



Rate Guide

**Upstate New
York Small
Group (1-100)**



Q3 2025 Rates

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

**United
Healthcare**

COPAY PLANS	Platinum					
	NY P CHC + NG 15/25/100 POS 25 DYL P	NY P CHC NG 15/25/100 EPO 25 DYL R	NY P CHC + NG 10/30/100 POS 25 DYL U	NY P CHC + NG 10/40/80 POS 25 DYL A	NY P CHC NG 10/25/100 EPO 25 DYL J	NY P CHC NG 10/40/80 EPO 25 DYL B
COPAYMENTS						
In-Network PCP Copay	\$15	\$15	\$10	Adult: \$10 Child: \$0	\$10	Adult: \$10 Child: \$0
In-Network Specialist Copay	\$25	\$25	\$30	\$40 / \$80	\$25	\$40 / \$80
In-Network Hospital Copay	\$500 Admit	\$500 Admit	\$500 Admit	20%	\$1,000 Admit	20%
In-Network Emergency Room Copay	\$300	\$300	\$250	20%	\$200	20%
DEDUCTIBLES						
In-Network Deductible	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Non-Network Deductible	\$5,000 / \$10,000	N/A	\$5,000 / \$10,000	\$5,000 / \$10,000	N/A	N/A
COINSURANCE						
In-Network Coinsurance	100%	100%	100%	80%	100%	80%
Non-Network Coinsurance	80%	N/A	50%	50%	N/A	N/A
OUT-OF-POCKET MAXIMUM (OOPM)						
In-Network OOPM	\$5,500 / \$11,000	\$5,500 / \$11,000	\$5,000 / \$10,000	\$3,700 / \$7,400	\$7,000 / \$14,000	\$3,700 / \$7,400
Non-Network OOPM	\$10,000 / \$20,000	N/A	\$10,000 / \$20,000	\$10,000 / \$20,000	N/A	N/A
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 / \$30 / 50%	\$5 / \$40 / \$80	\$5 / \$30 / \$60	\$5 / \$40 / \$80
RATES						
Employee	\$1,534.94	\$1,488.56	\$1,500.75	\$1,455.47	\$1,482.47	\$1,411.16
Employee + Spouse	\$3,069.88	\$2,977.12	\$3,001.50	\$2,910.94	\$2,964.94	\$2,822.32
Employee + Child(ren)	\$2,609.40	\$2,530.55	\$2,551.28	\$2,474.30	\$2,520.20	\$2,398.97
Full Family	\$4,374.60	\$4,242.41	\$4,277.16	\$4,148.11	\$4,225.06	\$4,021.82
COPAY PLANS	Gold					
	NY G CHC NG 40/70/100 EPO 25 DYL S	NY G CHC NG 30/60/350/100 EPO 25 DYL V	NY G CHC + NG 40/60/1100/80 POS 25 DYL O	NY G CHC NG 40/60/1100/80 EPO 25 DYL Q	NY G CHC + NG 15/50/2500/75 POS 25 DYL C	NY G CHC NG 15/30/1750/80 EPO 25 DYL K
COPAYMENTS						
In-Network PCP Copay	\$40	\$30	\$40	\$40	Adult: \$15 Child: \$0	\$15
In-Network Specialist Copay	\$70	\$60	\$60	\$60	\$50 / \$100	\$30
In-Network Hospital Copay	\$1,500 Admit	Ded + \$1,500 Admit	Ded + 20%	Ded + 20%	Ded + 25%	Ded + 20%
In-Network Emergency Room Copay	\$650	Ded + \$350	\$250	\$250	Ded + 25%	\$400
DEDUCTIBLES						
In-Network Deductible	\$0 / \$0	\$350 / \$700	\$1,100 / \$2,200	\$1,100 / \$2,200	\$2,500 / \$5,000	\$1,750 / \$3,500
Non-Network Deductible	N/A	N/A	\$5,000 / \$10,000	N/A	\$10,000 / \$20,000	N/A
COINSURANCE						
In-Network Coinsurance	100%	100%	80%	80%	75%	80%
Non-Network Coinsurance	N/A	N/A	60%	N/A	50%	N/A
OUT-OF-POCKET MAXIMUM (OOPM)						
In-Network OOPM	\$9,200 / \$18,400	\$9,200 / \$18,400	\$8,500 / \$17,000	\$8,500 / \$17,000	\$7,150 / \$14,300	\$8,500 / \$17,000
Non-Network OOPM	N/A	N/A	\$10,000 / \$20,000	N/A	\$20,000 / \$40,000	N/A
PHARMACY						
Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Copays	\$15 / \$100 / 50%	\$10 / \$50 / \$100	\$15 / \$50 / 50% up to \$800	\$15 / \$50 / 50% up to \$800	\$10 / \$50 / \$100	\$10 / \$65 / 50% up to \$800
RATES						
Employee	\$1,276.44	\$1,305.80	\$1,284.61	\$1,239.48	\$1,211.92	\$1,216.63
Employee + Spouse	\$2,552.88	\$2,611.60	\$2,569.22	\$2,478.96	\$2,423.84	\$2,433.26
Employee + Child(ren)	\$2,169.95	\$2,219.86	\$2,183.84	\$2,107.12	\$2,060.26	\$2,068.27
Full Family	\$3,637.87	\$3,721.54	\$3,661.15	\$3,532.54	\$3,453.98	\$3,467.41

