



2021 2nd Quarter Small Group Rate Sheet

New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties
 (Rockland County is excluded from Millennium Network Plans)

Plan Name	Platinum PPO		Platinum Premier			Platinum Value		
	Prime/First Health National		Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates								
Individual	\$1,227.61		\$1,217.89	\$1,116.29	\$1,050.45	\$1,183.93	\$1,085.19	\$1,021.12
Individual/Spouse	\$2,455.22		\$2,435.78	\$2,232.58	\$2,100.90	\$2,367.86	\$2,170.38	\$2,042.24
Individual/Children	\$2,086.93		\$2,070.41	\$1,897.69	\$1,785.76	\$2,012.68	\$1,844.83	\$1,735.91
Family	\$3,498.69		\$3,470.98	\$3,181.43	\$2,993.78	\$3,374.20	\$3,092.79	\$2,910.19
Age 29 Rates								
Individual	\$1,264.44		\$1,254.43	\$1,149.78	\$1,081.96	\$1,219.45	\$1,117.75	\$1,051.75
Individual/Spouse	\$2,528.87		\$2,508.86	\$2,299.56	\$2,163.93	\$2,438.89	\$2,235.49	\$2,103.50
Individual/Children	\$2,149.54		\$2,132.53	\$1,954.62	\$1,839.35	\$2,073.05	\$1,900.16	\$1,787.98
Family	\$3,603.65		\$3,575.12	\$3,276.88	\$3,083.61	\$3,475.41	\$3,185.57	\$2,997.49
Plan Benefits								
	In Network	Out of Network						
Referral Required	No	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$0	\$2,600/\$5,200	\$0			\$250/\$500		
Rx Deductible: Ind/Family	\$0	N/A	\$0			Integrated		
Out of Pocket Maximum: I/F	\$2,500/\$5,000	\$5,000/\$10,000	\$2,000/\$4,000			\$2,500/\$5,000		
Primary Care Physician (PCP) office visit	3 free, then \$15	30% ^	3 free visits, then \$15			3 free visits, then \$15 *		
Specialist office visit	\$35	30% ^	\$35			\$35 *		
Urgent Care	\$75	30% ^	\$75			\$75 *		
Emergency Room	\$750	\$750 *	\$400			\$350 ^		
Inpatient Admission	20%	30% ^	20%			20% ^		
Lab	\$15/\$35	30% ^	\$15			\$15/\$35 *		
X-rays	\$15/\$35	30% ^	\$15/\$35			\$15/\$35 ^		
Telemedicine	\$0	N/A	\$0			\$0 *		
Acupuncture	\$0	N/A	\$0			\$0 *		
Prescription Drugs	\$0/\$30/\$80	N/A	\$0/\$30/\$65			\$0 */\$30 ^/\$65 ^		

^ After Deductible

* Not Subject to Deductible

Adult Vision and Dental, & Acupuncture are not included in Millennium plans



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Plan Name	Gold Premier			Gold Value		
Network	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates						
Individual	\$991.94	\$909.38	\$855.30	\$937.24	\$859.28	\$808.05
Individual/Spouse	\$1,983.88	\$1,818.76	\$1,710.59	\$1,874.47	\$1,718.57	\$1,616.09
Individual/Children	\$1,686.30	\$1,545.95	\$1,454.00	\$1,593.30	\$1,460.78	\$1,373.68
Family	\$2,827.04	\$2,591.73	\$2,437.60	\$2,671.12	\$2,448.96	\$2,302.94
Age 29 Rates						
Individual	\$1,021.70	\$936.66	\$880.96	\$965.36	\$885.06	\$832.29
Individual/Spouse	\$2,043.40	\$1,873.33	\$1,761.91	\$1,930.71	\$1,770.13	\$1,664.58
Individual/Children	\$1,736.88	\$1,592.34	\$1,497.62	\$1,641.10	\$1,504.61	\$1,414.90
Family	\$2,911.84	\$2,669.50	\$2,510.73	\$2,751.27	\$2,522.43	\$2,372.03
Plan Benefits						
Referral Required	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$450/\$900			\$2,300/\$4,600		
Rx Deductible: Ind/Family	\$0			Integrated		
Out of Pocket Maximum: I/F	\$5,600/\$11,200			\$5,300/\$10,600		
Primary Care Physician (PCP) office visit	3 free, then \$25 *			3 free, then \$25 *		
Specialist office visit	\$40 *			\$40 *		
Urgent Care	\$75 *			\$75 *		
Emergency Room	\$800 ^			\$800 ^		
Inpatient Admission	30% ^			30% ^		
Lab	\$25/\$40 *			\$25/\$40 *		
X-rays	\$25/\$40 ^			\$25/\$40 ^		
Telemedicine	\$0 *			\$0 *		
Acupuncture	\$0 *			\$0 *		
Prescription Drugs	\$0/\$40/\$80			\$0 */\$40 ^/\$80 ^		

