \$0	Adult: \$15 Child: \$0	
In-Network Specialist Cop	ay \$30	\$30 \$30		\$30		\$	50/\$100	\$50/\$100	
In-Network Hospital Cop	ay Ded + 20%	Ded +	20%	De	d + 20%		Ded + 25%	Ded + 25%	
In-Network Emergency R om Copay	o- \$400	\$40	00	5	\$400		Ded + 25%	Ded + 25%	
DEDUCTIBLES									
In-Network Deductible		\$1,750/		\$1,750	0 / \$3,500		500 / \$5,000	\$2,500 / \$5,000	
Non-Network Deductibl	e \$10,000 / \$20,000	N//	4		N/A	\$10,0	000 / \$20,000	N/A	
COINSURANCE In-Network Coinsurance	e 80%	80°			80%		75%	75%	
Non-Network Coinsurance		N//			N/A		50%	N/A	
OUT-OF-POCKET MA		1477	·		TyA		30%	TYA	
In-Network OOPM	\$8,600 / \$17,200	\$8,600/	\$17,200	\$8.60	0 / \$17,200	\$7.1	50 / \$14,300	\$7,150 / \$14,300	
Non-Network OOPM	\$20,000 / \$4,000	N//		, -, - 0	N/A		000/\$40,000	N/A	
PHARMACY									
Deductible	N/A	N/A	4		N/A		N/A	N/A	
Copays	\$10 / \$65 / 50% up to \$	800 \$10 / \$65 / 509	% up to \$800	\$10/\$65/	50% up to \$800	\$10	/\$50/\$100	\$10/\$50/\$100	
RATES									
Employee	\$1,165.82	\$1,164	1.00	\$1,153.09			\$1,136.21	\$1,124.91	
Employee + Spouse	\$2,331.64	\$2,328			,306.18		\$2,272.42	\$2,249.82	
Employee + Child(ren)	\$1,981.89	\$1,978.80		\$1,960.25			\$1,931.56	\$1,912.35	
Full Family	\$3,322.59	\$3,31	/.41	\$3	,286.31		\$3,238.21	\$3,206.01	



			Silver			Bronze
COPAY PLANS	NY S CHC + NG 40/80/3750/80 POS 26 EP35		00/75 15/ 6 15/	'S CHC NG 50/7000/75 EPO 26 EP4H	NY S CHC NG 30/75/4250/50 EPO 26 EP3B	NY B CHC NG 35/60/6150/70 EPO 26 EP3M
COPAYMENTS						
In-Network PCP Copay	/ Ded + \$40	Adult: 9 Child:			\$30	Ded + \$35
In-Network Specialist Cop	pay Ded + \$80	\$50/\$		550 / \$100	\$75	Ded + \$60
In-Network Hospital Cop		Ded + 2		Ded + 25%	Ded + 50%	Ded + 30%
In-Network Emergency R	Ro- Ded + \$500	Ded + 2	25% [Ded + 25%	Ded + \$900	Ded + \$350
om Copay DEDUCTIBLES	200 4000	500 2		20%	300 4000	200 4000
In-Network Deductible	s \$3,750 / \$7,500	\$7,000 / \$1	14.000 \$70	00 / \$14,000	\$4,250 / \$8,500	\$6,150 / \$12,300
Non-Network Deductible	, , . ,			N/A	N/A	N/A
COINSURANCE	¥0,000/ ¥12,000	+10,000/+	20,000	.,,,,	. 47.	. 47.1
In-Network Coinsurance	e 80%	75%		75%	50%	70%
Non-Network Coinsuran		50%		N/A	N/A	N/A
OUT-OF-POCKET MA	AXIMUM (OOPM)					
In-Network OOPM	\$9,300 / \$18,600	0 \$9,700/\$2	19,400 \$9,7	00/\$19,400	\$9,100 / \$18,200	\$9,200 / \$18,400
Non-Network OOPM	\$10,000 / \$20,00	\$20,000 / \$	40,000	N/A	N/A	N/A
PHARMACY						
Deductible	N/A	\$100 D on	T2 & T3 \$100	D on T2 & T3	\$100 D on T2 & T3	Same as medical
Copays	\$5/\$45/\$90	\$10 / \$50 /	/ \$100 \$10	/\$50/\$100 \$	\$15 / \$65 / 50% up to \$800	\$10/\$40/\$60
RATES						
Employee	\$1,026.60	\$1,017.		\$1,006.60	\$1,005.69	\$943.09
Employee + Spouse	\$2,053.20	\$2,035		\$2,013.20 \$1,711.00	\$2,011.38	\$1,886.18
