

## Mid-Hudson

### Monthly Rates for Effective Dates 7/1/2025, 8/1/2025 & 9/1/2025

#### 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	\$2,019.37	\$4,032.80	\$3,428.77	\$5,744.21
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	\$2,118.86	\$4,231.76	\$3,597.90	\$6,027.73
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	\$1,537.68	\$3,069.41	\$2,609.89	\$4,371.39
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	\$1,531.41	\$3,056.87	\$2,599.24	\$4,353.54
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	\$1,458.03	\$2,910.12	\$2,474.49	\$4,144.40
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	\$1,647.04	\$3,288.13	\$2,795.81	\$4,683.05
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	\$1,588.47	\$3,170.99	\$2,696.23	\$4,516.13
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	\$1,513.17	\$3,020.38	\$2,568.22	\$4,301.52
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	\$1,683.47	\$3,360.99	\$2,857.74	\$4,786.88
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	\$1,281.37	\$2,556.80	\$2,174.18	\$3,640.93
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	\$1,217.97	\$2,429.99	\$2,066.38	\$3,460.21
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	\$1,349.62	\$2,693.29	\$2,290.19	\$3,835.41
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	\$1,257.86	\$2,509.77	\$2,134.20	\$3,573.91
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	\$1,319.41	\$2,632.86	\$2,238.83	\$3,749.32
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	\$1,253.87	\$2,501.79	\$2,127.42	\$3,562.54

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 7/1/2025, 8/1/2025 & 9/1/2025

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	\$1,483.55	\$2,961.16	\$2,517.87	\$4,217.12
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	\$1,437.54	\$2,869.12	\$2,439.65	\$4,085.97
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	\$1,344.37	\$2,682.79	\$2,281.26	\$3,820.45
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	\$1,356.28	\$2,706.60	\$2,301.50	\$3,854.38
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	\$1,322.98	\$2,640.00	\$2,244.90	\$3,759.47
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	\$1,261.50	\$2,517.06	\$2,140.39	\$3,584.28
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	\$1,415.95	\$2,825.95	\$2,402.94	\$4,024.43
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	\$1,379.45	\$2,752.95	\$2,340.90	\$3,920.41
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	\$1,093.02	\$2,180.08	\$1,853.96	\$3,104.09
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	\$1,110.97	\$2,216.00	\$1,884.49	\$3,155.28
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	\$1,144.60	\$2,283.25	\$1,941.65	\$3,251.11
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	\$1,080.05	\$2,154.15	\$1,831.92	\$3,067.14
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	\$1,231.90	\$2,457.84	\$2,090.06	\$3,499.90
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	\$1,219.40	\$2,432.86	\$2,068.82	\$3,464.29

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