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New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties
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Plan Name	Gold PPO		Gold Virtual EPO-N		Gold Virtual EPO-M	
Network	Prime/First Health National		Prime/First Health National		Millennium	
Standard Rates						
Individual	\$993.05		\$938.94		\$779.87	
Individual/Spouse	\$1,986.10		\$1,877.87		\$1,559.73	
Individual/Children	\$1,688.19		\$1,596.19		\$1,325.77	
Family	\$2,830.19		\$2,675.96		\$2,222.62	
Age 29 Rates						
Individual	\$1,022.84		\$967.11		\$803.27	
Individual/Spouse	\$2,045.68		\$1,934.21		\$1,606.51	
Individual/Children	\$1,738.83		\$1,644.08		\$1,365.54	
Family	\$2,915.09		\$2,756.25		\$2,289.29	
Plan Benefits						
	In Network	Out of Network	Virtual Visit	Office Visit	Virtual Visit	Office Visit
Referral Required	No	No	No	No	No	No
Deductible: Individual/Family	\$1,300/\$2,600	\$3,500/\$7,000	\$0	\$500/\$1,000	\$0	\$1,700/\$3,400
Rx Deductible: Ind/Family	\$0	N/A	N/A	N/A	N/A	N/A
Out of Pocket Maximum: I/F	\$5,500/\$11,000	\$7,500/\$15,000	\$7,800/\$15,600	\$7,800/\$15,600	\$8,200/\$16,400	\$8,200/\$16,400
Primary Care Physician (PCP) office visit	3 free, then \$25 *	40% ^	\$0	\$40 *	\$0	\$40 *
Specialist office visit	\$40 *	40% ^	N/A	\$60 *	N/A	\$60 *
Urgent Care	\$75 *	40% ^	N/A	\$75 *	N/A	\$75 *
Emergency Room	\$1,000 ^	\$1,000^	N/A	40% ^	N/A	40% ^
Inpatient Admission	30% ^	40% ^	N/A	30% ^	N/A	30% ^
Lab	\$25/\$40^	40% ^	\$0	\$0/\$60 ^	\$0	\$0/\$60 ^
X-rays	\$25/\$40 ^	40% ^	N/A	\$40/\$60 ^	N/A	\$40/\$60 ^
Telemedicine	\$0 *	N/A	N/A	N/A	N/A	N/A
Acupuncture	\$0 *	N/A	N/A	\$0 *	N/A	\$0 *
Prescription Drugs	\$0/\$35/\$100	N/A	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^	\$0/\$40/\$80	\$0 */\$40 ^/\$80 ^

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2021 2nd Quarter Small Group Rate Sheet

