

Q1 2026 Rates

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

United Healthcare

			Plati	num		
COPAY PLANS	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	\$25	\$25	\$25	\$25	\$25	\$30
Copay In-Network Hospital Copay	\$500 Admit	\$500 Admit	\$500 Admit	\$500 Admit	\$1,000 Admit	\$500 Admit
In-Network Emergency	\$300	\$300	\$300	\$300	\$200	\$250
Room Copay DEDUCTIBLES	<b>4555</b>	<del>+</del>	<b>4000</b>	+555	<b>¥200</b>	+255
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	\$07 \$0 N/A	N/A	\$0 / \$0 N/A	\$5,000 / \$10,000
COINSURANCE	\$5,000/ \$10,000	\$5,0007 \$10,000	IVA	N/A	IVA	\$5,000 / \$10,000
In-Network Coinsurance	100%	100%	100%	100%	100%	100%
Non-Network Coinsurance	80%	80%	N/A	N/A	N/A	50%
OUT-OF-POCKET M		00%	1974	1974	197	30%
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	\$10,000 / \$20,000	\$10,000 / \$20,000	14/74	TY/A	197	\$10,000 / \$20,000
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	407 4207 400	ψ0/ ψ20/ ψ00	ψογ ψεογ ψοο	40/ 420/ 400	407 4007 400	407 4007 00%
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
				Platinum		
COPAY PLANS	10,	SEL + NG /30/100 OS 26 EP3V	NY P SEL NG 10/30/100 EPO 26 EP3P	NY P CHC 10/40/8 POS 2 EP4C	30 6	NY P CHC NG 10/40/80 EPO 26 EP4D
COPAYMENTS			_	_		_
In-Network PCP Co	pay	\$10	\$10	Adult: \$ Child: \$		Adult: \$10 Child: \$0
In-Network Specialist	Copav	\$30	\$30	\$40/\$8	-	\$40 / \$80
In-Network Hospital (	1 2	00 Admit	\$500 Admit	20%		20%
In-Network Emergency Roo	om Copay	*050				
DEDUCTIBLES	лпсорау	\$250	\$250	20%		20%
DEDUCTIBLES	лп сорау 	\$250	\$250	20%		20%
In-Network Deduct		\$250 50/\$0	\$250 \$0/\$0	20%	0	20% \$0/\$0
	ible \$					
In-Network Deduct	ible \$	50/\$0	\$0/\$0	\$0/\$6		\$0/\$0
In-Network Deduct Non-Network Deduc	ible \$	50/\$0	\$0/\$0	\$0/\$6	0,000	\$0/\$0
In-Network Deduct Non-Network Deduct COINSURANCE	ible \$	50/\$0 N/A	\$0/\$0 N/A	\$0/\$ \$5,000/\$1	0,000	\$0/\$0 N/A
In-Network Deduct Non-Network Deduc COINSURANCE In-Network Coinsura	ible \$ tible ance rance	50 / \$0 N/A 100%	\$0/\$0 N/A	\$0/\$ \$5,000/\$1 80%	0,000	\$0/\$0 N/A 80%
In-Network Deduct Non-Network Deduct COINSURANCE In-Network Coinsura Non-Network Coinsu	ible stible ance rance AXIMUM (OOPM)	50 / \$0 N/A 100%	\$0/\$0 N/A	\$0/\$ \$5,000/\$1 80%	0,000	\$0/\$0 N/A 80%
In-Network Deduct Non-Network Deduct COINSURANCE In-Network Coinsur Non-Network Coinsu OUT-OF-POCKET M In-Network OOP	ible stible ance rance AXIMUM (OOPM) M \$5,00	50 / \$0 N/A 100% N/A	\$0/\$0 N/A 100% N/A	\$0/\$1 \$5,000/\$1 80% 50%	7,400	\$0 / \$0 N/A 80% N/A
In-Network Deduct Non-Network Deduct COINSURANCE In-Network Coinsur Non-Network Coinsu OUT-OF-POCKET M In-Network OOP	ible stible ance rance AXIMUM (OOPM) M \$5,00	50/\$0 N/A 100% N/A 0/\$10,000	\$0/\$0 N/A 100% N/A \$5,000/\$10,000	\$0/\$\ \$5,000/\$1 80% 50% \$3,700/\$	7,400	\$0 / \$0 N/A 80% N/A \$3,700 / \$7,400 N/A
In-Network Deduct Non-Network Deduct COINSURANCE In-Network Coinsur Non-Network Coinsu OUT-OF-POCKET M In-Network OOP	ible stible ance rance AXIMUM (OOPM) M \$5,00	50/\$0 N/A 100% N/A 0/\$10,000 N/A	\$0/\$0 N/A 100% N/A \$5,000/\$10,000	\$0/\$\ \$5,000/\$1 80% 50% \$3,700/\$	7,400	\$0 / \$0 N/A 80% N/A \$3,700 / \$7,400
