

## Mid-Hudson

Monthly Rates for Effective Dates 4/1/2025, 5/1/2025, 6/1/2025

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	\$1,970.32	\$3,934.69	\$3,345.38	\$5,604.41
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	\$2,059.31	\$4,112.67	\$3,496.67	\$5,858.02
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	\$1,498.40	\$2,990.85	\$2,543.11	\$4,259.44
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	\$1,492.30	\$2,978.65	\$2,532.74	\$4,242.05
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	\$1,420.80	\$2,835.66	\$2,411.21	\$4,038.30
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	\$1,607.05	\$3,208.16	\$2,727.83	\$4,569.09
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	\$1,549.90	\$3,093.86	\$2,630.67	\$4,406.21
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	\$1,476.44	\$2,946.93	\$2,505.79	\$4,196.85
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	\$1,636.19	\$3,266.44	\$2,777.37	\$4,652.14
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	\$1,248.66	\$2,491.38	\$2,118.56	\$3,547.69
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	\$1,186.89	\$2,367.83	\$2,013.55	\$3,371.64
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	\$1,315.16	\$2,624.36	\$2,231.60	\$3,737.21
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	\$1,225.76	\$2,445.56	\$2,079.62	\$3,482.42
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	\$1,285.73	\$2,565.51	\$2,181.57	\$3,653.33
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	\$1,221.88	\$2,437.81	\$2,073.03	\$3,471.35

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.

## Mid-Hudson

Monthly Rates for Effective Dates 4/1/2025, 5/1/2025, 6/1/2025

Orange, Putnam, Dutchess, Ulster, Sullivan & Delaware

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	\$1,447.55	\$2,889.15	\$2,456.67	\$4,114.50
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	\$1,402.65	\$2,799.36	\$2,380.35	\$3,986.55
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	\$1,311.76	\$2,617.57	\$2,225.83	\$3,727.51
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	\$1,323.38	\$2,640.81	\$2,245.58	\$3,760.63
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	\$1,290.88	\$2,575.82	\$2,190.33	\$3,668.01
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	\$1,230.91	\$2,455.88	\$2,088.39	\$3,497.09
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	\$1,376.21	\$2,746.47	\$2,335.39	\$3,911.18
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	\$1,340.74	\$2,675.53	\$2,275.09	\$3,810.09
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	\$1,065.15	\$2,124.35	\$1,806.60	\$3,024.69
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	\$1,082.63	\$2,159.32	\$1,836.31	\$3,074.51
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	\$1,115.40	\$2,224.84	\$1,892.01	\$3,167.89
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	\$1,052.52	\$2,099.08	\$1,785.11	\$2,988.67
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	\$1,197.35	\$2,388.74	\$2,031.32	\$3,401.43
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	\$1,185.20	\$2,364.46	\$2,010.68	\$3,366.82

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.