



Rate Guide

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



Q4 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 DYLP	NY P CHC NG 15/25/100 EPO 25 DYLR	NY P CHC + NG 10/30/100 POS 25 DYLU	NY P CHC + NG 10/40/80 POS 25 DYMA	NY P CHC NG 10/25/100 EPO 25 DYLJ	NY P CHC NG 10/40/80 EPO 25 DYMB
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	\$1,575.76	\$1,528.14	\$1,540.65	\$1,494.17	\$1,521.89	\$1,448.69
Employee + Spouse	\$3,151.52	\$3,056.28	\$3,081.30	\$2,988.34	\$3,043.78	\$2,897.38
Employee + Child(ren)	\$2,678.79	\$2,597.84	\$2,619.11	\$2,540.09	\$2,587.21	\$2,462.77
Full Family	\$4,490.93	\$4,355.22	\$4,390.87	\$4,258.40	\$4,337.40	\$4,128.78
COPAY PLANS	Gold					
	NY G CHC NG 40/70/100 EPO 25 DYLS	NY G CHC NG 30/60/350/100 EPO 25 DYLV	NY G CHC + NG 40/60/1100/80 POS 25 DYLO	NY G CHC NG 40/60/1100/80 EPO 25 DYLQ	NY G CHC + NG 15/50/2500/75 POS 25 DYMC	NY G CHC NG 15/30/1750/80 EPO 25 DYLK
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	\$1,310.39	\$1,340.52	\$1,318.77	\$1,272.43	\$1,244.15	\$1,248.98
Employee + Spouse	\$2,620.78	\$2,681.04	\$2,637.54	\$2,544.86	\$2,488.30	\$2,497.96
Employee + Child(ren)	\$2,227.66	\$2,278.88	\$2,241.91	\$2,163.13	\$2,115.06	\$2,123.27
Full Family	\$3,734.62	\$3,820.49	\$3,758.51	\$3,626.44	\$3,545.85	\$3,559.61

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	\$1,209.18	\$1,133.28	\$1,119.35	\$1,071.59	\$1,084.53	\$1,009.05
Employee + Spouse	\$2,418.36	\$2,266.56	\$2,238.70	\$2,143.18	\$2,169.06	\$2,018.10
Employee + Child(ren)	\$2,055.61	\$1,926.58	\$1,902.90	\$1,821.70	\$1,843.70	\$1,715.39
Full Family	\$3,446.18	\$3,229.86	\$3,190.16	\$3,054.04	\$3,090.92	\$2,875.81

DEDUCTIBLE HSA	Gold	Silver				Bronze
	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 DYL1	NY S CHC + NG 30/60/3250/90 POS HSA 25 DYL1	NY S CHC NG 30/50/2750/100 EPO HSA 25 DYL1
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	\$1,245.00	\$1,102.43	\$1,180.04	\$1,182.60	\$1,161.85	\$1,135.98
Employee + Spouse	\$2,490.00	\$2,204.86	\$2,360.08	\$2,365.20	\$2,323.70	\$2,271.96
Employee + Child(ren)	\$2,116.50	\$1,874.13	\$2,006.07	\$2,010.42	\$1,975.15	\$1,931.17
Full Family	\$3,548.26	\$3,141.94	\$3,363.13	\$3,370.42	\$3,311.29	\$3,237.56

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	\$1,052.26	\$1,054.82	\$1,018.00	\$1,021.13
Employee + Spouse	\$2,104.52	\$2,109.64	\$2,036.00	\$2,042.26
Employee + Child(ren)	\$1,788.84	\$1,793.19	\$1,730.60	\$1,735.92
Full Family	\$2,998.95	\$3,006.24	\$2,901.31	\$2,910.23

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