HealthPass℠ BENEFITS EXCHANGE

Mid-Hudson

Monthly Rates for Effective Dates 1/1/2026, 2/1/2026 & 3/1/2026

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	$2,161.06	$4,316.16	$3,669.63	$6,148.00
Anthem Blue Access 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	$1,982.47	$3,959.00	$3,366.04	$5,639.05
EmblemHealth Select Care Platinum Premier	PCP/Specialist: 3 free PCP visits then $10/$35 Deductible, Coinsurance: $260/$520, 20% - OON $4,000/$8,000, 50% Max OOP: $2,800/$5,600 - OON $10,000/$20,000 Rx: $5/$30/$75 after $100/member Rx deductible (n/a Tier 1)	POS	$2,050.03	$4,094.11	$3,480.88	$5,831.57
UnitedHealthcare Choice+ Platinum POS 15/25 EP-3F	PCP/Specialist: $15/$25 Deductible, Coinsurance: $0/$0 0% - OON $5,000/$10,000, 20% Max OOP: INN $5,500/$11,000 OON $10,000/$20,000 Rx: $5/$25/$50	POS	$1,583.26	$3,160.58	$2,687.38	$4,501.30
UnitedHealthcare Select+ Platinum POS 15/25 EP-3U	PCP/Specialist: $15/$25 Deductible, Coinsurance: $0/$0 0% - OON $5,000/$10,000, 20% Max OOP: INN $5,500/$11,000 OON $10,000/$20,000 Rx: $5/$25/$50	POS	$1,568.67	$3,131.39	$2,662.58	$4,459.73
UnitedHealthcare Choice Platinum EPO 15/25 EP-3H	PCP/Specialist: $15/$25 Deductible, Coinsurance: $0/$0, 0% Max OOP: $5,500/$11,000 Rx: $5/$25/$50	EPO	$1,566.21	$3,126.47	$2,658.39	$4,452.71
UnitedHealthcare Choice Platinum EPO 10/25 EP-39	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	$1,557.83	$3,109.70	$2,644.14	$4,428.82
UnitedHealthcare Choice Platinum EPO 10/40(80) EP-4D	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	$1,484.98	$2,964.02	$2,520.31	$4,221.22
UnitedHealthcare Select Platinum EPO 15/25 EP-3N	PCP/Specialist: $15/$25 Deductible, Coinsurance: $0/$0, 0% Max OOP: $5,500/$11,000 Rx: $5/$25/$50	EPO	$1,551.47	$3,096.98	$2,633.33	$4,410.69

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

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Orange, Putnam, Dutchess, Ulster, Sullivan & Delaware