COPAY PLANS	Gold	Silver				Bronze
	NY G CHC NG 15/50/2500/75 EPO 25 DYMD	NY S CHC + NG 40/80/3750/80 POS 25 DYL6	NY S CHC + NG 15/50/7000/75 POS 25 DYME	NY S CHC NG 30/75/4250/50 EPO 25 DYL1	NY S CHC NG 15/50/7000/75 EPO 25 DYMF	NY B CHC NG 35/60/6150/70 EPO 25 DYLW
COPAYMENTS						
In-Network PCP Copay	Adult: \$15 Child: \$0	Ded + \$40	Adult: \$15 Child: \$0	\$30	Adult: \$15 Child: \$0	Ded + \$35
In-Network Specialist Copay	\$50 / \$100	Ded + \$80	\$50 / \$100	\$75	\$50 / \$100	Ded + \$60
In-Network Hospital Copay	Ded + 25%	Ded + 20%	Ded + 25%	Ded + 50%	Ded + 25%	Ded + 30%
In-Network Emergency Room Copay	Ded + 25%	Ded + \$500	Ded + 25%	Ded + \$900	Ded + 25%	Ded + \$350
DEDUCTIBLES						
In-Network Deductible	\$2,500 / \$5,000	\$3,750 / \$7,500	\$7,000 / \$14,000	\$4,250 / \$8,500	\$7,000 / \$14,000	\$6,150 / \$12,300
Non-Network Deductible	N/A	\$6,000 / \$12,000	\$10,000 / \$20,000	N/A	N/A	N/A
COINSURANCE						
In-Network Coinsurance	75%	80%	75%	50%	75%	70%
Non-Network Coinsurance	N/A	60%	50%	N/A	N/A	N/A
OUT-OF-POCKET MAXIMUM (OOPM)						
In-Network OOPM	\$7,150 / \$14,300	\$9,200 / \$18,400	\$9,200 / \$18,400	\$9,100 / \$18,200	\$9,200 / \$18,400	\$9,200 / \$18,400
Non-Network OOPM	N/A	\$10,000 / \$20,000	\$20,000 / \$40,000	N/A	N/A	N/A
PHARMACY						
Deductible	N/A	N/A	\$100 D on T2 & T3	\$100 D on T2 & T3	\$100 D on T2 & T3	Same as medical
Copays	\$10 / \$50 / \$100	\$5 / \$45 / \$90	\$10 / \$50 / \$100	\$15 / \$65 / 50% up to \$800	\$10 / \$50 / \$100	\$10 / \$40 / \$60
RATES						
Employee	\$1,177.86	\$1,103.92	\$1,090.36	\$1,043.83	\$1,056.43	\$982.91
Employee + Spouse	\$2,355.72	\$2,207.84	\$2,180.72	\$2,087.66	\$2,112.86	\$1,965.82
Employee + Child(ren)	\$2,002.36	\$1,876.66	\$1,853.61	\$1,774.51	\$1,795.93	\$1,670.95
Full Family	\$3,356.91	\$3,146.18	\$3,107.53	\$2,974.92	\$3,010.83	\$2,801.31

