Rate Guide

Upstate New York Small Group (1-100)

Q1 2026 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 26 EP3F	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 CHC NG 10/25/100 EPO 26 EP39	NY P CHC + NG 10/30/100 POS 26 EP3K
COPAYMENTS						
In-Network PCP Copay	$15	$15	$15	$15	$10	$10
In-Network Specialist Copay	$25	$25	$25	$25	$25	$30
In-Network Hospital Copay	$500 Admit	$500 Admit	$500 Admit	$500 Admit	$1,000 Admit	$500 Admit
In-Network Emergency Room Copay	$300	$300	$300	$300	$200	$250
DEDUCTIBLES						
In-Network Deductible	$0 / $0	$0 / $0	$0 / $0	$0 / $0	$0 / $0	$0 / $0
Non-Network Deductible	$5,000 / $10,000	$5,000 / $10,000	N/A	N/A	N/A	$5,000 / $10,000
COINSURANCE						
In-Network Coinsurance	100%	100%	100%	100%	100%	100%
Non-Network Coinsurance	80%	80%	N/A	N/A	N/A	50%
OUT-OF-POCKET MAXIMUM (OOPM)						
In-Network OOPM	$5,500 / $11,000	$5,500 / $11,000	$5,500 / $11,000	$5,500 / $11,000	$7,000 / $14,000	$5,000 / $10,000
Non-Network OOPM	$10,000 / $20,000	$10,000 / $20,000	N/A	N/A	N/A	$10,000 / $20,000
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 / $25 / $50	$5 / $25 / $50	$5 / $30 / $60	$5 / $30 / 50%
RATES						
Employee	$1,417.24	$1,404.12	$1,401.91	$1,388.67	$1,394.38	$1,385.68
Employee + Spouse	$2,834.48	$2,808.24	$2,803.82	$2,777.34	$2,788.76	$2,771.36
Employee + Child(ren)	$2,409.31	$2,387.00	$2,383.25	$2,360.74	$2,370.45	$2,355.66
Full Family	$4,039.15	$4,001.75	$3,995.46	$3,957.72	$3,974.00	$3,949.21

COPAY PLANS	Platinum			
	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 Copay	$10	$10	Adult: $10 Child: $0	Adult: $10 Child: $0
In-Network Specialist Copay	$30	$30	$40 / $80	$40 / $80
In-Network Hospital Copay	$500 Admit	$500 Admit	20%	20%
In-Network Emergency Room Copay	$250	$250	20%	20%
DEDUCTIBLES				
In-Network Deductible	$0 / $0	$0 / $0	$0 / $0	$0 / $0
Non-Network Deductible	N/A	N/A	$5,000 / $10,000	N/A
COINSURANCE				
In-Network Coinsurance	100%	100%	80%	80%
Non-Network Coinsurance	N/A	N/A	50%	N/A
OUT-OF-POCKET MAXIMUM (OOPM)				
In-Network OOPM	$5,000 / $10,000	$5,000 / $10,000	$3,700 / $7,400	$3,700 / $7,400
Non-Network OOPM	N/A	N/A	$10,000 / $20,000	N/A
PHARMACY				
Deductible	N/A	N/A	N/A	N/A
Copays	$5 / $30 / 50%	$5 / $30 / 50%	$5 / $40 / $80	$5 / $40 / $80
RATES				
Employee	$1,372.82	$1,357.89	$1,343.60	$1,328.93
Employee + Spouse	$2,745.64	$2,715.78	$2,687.20	$2,657.86
Employee + Child(ren)	$2,333.79	$2,308.41	$2,284.12	$2,259.18
Full Family	$3,912.55	$3,870.00	$3,829.27	$3,787.46