Employee + Child(ren) Full Family	\$1,745.22 \$2,925.82	\$1,730. \$2,901.		\$1,711.22 \$2,868.82	\$1,709.67 \$2,866.22	\$1,603.25 \$2,687.81
T dil T di Tiny	Ψ2,525.02	Ψ2,301		p2,000.02	ΨΖ,ΟΟΟ.ΖΖ	Ψ2,007.01
DEDUCTIBLE HSA	10/00/10/10					
DEDOCTIBLETISA	NY G CHC NG 1800/100 EPO HSA 26 EP3Q	NY G SEL NG 1800/100 EPO HSA 26 EP3S	NY G CHC NG 1800/80 EPO HSA 26 EP3C	NY G CHC + N 3500/100 POS HSA 26 EP4A	2500/100	NY G SEL NG 2500/100 EPO HSA 26 EP3T
COPAYMENTS	1800/100 EPO HSA 26	1800/100 EPO HSA 26	1800/80 EPO HSA 26	3500/100 POS HSA 26	2500/100 EPO HSA 26	2500/100 EPO HSA 26
	1800/100 EPO HSA 26	1800/100 EPO HSA 26	1800/80 EPO HSA 26	3500/100 POS HSA 26	2500/100 EPO HSA 26	2500/100 EPO HSA 26
COPAYMENTS In-Network PCP Copay In-Network Specialist	1800/100 EPO HSA 26 EP3Q	1800/100 EPO HSA 26 EP3S	1800/80 EPO HSA 26 EP3C	3500/100 POS HSA 26 EP4A	2500/100 6 EPO HSA 26 EP3R	2500/100 EPO HSA 26 EP3T
COPAYMENTS In-Network PCP Copay	1800/100 EPO HSA 26 EP3Q Ded + 0%	1800/100 EPO HSA 26 EP3S Ded + 0%	1800/80 EPO HSA 26 EP3C Ded + 20%	3500/100 POS HSA 26 EP4A Ded + 0%	2500/100 EPO HSA 26 EP3R Ded + 0%	2500/100 EPO HSA 26 EP3T Ded + 0%
COPAYMENTS In-Network PCP Copay In-Network Specialist Copay In-Network Hospital Copay In-Network Emergency	1800/100 EPO HSA 26 EP3Q Ded + 0% Ded + 0% Ded + \$1,200 Admit	1800/100 EPO HSA 26 EP3S Ded + 0% Ded + 0% Ded + \$1,200 Admit	1800/80 EPO HSA 26 EP3C Ded + 20% Ded + 20%	3500/100 POS HSA 26 EP4A Ded + 0%	2500/100 EPO HSA 26 EP3R Ded + 0% Ded + 0% Ded + \$1,200 Admit	2500/100 EPO HSA 26 EP3T Ded + 0% Ded + 0% Ded + \$1,200 Admit
COPAYMENTS In-Network PCP Copay In-Network Specialist Copay In-Network Hospital Copay In-Network Emergency Room Copay	1800/100 EPO HSA 26 EP3Q Ded + 0% Ded + 0%	1800/100 EPO HSA 26 EP3S Ded + 0%	1800/80 EPO HSA 26 EP3C Ded + 20% Ded + 20% Ded + 20%	3500/100 POS HSA 26 EP4A Ded + 0% Ded + 0%	2500/100 EPO HSA 26 EP3R Ded + 0% Ded + 0%	2500/100 EPO HSA 26 EP3T Ded + 0% Ded + 0%
COPAYMENTS In-Network PCP Copay In-Network Specialist Copay In-Network Hospital Copay In-Network Emergency Room Copay DEDUCTIBLES	1800/100 EPO HSA 26 EP3Q Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500	1800/100 EPO HSA 26 EP3S Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500	1800/80 EPO HSA 26 EP3C Ded + 20% Ded + 20% Ded + 20% Ded + 20%	3500/100 POS HSA 26 EP4A Ded + 0% Ded + 0% Ded + 0% Ded + 0%	2500/100 EPO HSA 26 EP3R Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500	2500/100 EPO HSA 26 EP3T Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500
COPAYMENTS In-Network PCP Copay In-Network Specialist Copay In-Network Hospital Copay In-Network Emergency Room Copay DEDUCTIBLES In-Network Deductible	1800/100 EPO HSA 26 EP3Q Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600	1800/100 EPO HSA 26 EP3S Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600	1800/80 EPO HSA 26 EP3C Ded + 20%	3500/100 POS HSA 26 EP4A Ded + 0% Ded + 0% Ded + 0% Ded + 0%	Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$2,500 / \$5,000	2500/100 EPO HSA 26 EP3T Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$2,500 / \$5,000