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: $1,600/$3,200, 20% Max OOP: $7,500/$15,000 Rx: $10/$50/50% after $200/member Rx deductible (n/a Tier 1) - Base	EPO	$1,718.70	$3,431.45	$2,917.63	$4,887.29
Anthem Blue Access Gold EPO 30/60	PCP/Specialist: $30/$60 Deductible, Coinsurance: $0/$0, 0% Max OOP: $9,150/$18,300 Rx: $10/$65/100 after $200/member Rx deductible (n/a Tier 1) - Base	EPO	$1,777.44	$3,548.92	$3,017.47	$5,054.69
Anthem Blue Access Gold EPO 50/60	PCP/Specialist: $50/$60 Deductible, Coinsurance: $1,200/$2,400, 10% Max OOP: $7,000/$14,000 Rx: $10/$50/$90 after $150/member Rx deductible (n/a Tier 1) - Base	EPO	$1,694.29	$3,382.63	$2,876.13	$4,817.73
Anthem Blue Access Gold EPO 30/65 G	PCP/Specialist: $30/$65 Deductible, Coinsurance: $1,600/$3,200, 20% Max OOP: $7,500/$15,000 Rx: $10/$50/50% after $200/member Rx deductible (n/a Tier 1) - Base	EPO	$1,580.75	$3,155.55	$2,683.11	$4,494.14
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: $8,650/$17,300 - OON $12,000/$24,000 Rx: $7/$40/$85 after $150/member Rx deductible (n/a Tier 1)	POS	$1,620.58	$3,235.22	$2,750.83	$4,607.66
UnitedHealthcare Choice+ Gold POS 40/60 1100 EP-3E	PCP/Specialist: $40/$60 Deductible, Coinsurance: $1,100/$2,200, 20% - OON $5,000/$10,000, 40% Max OOP: $8,500/$17,000 - OON $10,000/$20,000 Rx: $15/$50/50% up to $800	POS	$1,333.50	$2,661.06	$2,262.79	$3,789.49
UnitedHealthcare Choice+ Gold POS 40/60 1700 EP-4B	PCP/Specialist: $40/$60 Deductible, Coinsurance: $1,700/$3,400, 20% - OON $5,000/$10,000, 40% Max OOP: $8,500/$17,000 - OON $10,000/$20,000 Rx: $15/$50/50% up to $800	POS	$1,320.79	$2,635.62	$2,241.17	$3,753.25
UnitedHealthcare Select+ Gold POS 40/60 1100 EP-3W	PCP/Specialist: $40/$60 Deductible, Coinsurance: $1,100/$2,200, 20% - OON $5,000/$10,000, 40% Max OOP: $8,500/$17,000 - OON $10,000/$20,000 Rx: $15/$50/50% up to $800	POS	$1,321.22	$2,636.49	$2,241.91	$3,754.47
UnitedHealthcare Choice Gold EPO 30/65 EP-3L	PCP/Specialist: $30/$65 Deductible, Coinsurance: $450/$900, 0% Max OOP: $9,900/$19,800 Rx: $10/$50/$100	EPO	$1,375.57	$2,745.19	$2,334.30	$3,909.38
UnitedHealthcare Choice Gold EPO 40/70 EP-3I	PCP/Specialist: $40/$70 Deductible, Coinsurance: $0/$0, 0% Max OOP: $9,200/$18,400 Rx: $15/$100/50%	EPO	$1,354.03	$2,702.12	$2,297.69	$3,848.00
UnitedHealthcare Choice Gold EPO 40/60 EP-3G	PCP/Specialist: $40/$60 Deductible, Coinsurance: $1,100/$2,200, 20% Max OOP: $8,500/$17,000 Rx: $15/$50/50% up to $800	EPO	$1,316.74	$2,627.53	$2,234.30	$3,741.72
UnitedHealthcare Choice Gold EPO 15/30 EP-3A	PCP/Specialist: $15/$30 Deductible, Coinsurance: $1,750/$3,500, 20% Max OOP: $8,600/$17,200 Rx: $10/$65/50% up to $800	EPO	$1,301.42	$2,596.89	$2,208.25	$3,698.05
UnitedHealthcare Select Gold EPO 15/30 EP-3X	PCP/Specialist: $15/$30 Deductible, Coinsurance: $1,750/$3,500, 20% Max OOP: $8,600/$17,200 Rx: $10/$65/50% up to $800	EPO	$1,289.28	$2,572.61	$2,187.60	$3,663.45
UnitedHealthcare Choice Gold EPO 15/50(100) EP-4F	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	$1,257.91	$2,509.88	$2,134.29	$3,574.07
UnitedHealthcare Choice Gold EPO HSA 1800/100% EP-3Q	PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: $1,800/$3,600, 0% Max OOP: $5,500/$8,900 Rx: Deductible then $5/$45/$90	EPO HSA	$1,320.50	$2,635.05	$2,240.68	$3,752.43
UnitedHealthcare Choice Gold EPO HSA 1800/80% EP-3C	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	$1,292.60	$2,579.25	$2,193.25	$3,672.91
UnitedHealthcare Choice Gold EPO HSA 2500/100% EP-3R	PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: $2,500/$5,000, 0% Max OOP: $5,500/$8,900 Rx: Deductible then $5/$45/$90	EPO HSA	$1,281.77	$2,557.58	$2,174.84	$3,642.03

