

Mid-Hudson

Monthly Rates for Effective Dates 1/1/2025, 2/1/2025, 3/1/2025

Orange, Putnam, Dutchess, Ulster, Sullivan & Delaware

Platinum	BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket		Employee	Emp/Spouse	Emp/Child(ren)	Family
Anthem Platinum EPO 5/25	PCP/Specialist: \$5/\$25 Deductible, Coinsurance: \$0/\$0, 0% Max OOP: \$3,900/\$7,800 Rx: \$10/\$35/\$70 after \$100/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,922.40	\$3,838.85	\$3,263.92	\$5,467.83
EmblemHealth Select Care Platinum Premier	PCP/Specialist: 3 free PCP visits then \$10/\$35 Deductible, Coinsurance: \$250/\$500, 20% - OON \$4,000/\$8,000, 50% Max OOP: \$2,550/\$5,100 - OON \$10,000/\$20,000 Rx: \$5/\$30/\$75 after \$100/member Rx deductible (n/a Tier 1)	POS	\$2,001.44	\$3,996.93	\$3,398.29	\$5,693.09
UnitedHealthcare Choice Platinum EPO 15/25 DY-LR	PCP/Specialist: \$15/\$25 Deductible, Coinsurance: \$0/\$0, 0% Max OOP: \$5,500/\$11,000 Rx: \$5/\$25/\$50	EPO	\$1,460.59	\$2,915.22	\$2,478.83	\$4,151.68
UnitedHealthcare Choice Platinum EPO 10/25 DY-LJ	PCP/Specialist: \$10/\$25 Deductible, Coinsurance: \$0/\$0, 0% Max OOP: \$7,000/\$14,000 Rx: \$5/\$30/\$60 after \$50/member Rx deductible (n/a Tier 1)	EPO	\$1,454.63	\$2,903.31	\$2,468.71	\$4,134.70
UnitedHealthcare Choice Platinum EPO 10/80 DY-MB	PCP: \$10 Adult, \$0 Child Specialist: Designated Network \$40, non-DN \$80 Deductible, Coinsurance: \$0/\$0, 20% Max OOP: \$3,700/\$7,400 Rx: \$5/\$40/\$80	EPO	\$1,384.95	\$2,763.96	\$2,350.26	\$3,936.12
Gold	BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket		Employee	Emp/Spouse	Emp/Child(ren)	Family
Anthem Gold EPO 30/65 G	PCP/Specialist: \$30/\$65 Deductible, Coinsurance: \$1,500/\$3,000, 20% Max OOP: \$7,250/\$14,500 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,568.00	\$3,130.06	\$2,661.44	\$4,457.81
Anthem Blue Access Gold EPO 50/60	PCP/Specialist: \$50/\$60 Deductible, Coinsurance: \$1,100/\$2,200, 10% Max OOP: \$7,000/\$14,000 Rx: \$10/\$45/\$85 after \$150/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,512.25	\$3,018.55	\$2,566.67	\$4,298.91
Anthem Blue Access Gold EPO 30/65 G	PCP/Specialist: \$30/\$65 Deductible, Coinsurance: \$1,500/\$3,000, 20% Max OOP: \$7,250/\$14,500 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,440.57	\$2,875.19	\$2,444.80	\$4,094.62
EmblemHealth Select Care Gold Premier	PCP/Specialist: 3 free PCP visits then \$25/\$50 Deductible, Coinsurance: \$500/\$1,000, 30% - OON \$6,000/\$12,000, 50% Max OOP: \$8,000/\$16,000 - OON \$12,000/\$24,000 Rx: \$6/\$40/\$80 after \$150/member Rx deductible (n/a Tier 1)	POS	\$1,590.25	\$3,174.55	\$2,699.26	\$4,521.20
UnitedHealthcare Choice Gold EPO 40/60 DY-LQ	PCP/Specialist: \$40/\$60 Deductible, Coinsurance: \$1,110/\$2,220, 20% Max OOP: \$8,500/\$17,000 Rx: \$15/\$50/50% up to \$800	EPO	\$1,217.18	\$2,428.40	\$2,065.03	\$3,457.95
UnitedHealthcare Choice Gold EPO 15/100 DY-MD	PCP: \$15 Adult, \$0 Child Specialist/Designated Network \$50, non-DN \$100 Deductible, Coinsurance: \$2,500/\$5,000, 25% Max OOP: \$7,150/\$14,300 Rx: \$10/\$50/\$100	EPO	\$1,156.97	\$2,307.99	\$1,962.69	\$3,286.37
UnitedHealthcare Choice Gold EPO 30/60 DY-LV	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$350/\$700, 0% Max OOP: \$9,200/\$18,400 Rx: \$10/\$50/\$100	EPO	\$1,281.98	\$2,558.01	\$2,175.21	\$3,642.65
UnitedHealthcare Choice Gold EPO 15/30 DY-LK	PCP/Specialist: \$15/\$30 Deductible, Coinsurance: \$1,750/\$3,500, 20% Max OOP: \$8,500/\$17,000 Rx: \$10/\$65/50% up to \$800	EPO	\$1,194.85	\$2,383.74	\$2,027.07	\$3,394.31
UnitedHealthcare Choice Gold EPO 40/70 DY-LS	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$0/\$0, 0% Max OOP: \$9,200/\$18,400 Rx: \$15/\$100/50%	EPO	\$1,253.30	\$2,500.66	\$2,126.45	\$3,560.92
UnitedHealthcare Choice Gold HSA 1800 DY-LM PR	PCP/Specialist: Deductible then 20% coinsurance Deductible, Coinsurance: \$1,800/\$3,600, 20% Max OOP: \$5,000/\$10,000 Rx: Deductible then \$5/\$45/\$90	EPO HSA	\$1,191.06	\$2,376.17	\$2,020.64	\$3,383.53

G = Gated, PR = Premium Rewards, ZD = Zero Deductible

Carrier rates are subject to NYS Department of Financial Services approval and final verification at enrollment.