COPAYMENTS In-Network PCP Copay In-Network Specialist Copay In-Network Hospital Copay In-Network Emergency Room Copay DEDUCTIBLES In-Network Deductible Non-Network Deductible	1800/100 EPO HSA 26 EP3Q Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500	1800/100 EPO HSA 26 EP3S Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500	1800/80 EPO HSA 26 EP3C Ded + 20% Ded + 20% Ded + 20% Ded + 20%	3500/100 POS HSA 26 EP4A Ded + 0% Ded + 0% Ded + 0% Ded + 0%	Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$2,500 / \$5,000	2500/100 EPO HSA 26 EP3T Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500
COPAYMENTS In-Network PCP Copay In-Network Specialist Copay In-Network Hospital Copay In-Network Emergency Room Copay DEDUCTIBLES In-Network Deductible Non-Network Deductible COINSURANCE	1800/100 EPO HSA 26 EP3Q Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A	1800/100 EPO HSA 26 EP3S Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A	1800/80 EPO HSA 26 EP3C Ded + 20% Ded + 20% Ded + 20% Ded + 20% St.800 / \$3,600 N/A	3500/100 POS HSA 26 EP4A Ded + 0% Ded + 0% Ded + 0% \$3,500 / \$7,0 \$5,000 / \$10,0	Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$2,500 / \$5,000 N/A	2500/100 EPO HSA 26 EP3T Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$2,500 / \$5,000 N/A
COPAYMENTS In-Network PCP Copay In-Network Specialist Copay In-Network Hospital Copay In-Network Emergency Room Copay DEDUCTIBLES In-Network Deductible Non-Network Deductible	1800/100 EPO HSA 26 EP3Q Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A	1800/100 EPO HSA 26 EP3S Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A 100%	1800/80 EPO HSA 26 EP3C Ded + 20% Ded + 20% Ded + 20% Ded + 20% \$1,800 / \$3,600 N/A 80%	3500/100 POS HSA 26 EP4A Ded + 0% Ded + 0% Ded + 0% Ded + 0%	Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$2,500 / \$5,000 N/A	2500/100 EPO HSA 26 EP3T Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$2,500 / \$5,000 N/A
COPAYMENTS In-Network PCP Copay In-Network Specialist Copay In-Network Hospital Copay In-Network Emergency Room Copay DEDUCTIBLES In-Network Deductible Non-Network Deductible COINSURANCE In-Network Coinsurance Non-Network Coinsurance	1800/100 EPO HSA 26 EP3Q Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A 100% N/A	1800/100 EPO HSA 26 EP3S Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A	1800/80 EPO HSA 26 EP3C Ded + 20% Ded + 20% Ded + 20% Ded + 20% St.800 / \$3,600 N/A	3500/100 POS HSA 26 EP4A Ded + 0% Ded + 0% Ded + 0% \$3,500 / \$7,0 \$5,000 / \$10,0	Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$2,500 / \$5,000 N/A	2500/100 EPO HSA 26 EP3T Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$2,500 / \$5,000 N/A