In-Network Deduct Non-Network Deduct COINSURANCE In-Network Coinsura Non-Network Coinsu OUT-OF-POCKET M In-Network OOP Non-Network OOP PHARMACY Deductible Copays	ible stible ance rance AXIMUM (OOPM) M \$5,00	50/\$0 N/A 100% N/A 0/\$10,000 N/A	\$0/\$0 N/A 100% N/A \$5,000/\$10,000 N/A	\$0/\$ \$5,000/\$1 80% 50% \$3,700/\$; \$10,000/\$2	7,400 20,000	\$0 / \$0 N/A 80% N/A \$3,700 / \$7,400 N/A
In-Network Deduct Non-Network Deduct COINSURANCE In-Network Coinsur Non-Network Coinsu OUT-OF-POCKET M In-Network OOP Non-Network OOP PHARMACY Deductible Copays RATES	ible \$ citible  ance rance AXIMUM (OOPM) M \$5,00	50 / \$0 N/A 100% N/A 0 / \$10,000 N/A N/A \$30 / 50%	\$0 / \$0 N/A 100% N/A \$5,000 / \$10,000 N/A N/A \$5 / \$30 / 50%	\$0/\$ \$5,000/\$1 80% 50% \$3,700/\$ \$10,000/\$2 N/A \$5/\$40/	7,400 20,000 \$80	\$0/\$0 N/A 80% N/A \$3,700/\$7,400 N/A N/A \$5/\$40/\$80
In-Network Deduct Non-Network Deduct COINSURANCE In-Network Coinsur Non-Network Coinsu OUT-OF-POCKET M In-Network OOP Non-Network OOP PHARMACY Deductible Copays RATES Employee	ible \$ citible  ance rance AXIMUM (OOPM)  M \$5,00  PM  \$5/	50 / \$0 N/A 100% N/A 0 / \$10,000 N/A N/A \$30 / 50%	\$0/\$0 N/A 100% N/A \$5,000/\$10,000 N/A N/A \$5/\$30/50%	\$0/\$\\\$5,000/\$\\ \$5,000/\$\\ 80%\\ 50%\\ \$3,700/\$\\ \$10,000/\$\\ N/A\\ \$5/\$40/\\ \$1,453.	7,400 20,000 \$80	\$0/\$0 N/A 80% N/A \$3,700/\$7,400 N/A N/A \$5/\$40/\$80
In-Network Deduct Non-Network Deduct COINSURANCE In-Network Coinsur Non-Network Coinsu OUT-OF-POCKET M In-Network OOF Non-Network OOF PHARMACY Deductible Copays RATES Employee Employee + Spou	ible stible  ance rance AXIMUM (OOPM)  M \$5,00  PM  \$5/	00 / \$0 N/A 100% N/A 0 / \$10,000 N/A N/A \$30 / 50% ,484.82 ,969.64	\$0 / \$0 N/A 100% N/A \$5,000 / \$10,000 N/A \$5 / \$30 / 50% \$1,468.67 \$2,937.34	\$0/\$( \$5,000/\$1 80% 50% \$3,700/\$; \$10,000/\$2 N/A \$5/\$40/ \$1,453.; \$2,906.	7,400 20,000 \$80	\$0 / \$0 N/A 80% N/A \$3,700 / \$7,400 N/A \$5 / \$40 / \$80 \$1,437.35 \$2,874.70
In-Network Deduct Non-Network Deduct COINSURANCE In-Network Coinsur Non-Network Coinsu OUT-OF-POCKET M In-Network OOP Non-Network OOP PHARMACY Deductible Copays RATES Employee	ible stible sance rance AXIMUM (OOPM) \$5,00 PM \$5,00 \$1 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$3 \$3 \$3 \$4 \$3 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4	50 / \$0 N/A 100% N/A 0 / \$10,000 N/A N/A \$30 / 50%	\$0/\$0 N/A 100% N/A \$5,000/\$10,000 N/A N/A \$5/\$30/50%	\$0/\$\\\$5,000/\$\\ \$5,000/\$\\ 80%\\ 50%\\ \$3,700/\$\\ \$10,000/\$\\ N/A\\ \$5/\$40/\\ \$1,453.	7,400 20,000 \$80 222 44 47	\$0/\$0 N/A 80% N/A \$3,700/\$7,400 N/A N/A \$5/\$40/\$80



	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 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			<u>'</u>						
In-Network PCP Copay	\$30	\$40	\$40	\$40	\$40	\$40			
In-Network Specialist	\$65	\$70	\$60	\$60	\$60	\$60			
Copay 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	·	\$5,000 / \$10,000			
COINSURANCE	.,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 13,1111 , 121,111			
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	•				.,,				
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			
