Mid-Hudson

Monthly Rates for Effective Dates 10/1/2025, 11/1/2025 & 12/1/2025

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	$2,069.78	$4,133.62	$3,514.47	$5,887.88
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	$2,180.13	$4,354.31	$3,702.07	$6,202.36
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	$1,578.41	$3,150.86	$2,679.13	$4,487.47
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	$1,571.97	$3,138.00	$2,668.19	$4,469.13
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	$1,496.65	$2,987.35	$2,540.14	$4,254.46
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	$1,688.12	$3,370.29	$2,865.63	$4,800.13
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	$1,628.09	$3,250.22	$2,763.58	$4,629.04
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	$1,550.89	$3,095.83	$2,632.35	$4,409.03
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	$1,732.12	$3,458.29	$2,940.44	$4,925.53
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	$1,315.28	$2,624.61	$2,231.81	$3,737.56
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	$1,250.20	$2,494.44	$2,121.17	$3,552.07
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	$1,385.35	$2,764.74	$2,350.92	$3,937.23
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	$1,291.15	$2,576.35	$2,190.79	$3,668.79
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	$1,354.34	$2,702.73	$2,298.21	$3,848.87
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	$1,287.06	$2,568.16	$2,183.83	$3,657.11

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	$1,520.55	$3,035.14	$2,580.77	$4,322.54
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	$1,473.38	$2,940.80	$2,500.58	$4,188.11
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	$1,377.87	$2,749.80	$2,338.22	$3,915.93
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	$1,390.09	$2,774.23	$2,358.98	$3,950.74
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	$1,355.95	$2,705.94	$2,300.95	$3,853.44
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	$1,292.94	$2,579.93	$2,193.83	$3,673.87
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	$1,456.84	$2,907.73	$2,472.45	$4,140.97
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	$1,419.28	$2,832.61	$2,408.61	$4,033.93
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	$1,121.93	$2,237.91	$1,903.12	$3,186.51
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	$1,140.35	$2,274.75	$1,934.43	$3,239.01
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	$1,174.87	$2,343.80	$1,993.12	$3,337.40
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	$1,108.62	$2,211.28	$1,880.48	$3,148.56
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	$1,267.45	$2,528.94	$2,150.50	$3,601.22
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	$1,254.59	$2,503.24	$2,128.64	$3,564.58

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