COPAYMENTS In-Network PCP Copay In-Network Specialist Copay In-Network Hospital Copay In-Network Emergency Room Copay DEDUCTIBLES In-Network Deductible Non-Network Deductible COINSURANCE In-Network Coinsurance	1800/100 EPO HSA 26 EP3Q Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A 100% N/A	1800/100 EPO HSA 26 EP3S Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A 100%	1800/80 EPO HSA 26 EP3C Ded + 20% Ded + 20% Ded + 20% Ded + 20% \$1,800 / \$3,600 N/A 80%	3500/100 POS HSA 26 EP4A Ded + 0% Ded + 0% Ded + 0% \$3,500 / \$7,0 \$5,000 / \$10,0	Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 00 \$2,500 / \$5,000 N/A 100% N/A	2500/100 EPO HSA 26 EP3T Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$2,500 / \$5,000 N/A
COPAYMENTS In-Network PCP Copay In-Network Specialist Copay In-Network Hospital Copay In-Network Emergency Room Copay DEDUCTIBLES In-Network Deductible Non-Network Deductible COINSURANCE In-Network Coinsurance Non-Network Coinsurance	1800/100 EPO HSA 26 EP3Q Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A 100% N/A AXIMUM (OOPM)	1800/100 EPO HSA 26 EP3S Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A 100% N/A	1800/80 EPO HSA 26 EP3C Ded + 20% Ded + 20% Ded + 20% Ded + 20% N/A \$1,800 / \$3,600 N/A 80% N/A	3500/100 POS HSA 26 EP4A Ded + 0% Ded + 0% Ded + 0% \$3,500 / \$7,0 \$5,000 / \$10,0	Ded + 0% Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 00 \$2,500 / \$5,000 N/A 100% N/A 00 \$5,500 / \$8,900	2500/100 EPO HSA 26 EP3T Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$2,500 / \$5,000 N/A 100% N/A
COPAYMENTS In-Network PCP Copay In-Network Specialist Copay In-Network Hospital Copay In-Network Emergency Room Copay DEDUCTIBLES In-Network Deductible Non-Network Deductible COINSURANCE In-Network Coinsurance Non-Network Coinsurance OUT-OF-POCKET MA In-Network OOPM	1800/100 EPO HSA 26 EP3Q Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A 100% N/A AXIMUM (OOPM) \$5,500 / \$8,900 N/A	1800/100 EPO HSA 26 EP3S Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A 100% N/A \$5,500 / \$8,900 N/A	1800/80 EPO HSA 26 EP3C Ded + 20% Ded + 20% Ded + 20% Ded + 20% N/A \$1,800 / \$3,600 N/A 80% N/A \$5,000 / \$10,000	3500/100 POS HSA 26 EP4A Ded + 0% Ded + 0% Ded + 0% Ded + 0% \$3,500 / \$7,0 \$5,000 / \$10,0 100% 70% \$3,500 / \$7,0	Ded + 0% Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 00 \$2,500 / \$5,000 N/A 100% N/A 00 \$5,500 / \$8,900	2500/100 EPO HSA 26 EP3T Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$2,500 / \$5,000 N/A 100% N/A \$5,500 / \$8,900
