

2016 Small Group Rates (1st Quarter)

	STANDARD PLANS				TRADITION PLANS					VALUE PLANS				ACCESS PLANS				
	Platinum	Gold	Silver	Bronze	Tradition Platinum 30/30	Tradition Gold Copay	Tradition Gold 40/60	Silver HSA 100%	Bronze HSA 100%	Platinum	Gold 20/50	Gold 45/45	Silver	Platinum 30/30	Gold Copay	Silver 40/60	Silver HSA 100%	Bronze HSA 70%
COPAYMENT																		
Primary Care	\$15	\$25 after deductible	\$30 after deductible	50% coinsurance after deductible	\$30	\$30	\$40	Covered in full after deductible	Covered in full after deductible	\$20	\$20	\$45	\$35	\$30	\$30	\$40	Covered in full after deductible	30% coinsurance after deductible
Specialist	\$35	\$40 after deductible	\$50 after deductible	50% coinsurance after deductible	\$30	\$50	\$60	Covered in full after deductible	Covered in full after deductible	\$30	\$50	\$45	\$65	\$30	\$50	\$60	Covered in full after deductible	30% coinsurance after deductible
Emergency Room (waived if admitted within 24 hours)	\$100	\$150 after deductible	\$150 after deductible	50% coinsurance after deductible	\$200	\$350	25% Coinsurance	Covered in full after deductible	Covered in full after deductible	\$250	\$250	\$250	\$250 after deductible	\$200	\$350	\$350	Covered in full after deductible	30% coinsurance after deductible
Inpatient Surgery Facility Fee	\$500 per admit	\$1,000 per admit after deductible	\$1,500 per admit after deductible	50% coinsurance after deductible	\$500 per admit	\$500 per day up to \$1,500 max per admission	\$1500 per admit	Covered in full after deductible	Covered in full after deductible	10% Coinsurance	20% Coinsurance after deductible	\$250/Day up to \$2,500 max per admission	20% Coinsurance after deductible	\$500 per admission	\$500 per day up to \$1,500 max per admission	20% Coinsurance after deductible	Covered in full after deductible	30% coinsurance after deductible
Outpatient Surgery Facility Fee	\$100	\$100 after deductible	\$100 after deductible	50% coinsurance after deductible	\$200	\$300	\$300	Covered in full after deductible	Covered in full after deductible	10% Coinsurance	20% Coinsurance after deductible	\$250 after deductible	20% Coinsurance after deductible	\$200	\$300	\$300	Covered in full after deductible	30% coinsurance after deductible
DEDUCTIBLE (2x for Family)																		
In-network	\$0	\$600	\$2,000	\$3,500	\$0	\$0	\$0	\$3,400	\$6,000	\$0	\$500	\$750	\$2,250	\$0	\$0	\$4,000	\$3,400	\$4,450
COINSURANCE																		
In-network	10%	20%	30%	50%	10%	20%	25% Coinsurance	0%	0%	10%	20%	10%	20%	10%	20%	20%	0%	30%
MAXIMUM OUT OF POCKET (2x for Family)																		
In-network	\$2,000	\$4,000	\$5,500	\$6,850	\$1,000	\$6,350	\$6,850	\$3,400	\$6,000	\$3,000	\$3,750	\$6,000	\$6,850	\$1,000	\$6,350	\$6,600	\$3,400	\$6,450
PRESCRIPTION DRUGS																		
In-network	\$10/\$30/\$60	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70 after deductible	\$15/\$35/\$75 after \$100 Rx [deductible waived for tier 1]	\$15/\$35/\$75 after \$100 Rx deductible	\$15/\$35/\$75 after \$100 Rx [deductible waived for tier 1]	Covered in full after deductible	Covered in full after deductible	\$0/\$50/50% Coinsurance [up to max \$500]	\$0/\$50/50% Coinsurance [up to max \$500]	\$0/\$50/50% Coinsurance [up to max \$500]	\$0/\$50/50% Coinsurance [up to max \$500]	\$15/\$35/\$75 after \$100 Rx [deductible waived for tier 1]	\$15/\$35/\$75 after \$100 Rx deductible	\$15/\$35/\$75 after \$100 Rx [deductible waived for tier 1]	Covered in full after deductible	\$15/\$35/\$75 after deductible
1st QUARTER 2016 NASSAU AND SUFFOLK RATES																		
Single	\$606	\$524	\$459	\$392	\$615	\$516	\$530	\$449	\$377	\$516	\$439	\$439	\$412	\$725	\$609	\$569	\$530	\$460
Couple	\$1,212	\$1,048	\$918	\$784	\$1,230	\$1,032	\$1,060	\$898	\$754	\$1,032	\$878	\$878	\$824	\$1,450	\$1,218	\$1,138	\$1,060	\$920
Parent with Child(ren)	\$1,030	\$891	\$780	\$666	\$1,046	\$877	\$901	\$763	\$641	\$877	\$746	\$746	\$700	\$1,233	\$1,035	\$967	\$901	\$782
Family	\$1,727	\$1,493	\$1,308	\$1,117	\$1,753	\$1,471	\$1,511	\$1,280	\$1,074	\$1,471	\$1,251	\$1,251	\$1,174	\$2,066	\$1,736	\$1,622	\$1,511	\$1,311
1st QUARTER 2016 QUEENS, STATEN ISLAND, MANHATTAN, BROOKLYN, BRONX, & WESTCHESTER RATES																		
Single	\$580	\$501	\$438	\$375	\$588	\$493	\$507	\$430	\$360	\$493	\$419	\$419	\$394	\$693	\$582	\$544	\$507	\$440
Couple	\$1,160	\$1,002	\$876	\$750	\$1,176	\$986	\$1,014	\$860	\$720	\$986	\$838	\$838	\$788	\$1,386	\$1,164	\$1,088	\$1,014	\$880
Parent with Child(ren)	\$986	\$852	\$745	\$638	\$1,000	\$838	\$862	\$731	\$612	\$838	\$712	\$712	\$670	\$1,178	\$989	\$925	\$862	\$748
Family	\$1,653	\$1,428	\$1,248	\$1,069	\$1,676	\$1,405	\$1,445	\$1,226	\$1,026	\$1,405	\$1,194	\$1,194	\$1,123	\$1,975	\$1,659	\$1,550	\$1,445	\$1,254

Rates are up to Age 26
Pediatric dental and vision included in coverage.