PHARMACY	1477	14/7	Ψ10,000 / Ψ20,000	\$10,000/ \$20,00	1471	Ψ10,000 / Ψ20,000			
Deductible	N/A	N/A	N/A	N/A	N/A				
Copays	\$10 / \$50 / \$100	\$15 / \$100 / 50%	,	,	,	00\$15 / \$50 / 50% up to \$80			
RATES	Ψ10 / Ψ00 / Ψ100	\$107 \$1007 50%	\$107 \$007 00% up to \$0	004107 4007 00% up to 4	0000107 4007 00% up to 40	004107 4007 00% up to 4000			
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			
				Gold					
COPAY PLANS	NY G SEL + NG 15/30/1750/80 POS 26 EP3Y	NY G CI 15/30/17 EPO EPS	750/80 15/ 26	/ G SEL NG 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	\$1	5	\$15	Adult: \$15 Child: \$0	Adult: \$15 Child: \$0			
In-Network Specialist Cop	ay \$30	\$3	0	\$30	\$50/\$100	\$50/\$100			
In-Network Hospital Cop	ay Ded + 20%	Ded +	20%	Ded + 20%	Ded + 25%	Ded + 25%			
In-Network Emergency R	0- \$400	\$40	20	\$400	Ded + 25%	Ded + 25%			
om Copay	Ψ100	Ψ IV		Ψ 100	Dea - 20%	BCQ - 20%			
DEDUCTIBLES									
In-Network Deductible		\$1,750 /		750 / \$3,500	\$2,500 / \$5,000	\$2,500 / \$5,000			
Non-Network Deductible COINSURANCE	e \$10,000 / \$20,000	) N/	'A	N/A	\$10,000 / \$20,000	N/A			
In-Network Coinsurance	e 80%	80	%	80%	75%	75%			
Non-Network Coinsurance		N/		N/A	50%	N/A			
OUT-OF-POCKET MA		. 4		1971	30%	. 47.1			
In-Network OOPM	\$8,600 / \$17,200	\$8,600/	\$17200 \$8.6	600 / \$17,200	\$7,150 / \$14,300	\$7,150 / \$14,300			
Non-Network OOPM	\$20,000 / \$4,000			N/A	\$20,000 / \$40,000	N/A			
	Ψ20,000 / Ψπ,000		· ·	. 97.	Ψ=0,000 / Ψ τ0,000	1977			
PHARMA('V				N/A	N/A	N/A			
PHARMACY	NI/A	NI /		LN//	IN/ C	IN/M			
Deductible	N/A \$10 / \$65 / 50% up to	N/ 8800 \$10 / \$65 / 50		•	•	•			
	•		% up to \$800 \$10 / \$65	•	\$10/\$50/\$100	\$10/\$50/\$100			
Deductible Copays	•		% up to \$800 \$10 / \$65	•	•	·			
Deductible Copays RATES	\$10 / \$65 / 50% up to	\$800 \$10 / \$65 / 50	% up to \$800 \$10 / \$65 8.96	5/50% up to \$800	\$10/\$50/\$100	\$10/\$50/\$100			
Deductible Copays RATES Employee	\$10 / \$65 / 50% up to \$1,260.93	\$800 \$10 / \$65 / 50 \$1,25	% up to \$800 \$10 / \$65 8.96 7.92	5 / 50% up to \$800 \$1,247.16	\$10/\$50/\$100 \$1,228.90	\$10/\$50/\$100 \$1,216.68			



			Silve	er				Bronze
COPAY PLANS	NY S CHC + NG 40/80/3750/80 POS 26 EP35		00/75 6	15/50 El	CHC NG /7000/75 PO 26 P4H		IY S CHC NG 0/75/4250/50 EPO 26 EP3B	NY B CHC NG 35/60/6150/70 EPO 26 EP3M
COPAYMENTS				_				
In-Network PCP Copay	Ded + \$40	Adult: \$ Child: \$			ult: \$15 ild: \$0		\$30	Ded + \$35
In-Network Specialist Cop	ay Ded + \$80	\$50/\$1	•		/ \$100		\$75	Ded + \$60
In-Network Hospital Copa	ay Ded + 20%	Ded + 2	25%	Dec	d + 25%		Ded + 50%	Ded + 30%
In-Network Emergency Room Copay	o- Ded + \$500	Ded + 2	25%	Dec	d + 25%		Ded + \$900	Ded + \$350
DEDUCTIBLES								
In-Network Deductible	\$3,750 / \$7,500	\$7,000/\$1	14,000	\$7,000	/\$14,000	\$4	1,250 / \$8,500	\$6,150 / \$12,300
Non-Network Deductible	e \$6,000 / \$12,000	0 \$10,000/\$	20,000		N/A	_	N/A	N/A
COINSURANCE In-Network Coinsurance	e 80%	75%			75%		50%	70%
Non-Network Coinsurance		50%			N/A		N/A	N/A
OUT-OF-POCKET MA					· •/ ·			
In-Network OOPM	\$9,300 / \$18,600	9,700/\$1	19,400	\$9,700	/ \$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			on T2 & T3		00 D on T2 & T3	Same as medical