COPAYMENTS In-Network PCP Copay In-Network Specialist Copay In-Network Hospital Copay In-Network Emergency Room Copay DEDUCTIBLES In-Network Deductible Non-Network Deductible COINSURANCE In-Network Coinsurance Non-Network Coinsurance OUT-OF-POCKET MAIN-Network OOPM Non-Network OOPM	1800/100 EPO HSA 26 EP3Q Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A 100% N/A AXIMUM (OOPM) \$5,500 / \$8,900 N/A	1800/100 EPO HSA 26 EP3S Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A 100% N/A \$5,500 / \$8,900 N/A	1800/80 EPO HSA 26 EP3C Ded + 20% Ded + 20% Ded + 20% Ded + 20% N/A \$1,800 / \$3,600 N/A 80% N/A \$5,000 / \$10,000	3500/100 POS HSA 26 EP4A Ded + 0% Ded + 0% Ded + 0% Ded + 0% \$3,500 / \$7,0 \$5,000 / \$10,0 100% 70% \$3,500 / \$7,0	Ded + 0% Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 00 \$2,500 / \$5,000 N/A 100% N/A 00 \$5,500 / \$8,900 N/A	2500/100 EPO HSA 26 EP3T Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$2,500 / \$5,000 N/A 100% N/A \$5,500 / \$8,900
COPAYMENTS In-Network PCP Copay In-Network Specialist Copay In-Network Hospital Copay In-Network Emergency Room Copay DEDUCTIBLES In-Network Deductible Non-Network Deductible COINSURANCE In-Network Coinsurance Non-Network Coinsurance OUT-OF-POCKET MA In-Network OOPM Non-Network OOPM PHARMACY INCLUD Deductible Copays	1800/100 EPO HSA 26 EP3Q Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A 100% N/A AXIMUM (OOPM) \$5,500 / \$8,900 N/A ING CORE PLUS PRE	1800/100 EPO HSA 26 EP3S Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A 100% N/A \$5,500 / \$8,900 N/A VENTIVE PDL	1800/80 EPO HSA 26 EP3C Ded + 20% Ded + 20% Ded + 20% Ded + 20% \$1,800 / \$3,600 N/A 80% N/A \$5,000 / \$10,000 N/A	3500/100 POS HSA 26 EP4A Ded + 0% Ded + 0% Ded + 0% Ded + 0% \$3,500 / \$7,0 \$5,000 / \$10,0 100% 70% \$3,500 / \$7,0 \$10,000 / \$20,0	Ded + 0% Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 00 \$2,500 / \$5,000 N/A 100% N/A 100% N/A \$5,500 / \$8,900 N/A	2500/100 EPO HSA 26 EP3T Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$2,500 / \$5,000 N/A 100% N/A \$5,500 / \$8,900 N/A
COPAYMENTS In-Network PCP Copay In-Network Specialist Copay In-Network Hospital Copay In-Network Emergency Room Copay DEDUCTIBLES In-Network Deductible Non-Network Deductible COINSURANCE In-Network Coinsurance Non-Network Coinsurance OUT-OF-POCKET MA In-Network OOPM Non-Network OOPM PHARMACY INCLUD Deductible	1800/100 EPO HSA 26 EP3Q Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A 100% N/A AXIMUM (OOPM) \$5,500 / \$8,900 N/A ING CORE PLUS PRE Same as medical	1800/100 EPO HSA 26 EP3S Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A 100% N/A \$5,500 / \$8,900 N/A VENTIVE PDL Same as medical	1800/80 EPO HSA 26 EP3C Ded + 20% Ded + 20% Ded + 20% Ded + 20% \$1,800 / \$3,600 N/A \$5,000 / \$10,000 N/A Same as