COPAY PLANS	Gold					
	NY G CHC NG 30/65/450/100 EPO 26 EP3L	NY G CHC NG 40/70/100 EPO 26 EP3I	NY G CHC + NG 40/60/1100/80 POS 26 EP3E	NY G SEL + NG 40/60/1100/80 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	$40	$40	$40	$40
In-Network Specialist Copay	$65	$70	$60	$60	$60	$60
In-Network Hospital Copay	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 / $2,200	$1,100 / $2,200	$1,100 / $2,200	$1,700 / $3,400
Non-Network Deductible	N/A	N/A	$5,000 / $10,000	$5,000 / $10,000	N/A	$5,000 / $10,000
COINSURANCE						
In-Network Coinsurance	100%	100%	80%	80%	80%	80%
Non-Network Coinsurance	N/A	N/A	60%	60%	N/A	60%
OUT-OF-POCKET MAXIMUM (OOPM)						
In-Network OOPM	$9,900 / $19,800	$9,200 / $18,400	$8,500 / $17,000	$8,500 / $17,000	$8,500 / $17,000	$8,500 / $17,000
Non-Network OOPM	N/A	N/A	$10,000 / $20,000	$10,000 / $20,000	N/A	$10,000 / $20,000
PHARMACY						
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	$15 / $50 / 50% up to $800	$15 / $50 / 50% up to $800
RATES						
Employee	$1,230.62	$1,211.27	$1,192.83	$1,181.79	$1,177.76	$1,181.40
Employee + Spouse	$2,461.24	$2,422.54	$2,385.66	$2,363.58	$2,355.52	$2,362.80
Employee + Child(ren)	$2,092.05	$2,059.16	$2,027.81	$2,009.04	$2,002.19	$2,008.38
Full Family	$3,507.27	$3,452.13	$3,399.58	$3,368.11	$3,356.63	$3,367.00

COPAY PLANS	Gold				
	NY G SEL + NG 15/30/1750/80 POS 26 EP3Y	NY G CHC NG 15/30/1750/80 EPO 26 EP3A	NY G SEL NG 15/30/1750/80 EPO 26 EP3X	NY G CHC + NG 15/50/2500/75 POS 26 EP4E	NY G CHC NG 15/50/2500/75 EPO 26 EP4F
COPAYMENTS					
In-Network PCP Copay	$15	$15	$15	Adult: $15 Child: $0	Adult: $15 Child: $0
In-Network Specialist Copay	$30	$30	$30	$50 / $100	$50 / $100
In-Network Hospital Copay	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 25%	Ded + 25%
In-Network Emergency Ro-om Copay	$400	$400	$400	Ded + 25%	Ded + 25%
DEDUCTIBLES					
In-Network Deductible	$1,750 / $3,500	$1,750 / $3,500	$1,750 / $3,500	$2,500 / $5,000	$2,500 / $5,000
Non-Network Deductible	$10,000 / $20,000	N/A	N/A	$10,000 / $20,000	N/A
COINSURANCE					
In-Network Coinsurance	80%	80%	80%	75%	75%
Non-Network Coinsurance	50%	N/A	N/A	50%	N/A
OUT-OF-POCKET MAXIMUM (OOPM)					
In-Network OOPM	$8,600 / $17,200	$8,600 / $17,200	$8,600 / $17,200	$7,150 / $14,300	$7,150 / $14,300
Non-Network OOPM	$20,000 / $4,000	N/A	N/A	$20,000 / $40,000	N/A
PHARMACY					
Deductible	N/A	N/A	N/A	N/A	N/A
Copays	$10 / $65 / 50% up to $800	$10 / $65 / 50% up to $800	$10 / $65 / 50% up to $800	$10 / $50 / $100	$10 / $50 / $100
RATES					
Employee	$1,165.82	$1,164.00	$1,153.09	$1,136.21	$1,124.91
Employee + Spouse	$2,331.64	$2,328.00	$2,306.18	$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	$3,317.41	$3,286.31	$3,238.21	$3,206.01