Copays	\$5/\$45/\$90	\$10 / \$50 /	/ \$100	\$10/\$	550/\$100	\$15/\$6	5 / 50% up to \$800	\$10/\$40/\$60
RATES Employee	\$1.110.35	\$1,100.	04	¢1	088.72		\$1,087.74	\$1.020.04
Employee + Spouse	\$2,220.70	\$1,100. \$2,201.			177.44		\$2,175.48	\$2,040.08
Employee + Child(ren)	\$1,887.60	\$1,871.			350.82		\$1,849.16	\$1,734.07
Full Family	\$3,164.51	\$3,137.0	69	\$3,	102.86		\$3,100.07	\$2,907.13
				Go	old			
DEDUCTIBLE HSA	NY G CHC NG 1800/100 EPO HSA 26 EP3Q	NY G SEL NG 1800/100 EPO HSA 26 EP3S	NY G CH 1800/ EPO HS EP3	′80 A 26	NY G CHC + 3500/100 POS HSA 2 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%						
In-Network Specialist Copay	D 1 : 00/		Ded +	20%	Ded + 0%	6	Ded + 0%	Ded + 0%
Copay	Ded + 0%	Ded + 0%	Ded + :		Ded + 0% Ded + 0%		Ded + 0% Ded + 0%	Ded + 0% Ded + 0%
In-Network Hospital Copay	Ded + 0%  Ded + \$1,200 Admit			20%		6		
In-Network Emergency		Ded + 0%	Ded+	20% 20%	Ded + 0%	<b>6</b>	Ded + 0%	Ded + 0%
	Ded + \$1,200 Admit	Ded + 0% Ded + \$1,200 Admit	Ded +	20% 20%	Ded + 0%	<b>6</b>	Ded + 0%  Ded + \$1,200 Admit	Ded + 0% Ded + \$1,200 Admit
In-Network Emergency Room Copay	Ded + \$1,200 Admit	Ded + 0% Ded + \$1,200 Admit	Ded +	20% 20% 20%	Ded + 0%	(°	Ded + 0%  Ded + \$1,200 Admit	Ded + 0% Ded + \$1,200 Admit
In-Network Emergency Room Copay DEDUCTIBLES	Ded + \$1,200 Admit  Ded + \$500	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500	Ded+:	20% 20% 20% \$3,600	Ded + 0% Ded + 0%	666666666666666666666666666666666666666	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500
In-Network Emergency Room Copay DEDUCTIBLES In-Network Deductible	Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500  \$1,800 / \$3,600	Ded + 1 Ded + 1 Ded + 1	20% 20% 20% \$3,600	Ded + 0% Ded + 0% Ded + 0% \$3,500 / \$7,500	666666666666666666666666666666666666666	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500  \$2,500 / \$5,000	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500  \$2,500 / \$5,000
In-Network Emergency Room Copay  DEDUCTIBLES In-Network Deductible Non-Network Deductible	Ded + \$1,200 Admit Ded + \$500 \$1,800 / \$3,600	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500  \$1,800 / \$3,600	Ded + 1 Ded + 1 Ded + 1	20% 20% 20% \$3,600	Ded + 0% Ded + 0% Ded + 0% \$3,500 / \$7,500	666666666666666666666666666666666666666	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500  \$2,500 / \$5,000	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500  \$2,500 / \$5,000
In-Network Emergency Room Copay  DEDUCTIBLES In-Network Deductible Non-Network Deductible COINSURANCE In-Network Coinsurance Non-Network Coinsurance	Ded + \$1,200 Admit Ded + \$500  \$1,800 / \$3,600 N/A  100% N/A	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500  \$1,800 / \$3,600  N/A	Ded + : Ded + : Ded + : \$1,800 / : N/#	20% 20% 20% \$3,600 A	Ded + 09 Ded + 09 Ded + 09 \$3,500 / \$7,\$ \$5,000 / \$10	666666666666666666666666666666666666666	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500  \$2,500 / \$5,000  N/A	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500  \$2,500 / \$5,000  N/A