medical	3500/100 POS HSA 26 EP4A Ded + 0% Ded + 0% Ded + 0% Ded + 0% \$3,500 / \$7,0 \$5,000 / \$10,0 100% 70% \$3,500 / \$7,0 \$10,000 / \$20, Same as med	Ded + 0% Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 00 \$2,500 / \$5,000 N/A 100% N/A 100% N/A \$5,500 / \$8,900 N/A	2500/100 EPO HSA 26 EP3T Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$2,500 / \$5,000 N/A 100% N/A \$5,500 / \$8,900 N/A Same as medical
COPAYMENTS In-Network PCP Copay In-Network Specialist Copay In-Network Hospital Copay In-Network Emergency Room Copay DEDUCTIBLES In-Network Deductible Non-Network Deductible COINSURANCE In-Network Coinsurance Non-Network Coinsurance OUT-OF-POCKET MA In-Network OOPM Non-Network OOPM PHARMACY INCLUD Deductible Copays RATES Employee	1800/100 EPO HSA 26 EP3Q Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A 100% N/A AXIMUM (OOPM) \$5,500 / \$8,900 N/A ING CORE PLUS PRE Same as medical \$5 / \$45 / \$90	1800/100 EPO HSA 26 EP3S Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A 100% N/A \$5,500 / \$8,900 N/A VENTIVE PDL Same as medical \$5 / \$45 / \$90 \$1,170.10	1800/80 EPO HSA 26 EP3C Ded + 20% Ded + 20% Ded + 20% Ded + 20% \$1,800 / \$3,600 N/A \$5,000 / \$10,000 N/A Same as medical \$5 / \$45 / \$90	3500/100 POS HSA 26 EP4A Ded + 0% Ded + 0% Ded + 0% Ded + 0% \$3,500 / \$7,0 \$5,000 / \$10,0 100% 70% \$3,500 / \$7,0 \$10,000 / \$20, Same as med Ded + 0%	Ded + 0% Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 00 \$2,500 / \$5,000 N/A 100% N/A 100% N/A \$5,500 / \$8,900 N/A ical Same as medical \$5 / \$45 / \$90	2500/100 EPO HSA 26 EP3T Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$2,500 / \$5,000 N/A 100% N/A \$5,500 / \$8,900 N/A Same as medical \$5 / \$45 / \$90 \$1,135.69
COPAYMENTS In-Network PCP Copay In-Network Specialist Copay In-Network Hospital Copay In-Network Emergency Room Copay DEDUCTIBLES In-Network Deductible Non-Network Deductible COINSURANCE In-Network Coinsurance Non-Network Coinsurance OUT-OF-POCKET MA In-Network OOPM Non-Network OOPM PHARMACY INCLUD Deductible Copays RATES Employee Employee + Spouse	1800/100 EPO HSA 26 EP3Q Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A 100% N/A AXIMUM (OOPM) \$5,500 / \$8,900 N/A ING CORE PLUS PRE Same as medical \$5 / \$45 / \$90 \$1,181.14 \$2,362.28	1800/100 EPO HSA 26 EP3S Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A 100% N/A \$5,500 / \$8,900 N/A VENTIVE PDL Same as medical \$5 / \$45 / \$90 \$1,170.10 \$2,340.20	1800/80 EPO HSA 26 EP3C Ded + 20% Ded + 20% Ded + 20% Ded + 20% \$1,800 / \$3,600 N/A \$5,000 / \$10,000 N/A Same as medical \$5 / \$45 / \$90 \$1,156.08 \$2,312.16	3500/100 POS HSA 26 EP4A Ded + 0% Ded + 0% Ded + 0% Ded + 0% \$3,500 / \$7,0 \$5,000 / \$10,00 100% 70% \$3,500 / \$7,0 \$10,000 / \$20, Same as med Ded + 0% \$1,164.13 \$2,328.26	Ded + 0% Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 00 \$2,500 / \$5,000 N/A 100% N/A 100% N/A \$5,500 / \$8,900 N/A ical Same as medical \$5 / \$45 / \$90 \$1,146.34 \$2,292.68	2500/100 EPO HSA 26 EP3T Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$2,500 / \$5,000 N/A 100% N/A \$5,500 / \$8,900 N/A Same as medical \$5 / \$45 / \$90 \$1,135.69 \$2,271.38