New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties
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Plan Name	Silver Plus HSA ⁺	Silver Premier ⁺			Silver Value ⁺		
Network	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates							
Individual	\$817.81	\$853.12	\$782.54	\$732.32	\$825.16	\$756.93	\$708.17
Individual/Spouse	\$1,635.62	\$1,706.24	\$1,565.08	\$1,464.64	\$1,650.33	\$1,513.87	\$1,416.34
Individual/Children	\$1,390.28	\$1,450.30	\$1,330.32	\$1,244.95	\$1,402.78	\$1,286.79	\$1,203.88
Family	\$2,330.76	\$2,431.39	\$2,230.24	\$2,087.12	\$2,351.71	\$2,157.26	\$2,018.28
Age 29 Rates							
Individual	\$842.34	\$878.71	\$806.02	\$754.29	\$849.91	\$779.64	\$729.42
Individual/Spouse	\$1,684.68	\$1,757.44	\$1,612.03	\$1,508.58	\$1,699.83	\$1,559.28	\$1,458.83
Individual/Children	\$1,431.98	\$1,493.82	\$1,370.22	\$1,282.29	\$1,444.86	\$1,325.40	\$1,240.00
Family	\$2,400.67	\$2,504.35	\$2,297.14	\$2,149.72	\$2,422.26	\$2,221.98	\$2,078.83
Plan Benefits							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$3,000/\$6,000	\$3,600/\$7,200			\$6,700/\$13,400		
Rx Deductible: Ind/Family	Integrated	\$0			Integrated		
Out of Pocket Maximum: I/F	\$6,000/\$12,000	\$7,800/\$15,600			\$6,700/\$13,400		
Primary Care Physician (PCP) office visit	\$30 ^	3 free, then \$35 *			3 free, then \$10 *		
Specialist office visit	\$50 ^	\$65 *			\$55 *		
Urgent Care	\$100 ^	\$75 *			\$75 *		
Emergency Room	40% ^	40% ^			\$0 ^		
Inpatient Admission	40% ^	40% ^			\$0 ^		
Lab	\$30/\$50^	\$35/\$65 *			\$10/\$55 *		
X-rays	\$30/\$50 ^	\$35/\$65 ^			\$0		
Telemedicine	\$0 ^	\$0 *			\$0 *		
Acupuncture	\$0 ^	\$0 *			\$0 *		
Prescription Drugs	\$15 ^/\$45 ^/\$80 ^	\$0/\$40/\$80			\$0 ^/\$0 ^/\$0 ^		

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Plan Name	Bronze Plus HSA ₊	Bronze Premier ₊			Bronze Value ₊		
Network	Prime	Prime	Select Care	Millennium	Prime	Select Care	Millennium
Standard Rates							
Individual	\$729.85	\$738.02	\$677.14	\$632.90	\$700.35	\$642.64	\$600.36
Individual/Spouse	\$1,459.70	\$1,476.03	\$1,354.28	\$1,265.80	\$1,400.69	\$1,285.28	\$1,200.71
Individual/Children	\$1,240.75	\$1,254.63	\$1,151.13	\$1,075.92	\$1,190.59	\$1,092.49	\$1,020.60
Family	\$2,080.07	\$2,103.35	\$1,929.85	\$1,803.76	\$1,995.98	\$1,831.54	\$1,711.01
Age 29 Rates							
Individual	\$751.75	\$760.16	\$697.45	\$651.89	\$721.36	\$661.92	\$618.37
Individual/Spouse	\$1,503.49	\$1,520.31	\$1,394.90	\$1,303.77	\$1,442.72	\$1,323.85	\$1,236.73
Individual/Children	\$1,277.97	\$1,292.27	\$1,185.66	\$1,108.20	\$1,226.31	\$1,125.27	\$1,051.22
Family	\$2,142.47	\$2,166.44	\$1,987.73	\$1,857.88	\$2,055.88	\$1,886.48	\$1,762.35
Plan Benefits							
Referral Required	No	No	No	Yes	No	No	Yes
Deductible: Individual/Family	\$6,300/\$12,600	\$5,300/\$10,600			\$8,550/\$17,100		
Rx Deductible: Ind/Family	Integrated	Integrated			Integrated		
Out of Pocket Maximum: I/F	\$6,900/\$13,800	\$8,450/\$16,900			\$8,550/\$17,100		
Primary Care Physician (PCP) office visit	50% ^	3 free PCP visits, then 50% ^			3 free PCP visits, then 0% ^		
Specialist office visit	50% ^	50% ^			0% ^		
Urgent Care	\$100 ^	\$75 *			\$75 *		
Emergency Room	50% ^	50% ^			0% ^		
Inpatient Admission	50% ^	50% ^			0% ^		
Lab	50% ^	50% ^			0% ^		
X-rays	50% ^	50% ^			0% ^		
Telemedicine	\$0 ^	\$0 *			\$0 *		
Acupuncture	\$0 ^	\$0 *			\$0 *		
Prescription Drugs	\$15 ^/\$65 ^/\$80 ^	\$50 */50% ^/50% ^			\$35 */0% ^/0% ^		

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