In-Network Emergency Room Copay  DEDUCTIBLES In-Network Deductible Non-Network Deductible COINSURANCE In-Network Coinsurance Non-Network Coinsurance OUT-OF-POCKET MA	Ded + \$1,200 Admit  Ded + \$500  \$1,800 / \$3,600  N/A  100%  N/A  XIMUM (OOPM)	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500  \$1,800 / \$3,600  N/A  100%  N/A	Ded +: Ded +: Ded +: \$1,800 /: \$1,800 /: N/A	20% 20% 20% \$3,600 A	Ded + 09 Ded + 09 Ded + 09 \$3,500 / \$7,6 \$5,000 / \$10  100% 70%	666666666666666666666666666666666666666	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500  \$2,500 / \$5,000  N/A  100%  N/A	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500  \$2,500 / \$5,000  N/A  100%  N/A
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	Ded + \$1,200 Admit Ded + \$500  \$1,800 / \$3,600 N/A  100% N/A  XIMUM (OOPM) \$5,500 / \$8,900	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500  \$1,800 / \$3,600  N/A  100%  N/A  \$5,500 / \$8,900	Ded +: Ded +:  \$1,800 /:  \$1,800 /:  \$//	20% 20% 20% \$3,600 A % A	Ded + 09 Ded + 09 Ded + 09  \$3,500 / \$7,6 \$5,000 / \$10  100% 70%	666666666666666666666666666666666666666	Ded + 0% Ded + \$1,200 Admit Ded + \$500  \$2,500 / \$5,000 N/A  100% N/A  \$5,500 / \$8,900	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500  \$2,500 / \$5,000  N/A  100%  N/A  \$5,500 / \$8,900
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	Ded + \$1,200 Admit  Ded + \$500  \$1,800 / \$3,600  N/A  100%  N/A  XIMUM (OOPM)  \$5,500 / \$8,900  N/A	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500  \$1,800 / \$3,600  N/A  100%  N/A  \$5,500 / \$8,900  N/A	Ded +: Ded +: Ded +: \$1,800 /: \$1,800 /: N/A	20% 20% 20% \$3,600 A % A	Ded + 09 Ded + 09 Ded + 09 \$3,500 / \$7,6 \$5,000 / \$10  100% 70%	666666666666666666666666666666666666666	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500  \$2,500 / \$5,000  N/A  100%  N/A	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500  \$2,500 / \$5,000  N/A  100%  N/A
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 INCLUDI	Ded + \$1,200 Admit  Ded + \$500  \$1,800 / \$3,600  N/A  100%  N/A  XIMUM (OOPM)  \$5,500 / \$8,900  N/A  N/G CORE PLUS PRE	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	Ded +:  Ded +:  \$1,800 /:  \$1,800 /:  N/A  \$5,000 /:  N/A	20% 20% 20% \$3,600 A % A	Ded + 0? Ded + 0? Ded + 0?  \$3,500 / \$7, \$5,000 / \$10  100% 70%  \$3,500 / \$7, \$10,000 / \$20	0000,000	Ded + 0% Ded + \$1,200 Admit Ded + \$500  \$2,500 / \$5,000 N/A  100% N/A  \$5,500 / \$8,900 N/A	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500  \$2,500 / \$5,000  N/A  100%  N/A  \$5,500 / \$8,900  N/A
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 INCLUDIT Deductible	Ded + \$1,200 Admit  Ded + \$500  \$1,800 / \$3,600  N/A  100%  N/A  XIMUM (OOPM)  \$5,500 / \$8,900  N/A  NG CORE PLUS PRE Same as medical	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	Ded +:  Ded +:  \$1,800 /:  \$1,800 /:  N/A  \$5,000 /:  \$7,000 /:  Same as n	20% 20% 20% \$3,600 A % A \$10,000 A	Ded + 09 Ded + 09 Ded + 09  \$3,500 / \$7, \$5,000 / \$10  100% 70%  \$3,500 / \$7, \$10,000 / \$20  Same as me	66666666666666666666666666666666666666	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	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