COPAYMENTS In-Network PCP Copay In-Network Specialist Copay In-Network Hospital Copay In-Network Emergency Room Copay DEDUCTIBLES In-Network Deductible Non-Network Deductible COINSURANCE In-Network Coinsurance Non-Network Coinsurance OUT-OF-POCKET MA In-Network OOPM Non-Network OOPM PHARMACY INCLUD Deductible Copays RATES Employee	1800/100 EPO HSA 26 EP3Q Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A 100% N/A AXIMUM (OOPM) \$5,500 / \$8,900 N/A ING CORE PLUS PRE Same as medical \$5 / \$45 / \$90	1800/100 EPO HSA 26 EP3S Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600 N/A 100% N/A \$5,500 / \$8,900 N/A VENTIVE PDL Same as medical \$5 / \$45 / \$90 \$1,170.10	1800/80 EPO HSA 26 EP3C Ded + 20% Ded + 20% Ded + 20% Ded + 20% \$1,800 / \$3,600 N/A \$5,000 / \$10,000 N/A Same as medical \$5 / \$45 / \$90	3500/100 POS HSA 26 EP4A Ded + 0% Ded + 0% Ded + 0% Ded + 0% \$3,500 / \$7,0 \$5,000 / \$10,0 100% 70% \$3,500 / \$7,0 \$10,000 / \$20, Same as med Ded + 0%	Ded + 0% Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 00 \$2,500 / \$5,000 N/A 100% N/A 100% N/A \$5,500 / \$8,900 N/A ical Same as medical \$5 / \$45 / \$90 \$1,146.34 \$2,292.68	2500/100 EPO HSA 26 EP3T Ded + 0% Ded + 0% Ded + \$1,200 Admit Ded + \$500 \$2,500 / \$5,000 N/A 100% N/A \$5,500 / \$8,900 N/A Same as medical \$5 / \$45 / \$90 \$1,135.69



				Silver			
DEDUCTIBLE HSA	NY S SEL NG 30/50/3000/100 EPO HSA 26 EP3O	NY S CHC NG 30/50/3000/100 EPO HSA 26 EP36	NY S CHC + NG 30/50/3000/100 POS HSA 26 EP3J	NY S CHC + NG 30/60/3250/90 POS HSA 26 EP37	NY S CHC + NG 30/60/3250/90 POS HSA 26 EP38	NY S CHC NG 3400/80 EPO HSA 26 EP3D	NY S CHC NG 5100/100 EPO HSA 26 EP3Z
COPAYMENTS							
In-Network PCP Copay	Ded + \$30	Ded + \$30	Ded + \$30	Ded + \$30	Ded + \$30	Ded + 20%	Ded + 0%
In-Network Special- ist Copay	Ded + \$50	Ded + \$50	Ded + \$50	Ded + \$60	Ded + \$60	Ded + 20%	Ded + 0%
In-Network Hospital Copay	Ded + \$1,500 Admit	Ded + \$1,500 Admit	Ded + \$1,500 Admit	Ded + 10%	Ded + 10%	Ded + 20%	Ded + 0%
In-Network Emerg- ency Room Copay	Ded + \$500	Ded + \$500	Ded + \$500	Ded + 10%	Ded + 10%	Ded + 20%	Ded + 0%
DEDUCTIBLES							
In-Network Deductible	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,250 / \$6,500	\$3,250 / \$6,500	\$3,400 / \$6,800	\$5,100 / \$10,200
Non-Network Dedu- ctible	N/A	N/A	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	N/A	N/A