COPAY PLANS	Silver				Bronze
	NY S CHC + NG 40/80/3750/80 POS 26 EP35	NY S CHC + NG 15/50/7000/75 POS 26 EP4G	NY S CHC NG 15/50/7000/75 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: $15 Child: $0	Adult: $15 Child: $0	$30	Ded + $35
In-Network Specialist Copay	Ded + $80	$50 / $100	$50 / $100	$75	Ded + $60
In-Network Hospital Copay	Ded + 20%	Ded + 25%	Ded + 25%	Ded + 50%	Ded + 30%
In-Network Emergency Room Copay	Ded + $500	Ded + 25%	Ded + 25%	Ded + $900	Ded + $350
DEDUCTIBLES					
In-Network Deductible	$3,750 / $7,500	$7,000 / $14,000	$7,000 / $14,000	$4,250 / $8,500	$6,150 / $12,300
Non-Network Deductible	$6,000 / $12,000	$10,000 / $20,000	N/A	N/A	N/A
COINSURANCE					
In-Network Coinsurance	80%	75%	75%	50%	70%
Non-Network Coinsurance	60%	50%	N/A	N/A	N/A
OUT-OF-POCKET MAXIMUM (OOPM)					
In-Network OOPM	$9,300 / $18,600	$9,700 / $19,400	$9,700 / $19,400	$9,100 / $18,200	$9,200 / $18,400
Non-Network OOPM	$10,000 / $20,000	$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	$1,017.90	$1,006.60	$1,005.69	$943.09
Employee + Spouse	$2,053.20	$2,035.80	$2,013.20	$2,011.38	$1,886.18
Employee + Child(ren)	$1,745.22	$1,730.43	$1,711.22	$1,709.67	$1,603.25
Full Family	$2,925.82	$2,901.03	$2,868.82	$2,866.22	$2,687.81

DEDUCTIBLE HSA	Gold					
	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 + NG 3500/100 POS HSA 26 EP4A	NY G CHC NG 2500/100 EPO HSA 26 EP3R	NY G SEL NG 2500/100 EPO HSA 26 EP3T
COPAYMENTS						
In-Network PCP Copay	Ded + 0%	Ded + 0%	Ded + 20%	Ded + 0%	Ded + 0%	Ded + 0%
In-Network Specialist Copay	Ded + 0%	Ded + 0%	Ded + 20%	Ded + 0%	Ded + 0%	Ded + 0%
In-Network Hospital Copay	Ded + $1,200 Admit	Ded + $1,200 Admit	Ded + 20%	Ded + 0%	Ded + $1,200 Admit	Ded + $1,200 Admit
In-Network Emergency Room Copay	Ded + $500	Ded + $500	Ded + 20%	Ded + 0%	Ded + $500	Ded + $500
DEDUCTIBLES						
In-Network Deductible	$1,800 / $3,600	$1,800 / $3,600	$1,800 / $3,600	$3,500 / $7,000	$2,500 / $5,000	$2,500 / $5,000
Non-Network Deductible	N/A	N/A	N/A	$5,000 / $10,000	N/A	N/A
COINSURANCE						
In-Network Coinsurance	100%	100%	80%	100%	100%	100%
Non-Network Coinsurance	N/A	N/A	N/A	70%	N/A	N/A
OUT-OF-POCKET MAXIMUM (OOPM)						
In-Network OOPM	$5,500 / $8,900	$5,500 / $8,900	$5,000 / $10,000	$3,500 / $7,000	$5,500 / $8,900	$5,500 / $8,900
Non-Network OOPM	N/A	N/A	N/A	$10,000 / $20,000	N/A	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	$5 / $45 / $90	$5 / $45 / $90	Ded + 0%	$5 / $45 / $90	$5 / $45 / $90
RATES						
Employee	$1,181.14	$1,170.10	$1,156.08	$1,164.13	$1,146.34	$1,135.69
Employee + Spouse	$2,362.28	$2,340.20	$2,312.16	$2,328.26	$2,292.68	$2,271.38
Employee + Child(ren)	$2,007.94	$1,989.17	$1,965.34	$1,979.02	$1,948.78	$1,930.67
Full Family	$3,366.26	$3,334.80	$3,294.84	$3,317.78	$3,267.08	$3,236.72

DEDUCTIBLE HSA	Silver						
	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 Specialist 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 Emergency 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 Deductible	N/A	N/A	$5,000 / $10,000	$5,000 / $10,000	$5,000 / $10,000	N/A	N/A
COINSURANCE							
In-Network Coinsurance	100%	100%	100%	90%	90%	80%	100%
Non-Network Coinsurance	N/A	N/A	50%	50%	80%	N/A	N/A
OUT-OF-POCKET MAXIMUM (OOPM)							
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 INCLUDING CORE PLUS PREVENTIVE PDL							
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							
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

DEDUCTIBLE HSA	Bronze			
	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%
In-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 CORE 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

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