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 INCLUDIT Deductible Copays	Ded + \$1,200 Admit  Ded + \$500  \$1,800 / \$3,600  N/A  100%  N/A  XIMUM (OOPM)  \$5,500 / \$8,900  N/A  N/G CORE PLUS PRE	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	Ded +:  Ded +:  \$1,800 /:  \$1,800 /:  N/A  \$5,000 /:  N/A	20% 20% 20% \$3,600 A % A \$10,000 A	Ded + 0? Ded + 0? Ded + 0?  \$3,500 / \$7, \$5,000 / \$10  100% 70%  \$3,500 / \$7, \$10,000 / \$20	66666666666666666666666666666666666666	Ded + 0% Ded + \$1,200 Admit Ded + \$500  \$2,500 / \$5,000 N/A  100% N/A  \$5,500 / \$8,900 N/A	Ded + 0%  Ded + \$1,200 Admit  Ded + \$500  \$2,500 / \$5,000  N/A  100%  N/A  \$5,500 / \$8,900  N/A
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 INCLUDIT Deductible	Ded + \$1,200 Admit  Ded + \$500  \$1,800 / \$3,600  N/A  100%  N/A  XIMUM (OOPM)  \$5,500 / \$8,900  N/A  NG CORE PLUS PRE Same as medical	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	Ded +:  Ded +:  \$1,800 /:  \$1,800 /:  N/A  \$5,000 /:  \$7,000 /:  Same as n	20% 20% 20% \$3,600 A % A \$10,000 A medical / \$90	Ded + 09 Ded + 09 Ded + 09  \$3,500 / \$7, \$5,000 / \$10  100% 70%  \$3,500 / \$7, \$10,000 / \$20  Same as me	000 000 000 000 0,000 dical	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	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
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 INCLUDI Deductible Copays RATES	Ded + \$1,200 Admit Ded + \$500  \$1,800 / \$3,600 N/A  100% N/A  XIMUM (OOPM) \$5,500 / \$8,900 N/A  NG CORE PLUS PRE Same as medical \$5 / \$45 / \$90	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	Ded +:  Ded +:  \$1,800 /:  \$1,800 /:  N//  \$5,000 /:  N//  Same as r  \$5 / \$45	20% 20% 20% \$3,600 A % A \$10,000 A medical / \$90	Ded + 0? Ded + 0? Ded + 0?  \$3,500 / \$7, \$5,000 / \$10  100% 70%  \$3,500 / \$7, \$10,000 / \$20  Same as meed + 0?	000 000 000 000 000 000 dical	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	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
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 INCLUDI Deductible Copays RATES Employee	Ded + \$1,200 Admit Ded + \$500  \$1,800 / \$3,600 N/A  100% N/A  XIMUM (OOPM) \$5,500 / \$8,900 N/A  NG CORE PLUS PRE Same as medical \$5 / \$45 / \$90  \$1,277.50	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  \$1,265.56	Ded +: Ded +: Ded +: \$1,800 /: \$1,800 /: \$7,77 \$5,000 /: \$7,77 \$5 /: \$45 \$1,250	20% 20% 20% \$3,600 A % A \$10,000 A medical / \$90 0.39 0.78 6.66	Ded + 0? Ded + 0? Ded + 0?  \$3,500 / \$7, \$5,000 / \$10  100% 70%  \$3,500 / \$7, \$10,000 / \$20  Same as meroped + 0?	0000 0000 0000 0000 0000 0000 0000 0000	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  \$1,239.86	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  \$1,228.34



				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 Coinsurance	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	M)					
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	UDING 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							
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

	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 (	DOPM)							
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				

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.