All plans above include \$5.95 for HealthPass Program Benefits (non-carrier/agent services) and a 2.9% billing and administrative fee.



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Silver	BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket		Employee	Emp/Spouse	Emp/Child(ren)	Family
Anthem Silver EPO 40/80	PCP/Specialist: \$40/\$80 Deductible, Coinsurance: \$3,350/\$6,700, 50% Max OOP: \$9,200/\$18,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,412.39	\$2,818.82	\$2,396.89	\$4,014.30
Anthem Silver EPO 40/80 G	PCP/Specialist: \$40/\$80 Deductible, Coinsurance: \$3,350/\$6,700, 50% Max OOP: \$9,200/\$18,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,368.59	\$2,731.24	\$2,322.45	\$3,889.48
Anthem Silver EPO HSA 4100	PCP/Specialist: Deductible then \$20/\$50 Deductible, Coinsurance: \$4,100/\$8,200, 30% Max OOP: \$8,000/\$16,000 Rx: Deductible then \$10/\$50/\$90 - Base	EPO HSA	\$1,279.91	\$2,553.88	\$2,171.69	\$3,636.75
Anthem Blue Access Silver EPO 35/75	PCP/Specialist: \$35/\$75 Deductible, Coinsurance: \$4,650/\$9,300, 50% Max OOP: \$9,200/\$18,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,291.24	\$2,576.54	\$2,190.95	\$3,669.04
Anthem Blue Access Silver EPO 40/80 G	PCP/Specialist: \$40/\$80 Deductible, Coinsurance: \$3,350/\$6,700, 50% Max OOP: \$9,200/\$18,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,259.54	\$2,513.13	\$2,137.05	\$3,578.68
Anthem Blue Access Silver EPO HSA 3300	PCP/Specialist: Deductible then \$20/\$50 Deductible, Coinsurance: \$3,300/\$6,600, 30% Max OOP: \$8,000/\$16,000 Rx: Deductible then \$10/30%/30% - Base	EPO HSA	\$1,201.03	\$2,396.11	\$2,037.59	\$3,411.93
EmblemHealth Select Care Silver Premier	PCP/Specialist: 1 free PCP visit then \$35/\$75 Deductible, Coinsurance: \$5,800/\$11,600, 40% - OON \$8,000/\$16,000, 50% Max OOP: \$9,200/\$18,400 - OON \$18,000/\$36,000 Rx: \$20/\$40/\$115 after \$250/member Rx deductible (n/a Tier 1)	POS	\$1,337.59	\$2,669.23	\$2,269.74	\$3,801.12
EmblemHealth Select Care Silver HSA	PCP/Specialist: Deductible then \$30/\$50 Deductible, Coinsurance: \$3,100/\$6,200, 40% Max OOP: \$7,800/\$15,600 Rx: Deductible then \$15/\$45/\$85	HMO HSA	\$1,303.12	\$2,600.29	\$2,211.14	\$3,702.88
UnitedHealthcare Choice Silver EPO 15/100 DY-MF	PCP: \$15 Adult, \$0 Child Specialist: Designated Network \$50, non-DN \$100 Deductible, Coinsurance: \$7,000/\$14,000, 25% Max OOP: \$9,200/\$18,400 Rx: \$10/\$50/\$100 after \$100/member Rx deductible (n/a Tier 1)	EPO	\$1,038.30	\$2,070.66	\$1,760.95	\$2,948.17
UnitedHealthcare Choice Silver HSA 3200 DY-LN PR	PCP/Specialist: Deductible then 20% coinsurance Deductible, Coinsurance: \$3,200/\$6,400, 20% Max OOP: \$8,000/\$16,000 Rx: Deductible then \$15/\$35/\$75	EPO HSA	\$1,055.36	\$2,104.76	\$1,789.94	\$2,996.76
UnitedHealthcare Choice Silver HSA 2750 DY-L7	PCP/Specialist: Deductible then \$30/\$50 Deductible, Coinsurance: \$2,750/\$5,500, 0% Max OOP: \$7,500/\$15,000 Rx: Deductible then \$10/\$40/\$60	EPO HSA	\$1,087.28	\$2,168.62	\$1,844.22	\$3,087.76
UnitedHealthcare Choice Silver EPO 30/75 DY-LL	PCP/Specialist: \$30/\$75 Deductible, Coinsurance: \$4,250/\$8,500, 50% Max OOP: \$9,100/\$18,200 Rx: \$15/\$65/50% up to \$800; after \$100/member Rx deductible (n/a Tier 1)	EPO	\$1,026.00	\$2,046.05	\$1,740.03	\$2,913.09
Bronze	BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket		Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth Select Care Bronze HSA	PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$7,800/\$15,600, 50% Max OOP: \$8,200/\$16,400 Rx: Deductible then \$35/\$65/\$115	HMO HSA	\$1,163.77	\$2,321.59	\$1,974.24	\$3,305.74
EmblemHealth Select Care Bronze Premier	PCP/Specialist: 1 free PCP, Deductible then 50% coinsurance Deductible, Coinsurance: \$7,600/\$15,200, 50% Max OOP: \$9,200/\$18,400 Rx: \$50/Deductible then 50%/Deductible then 50%	HMO	\$1,151.97	\$2,297.99	\$1,954.18	\$3,272.10

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