DEDUCTIBLE HSA	Gold	Silver				
	NY G CHC NG 1800/80 EPO HSA 25 DYL1	NY S CHC NG 3200/80 EPO HSA 25 DYL1	NY S CHC + NG 30/50/2750/100 POS HSA 25 DYL1	NY S CHC + NG 30/60/3250/90 POS HSA 25 DYL9	NY S CHC + NG 30/60/3250/90 POS HSA 25 DYL8	NY S CHC NG 30/50/2750/100 EPO HSA 25 DYL7
COPAYMENTS						
In-Network PCP Copay	Ded + 20%	Ded + 20%	Ded + \$30	Ded + \$30	Ded + \$30	Ded + \$30
In-Network Specialist Copay	Ded + 20%	Ded + 20%	Ded + \$50	Ded + \$60	Ded + \$60	Ded + \$50
In-Network Hospital Copay	Ded + 20%	Ded + 20%	Ded + \$1,500 Admit	Ded + 10%	Ded + 10%	Ded + \$1,500 Admit
In-Network Emergency Room Copay	Ded + 20%	Ded + 20%	Ded + \$500	Ded + 10%	Ded + 10%	Ded + \$500
DEDUCTIBLES						
In-Network Deductible	\$1,800 / \$3,600	\$3,200 / \$6,400	\$2,750 / \$5,500	\$3,250 / \$6,500	\$3,250 / \$6,500	\$2,750 / \$5,500
Non-Network Deductible	N/A	N/A	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	N/A
COINSURANCE						
In-Network Coinsurance	80%	80%	100%	90%	90%	100%
Non-Network Coinsurance	N/A	N/A	50%	80%	50%	N/A
OUT-OF-POCKET MAXIMUM (OOPM)						
In-Network OOPM	\$5,000 / \$10,000	\$8,000 / \$16,000	\$7,500 / \$15,000	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,500 / \$15,000
Non-Network OOPM	N/A	N/A	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000	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	\$15 / \$35 / \$75	\$10 / \$40 / \$60	\$15 / \$35 / \$75	\$15 / \$35 / \$75	\$10 / \$40 / \$60
RATES						
Employee	\$1,212.75	\$1,073.88	\$1,149.48	\$1,151.97	\$1,131.76	\$1,106.56
Employee + Spouse	\$2,425.50	\$2,147.76	\$2,298.96	\$2,303.94	\$2,263.52	\$2,213.12
Employee + Child(ren)	\$2,061.68	\$1,825.60	\$1,954.12	\$1,958.35	\$1,923.99	\$1,881.15
Full Family	\$3,456.36	\$3,060.57	\$3,276.03	\$3,283.13	\$3,225.52	\$3,153.70

DEDUCTIBLE HSA	Bronze			
	NY B CHC + NG 7750/100 POS HSA 25 DYL2	NY B CHC + NG 6000/70 POS HSA 25 DYL4	NY B CHC NG 7750/100 EPO HSA 25 DYL3	NY B CHC NG 6000/70 EPO HSA 25 DYL5
COPAYMENTS				
In-Network PCP Copay	Ded + 0%	Ded + 30%	Ded + 0%	Ded + 30%
In-Network Specialist Copay	Ded + 0%	Ded + 30%	Ded + 0%	Ded + 30%
In-Network Hospital Copay	Ded + 0%	Ded + 30%	Ded + 0%	Ded + 30%
In-Network Emergency Room Copay	Ded + 0%	Ded + 50%	Ded + 0%	Ded + 50%
DEDUCTIBLES				
In-Network Deductible	\$7,750 / \$15,500	\$6,000 / \$12,000	\$7,750 / \$15,500	\$6,000 / \$12,000
Non-Network Deductible	\$10,000 / \$20,000	\$10,000 / \$20,000	N/A	N/A
COINSURANCE				
In-Network Coinsurance	100%	70%	100%	70%
Non-Network Coinsurance	50%	50%	N/A	N/A
OUT-OF-POCKET MAXIMUM (OOPM)				
In-Network OOPM	\$7,750 / \$15,500	\$7,900 / \$15,800	\$7,750 / \$15,500	\$7,900 / \$15,800
Non-Network OOPM	\$20,000 / \$40,000	\$20,000 / \$40,000	N/A	N/A
PHARMACY INCLUDING CORE PLUS PREVENTIVE PDL				
Deductible	Same as medical	Same as medical	Same as medical	Same as medical
Copays	No Copay	\$0 / \$25 / \$50	No Copay	\$0 / \$25 / \$50
RATES				
Employee	\$1,025.00	\$1,027.50	\$991.64	\$994.68
Employee + Spouse	\$2,050.00	\$2,055.00	\$1,983.28	\$1,989.36
Employee + Child(ren)	\$1,742.50	\$1,746.75	\$1,685.79	\$1,690.96
Full Family	\$2,921.26	\$2,928.39	\$2,826.19	\$2,834.85

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