COINSURANCE							
In-Network Coinsu- rance	100%	100%	100%	90%	90%	80%	100%
Non-Network Coin- surance	N/A	N/A	50%	50%	80%	N/A	N/A
OUT-OF-POCKET	MAXIMUM (OOP	PM)					
In-Network OOPM	\$8,300 / \$16,600	\$8,300 / \$16,600	\$8,300 / \$16,600	\$7,850 / \$15,700	\$7,850 / \$15,700	\$8,300 / \$16,600	\$8,500 / \$17,000
Non-Network OOPM	N/A	N/A	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000	N/A	N/A
PHARMACY INCL	LUDING CORE PLU	JS PREVENTIVE PI	DL				
Deductible	Same as medical	Same as medical	Same as medical	Same as medical	Same as medical	Same as medical	Same as medical
Copays	\$10/\$40/\$60	\$10/\$40/\$60	\$10/\$40/\$60	\$15 / \$35 / \$75	\$15 / \$35 / \$75	\$15 / \$35 / \$75	\$15 / \$35 / \$75
RATES		4	4		4		
Employee	\$1,038.16	\$1,046.99	\$1,061.01	\$1,052.96	\$1,059.58	\$1,018.94	\$1,015.82
Employee + Spouse	\$2,076.32	\$2,093.98	\$2,122.02	\$2,105.92	\$2,119.16	\$2,037.88	\$2,031.64
Employee + Child(ren)	\$1,764.87	\$1,779.88	\$1,803.72	\$1,790.03	\$1,801.29	\$1,732.20	\$1,726.89
Full Family	\$2,958.76	\$2,983.93	\$3,023.89	\$3,000.94	\$3,019.82	\$2,903.99	\$2,895.09

	Bronze							
DEDUCTIBLE HSA	NY B CHC NG 7750/100 EPO HSA 26 EP32	NY B CHC + NG 7750/100 POS HSA 26 EP29	NY B CHC NG 6000/70 EPO HSA 26 EP34	NY B CHC + NG 6000/70 POS HSA 26 EP33				
COPAYMENTS								
In-Network PCP Copay	Ded + 0%	Ded + 0%	Ded + 30%	Ded + 30%				
In-Network Specialist Copay	Ded + 0%	Ded + 0%	Ded + 30%	Ded + 30%				
In-Network Hospital Copay	Ded + 0%	Ded + 0%	Ded + 30%	Ded + 30%				
n-Network Emergency Room Copay	Ded + 0%	Ded + 0%	Ded + 50%	Ded + 50%				
DEDUCTIBLES								
In-Network Deductible	\$7,750 / \$15,500	\$7,750 / \$15,500	\$6,000 / \$12,000	\$6,000 / \$12,000				
Non-Network Deductible	N/A	\$10,000 / \$20,000	N/A	\$10,000 / \$20,000				
COINSURANCE								
In-Network Coinsurance	100%	100%	70%	70%				
Non-Network Coinsurance	N/A	50%	N/A	50%				
OUT-OF-POCKET MAXIMUM ((OOPM)							
In-Network OOPM	\$7,750 / \$15,500	\$7,750 / \$15,500	\$8,300 / \$16,600	\$8,300 / \$16,600				
Non-Network OOPM	N/A	\$20,000 / \$40,000	N/A	\$20,000 / \$40,000				
PHARMACY INCLUDING COR	E PLUS PREVENTIVE PDL							
Deductible	Same as medical	Same as medical	Same as medical	Same as medical				
Copays	No Copay	No Copay	\$0/\$25/\$50	\$0/\$25/\$50				
RATES								
Employee	\$951.54	\$961.80	\$947.64	\$957.77				
Employee + Spouse	\$1,903.08	\$1,923.60	\$1,895.28	\$1,915.54				
Employee + Child(ren)	\$1,617.62	\$1,635.06	\$1,610.99	\$1,628.21				
Full Family	\$2,711.90	\$2,741.14	\$2,700.79	\$2,729.66				

Premium rates and/or product forms included herein are subject to approval by regulators. If the rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings, in accordance with applicable law.

We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative.

