Rate Guide

Upstate New York Small Group (1-100)

Q1 2026 Rates

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

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	$1,532.86	$1,518.68	$1,516.29	$1,501.96	$1,508.14	$1,498.73
Employee + Spouse	$3,065.72	$3,037.36	$3,032.58	$3,003.92	$3,016.28	$2,997.46
Employee + Child(ren)	$2,605.86	$2,581.76	$2,577.69	$2,553.33	$2,563.84	$2,547.84
Full Family	$4,368.66	$4,328.26	$4,321.44	$4,280.60	$4,298.22	$4,271.39

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	$1,484.82	$1,468.67	$1,453.22	$1,437.35
Employee + Spouse	$2,969.64	$2,937.34	$2,906.44	$2,874.70
Employee + Child(ren)	$2,524.19	$2,496.74	$2,470.47	$2,443.50
Full Family	$4,231.75	$4,185.73	$4,141.69	$4,096.47

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	$1,331.02	$1,310.09	$1,290.14	$1,278.20	$1,273.85	$1,277.78
Employee + Spouse	$2,662.04	$2,620.18	$2,580.28	$2,556.40	$2,547.70	$2,555.56
Employee + Child(ren)	$2,262.73	$2,227.15	$2,193.24	$2,172.94	$2,165.55	$2,172.23
Full Family	$3,793.42	$3,733.77	$3,676.91	$3,642.88	$3,630.49	$3,641.69

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	$1,260.93	$1,258.96	$1,247.16	$1,228.90	$1,216.68
Employee + Spouse	$2,521.86	$2,517.92	$2,494.32	$2,457.80	$2,433.36
Employee + Child(ren)	$2,143.58	$2,140.23	$2,120.17	$2,089.13	$2,068.36
Full Family	$3,593.66	$3,588.05	$3,554.42	$3,502.38	$3,467.56

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	$1,110.35	$1,100.94	$1,088.72	$1,087.74	$1,020.04
Employee + Spouse	$2,220.70	$2,201.88	$2,177.44	$2,175.48	$2,040.08
Employee + Child(ren)	$1,887.60	$1,871.60	$1,850.82	$1,849.16	$1,734.07
Full Family	$3,164.51	$3,137.69	$3,102.86	$3,100.07	$2,907.13

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	$1,277.50	$1,265.56	$1,250.39	$1,259.10	$1,239.86	$1,228.34
Employee + Spouse	$2,555.00	$2,531.12	$2,500.78	$2,518.20	$2,479.72	$2,456.68
Employee + Child(ren)	$2,171.75	$2,151.45	$2,125.66	$2,140.47	$2,107.76	$2,088.18
Full Family	$3,640.89	$3,606.86	$3,563.62	$3,588.45	$3,533.61	$3,500.78

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	$1,122.85	$1,132.40	$1,147.57	$1,138.87	$1,146.03	$1,102.06	$1,098.69
Employee + Spouse	$2,245.70	$2,264.80	$2,295.14	$2,277.74	$2,292.06	$2,204.12	$2,197.38
Employee + Child(ren)	$1,908.85	$1,925.08	$1,950.87	$1,936.08	$1,948.25	$1,873.50	$1,867.77
Full Family	$3,200.14	$3,227.35	$3,270.59	$3,245.79	$3,266.20	$3,140.88	$3,131.27

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	$1,029.17	$1,040.26	$1,024.95	$1,035.91
Employee + Spouse	$2,058.34	$2,080.52	$2,049.90	$2,071.82
Employee + Child(ren)	$1,749.59	$1,768.44	$1,742.42	$1,761.05
Full Family	$2,933.15	$2,964.75	$2,921.12	$2,952.36

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