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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: $3,450/$6,900, 50% Max OOP: $9,700/$19,400 Rx: $25/$75/$90 after $200/member Rx deductible (n/a Tier 1) - Base	EPO	$1,572.56	$3,139.17	$2,669.19	$4,470.79
Anthem Silver EPO 40/80 G	PCP/Specialist: $40/$80 Deductible, Coinsurance: $3,450/$6,900, 50% Max OOP: $9,700/$19,400 Rx: $25/$75/$90 after $200/member Rx deductible (n/a Tier 1) - Base	EPO	$1,523.73	$3,041.50	$2,586.17	$4,331.61
Anthem Silver EPO HSA 4100	PCP/Specialist: Deductible then $20/$50 Deductible, Coinsurance: $4,100/$8,200, 30% Max OOP: $8,450/$16,900 Rx: Deductible then $10/$50/$90 - Base	EPO HSA	$1,450.66	$2,895.36	$2,461.95	$4,123.36
Anthem Blue Access Silver EPO 35/80	PCP/Specialist: $35/$80 Deductible, Coinsurance: $4,650/$9,300, 50% Max OOP: $9,700/$19,400 Rx: $25/$75/50% after $200/member Rx deductible (n/a Tier 1) - Base	EPO	$1,414.98	$2,824.01	$2,401.30	$4,021.68
Anthem Blue Access Silver EPO 40/80 G	PCP/Specialist: $40/$80 Deductible, Coinsurance: $3,450/$6,900, 50% Max OOP: $9,700/$19,400 Rx: $25/$75/$90 after $200/member Rx deductible (n/a Tier 1) - Base	EPO	$1,403.70	$2,801.45	$2,382.13	$3,989.55
Anthem Blue Access Silver EPO HSA 3300	PCP/Specialist: Deductible then $30/$60 Deductible, Coinsurance: $3,300/$6,600, 30% Max OOP: $8,450/$16,900 Rx: Deductible then $10/30%/50% - Base	EPO HSA	$1,357.27	$2,708.60	$2,303.20	$3,857.22
EmblemHealth Select Care Silver Premier	PCP/Specialist: 1 free PCP visit then $35/$75 Deductible, Coinsurance: $6,200/$12,400, 40% - OON $8,000/$16,000, 50% Max OOP: $10,000/$20,000 - OON $18,000/$36,000 Rx: $20/$50/$120 after $250/member Rx deductible (n/a Tier 1)	POS	$1,360.40	$2,714.85	$2,308.52	$3,866.14
EmblemHealth Select Care Silver HSA	PCP/Specialist: Deductible then $30/$50 Deductible, Coinsurance: $3,500/$7,000, 40% Max OOP: $8,000/$16,000 Rx: Deductible then $15/$45/$100	HMO HSA	$1,324.09	$2,642.23	$2,246.78	$3,762.64
UnitedHealthcare Choice+ Silver POS HSA 3000/100% EP-3J	PCP/Specialist: Deductible then $30/$50 Deductible, Coinsurance: $3,000/$6,000, 0% - OON $5,000/$10,000, 50% Max OOP: $8,300/$16,600 - OON $10,000/$20,000 Rx: Deductible then $10/$40/$60	POS HSA	$1,186.80	$2,367.65	$2,013.40	$3,371.39
UnitedHealthcare Choice Silver EPO HSA 3000/100% EP-36	PCP/Specialist: Deductible then $30/$50 Deductible, Coinsurance: $3,000/$6,000, 0% Max OOP: $8,300/$16,600 Rx: Deductible then $10/$40/$60	EPO HSA	$1,171.19	$2,336.43	$1,986.86	$3,326.89
UnitedHealthcare Choice Silver EPO HSA 3400/80% EP-3D	PCP/Specialist: Deductible then 20% coinsurance Deductible, Coinsurance: $3,400/$6,800, 20% Max OOP: $8,300/$16,600 Rx: Deductible then $15/$35/$75	EPO HSA	$1,139.97	$2,273.99	$1,933.78	$3,237.92
UnitedHealthcare Choice Silver EPO 15/50(100) EP-4H	PCP: $15 Adult, $0 Child | Specialist: Designated Network $50, non-DN $100 Deductible, Coinsurance: $7,000/$14,000, 25% Max OOP: $9,700/$19,400 Rx: $10/$50/$100 after $100/member Rx deductible (n/a Tier 1)	EPO	$1,126.24	$2,246.54	$1,910.44	$3,198.79
UnitedHealthcare Choice Silver EPO 30/75 EP-3B	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	$1,125.23	$2,244.52	$1,908.74	$3,195.92

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Orange, Putnam, Dutchess, Ulster, Sullivan & Delaware

Bronze	BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket		Employee	Emp/Spouse	Emp/Child(ren)	Family
Anthem Blue Access Bronze EPO HSA 6300	PCP/Specialist: Deductible then $25/$75 Deductible, Coinsurance: $6,300/$12,600, 50% Max OOP: $8,450/$16,900 Rx: Deductible then $50%/50%/50% - Base	EPO HSA	$1,266.61	$2,527.27	$2,149.07	$3,598.83
EmblemHealth Select Care Bronze HSA	PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: $8,000/$16,000, 50% Max OOP: $8,500/$17,000 Rx: Deductible then $35/$65/$115	HMO HSA	$1,191.84	$2,377.73	$2,021.97	$3,385.74
EmblemHealth Select Care Bronze Premier	PCP/Specialist: 1 free PCP, Deductible then 50% coinsurance Deductible, Coinsurance: $8,400/$16,800, 50% Max OOP: $10,000/$20,000 Rx: $50/Deductible then 50%/Deductible then 50%	HMO	$1,163.75	$2,321.55	$1,974.21	$3,305.68
UnitedHealthcare Choice+ Bronze POS HSA 7750/100% EP-29	PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: $7,750/$15,500, 0% - OON $10,000/$20,000, 50% Max OOP: $7,750/$15,500 - OON $20,000/$40,000 Rx: Deductible then $0/$0/$0	POS HSA	$1,076.38	$2,146.81	$1,825.67	$3,056.68
UnitedHealthcare Choice Bronze EPO 6150 EP-3M	PCP/Specialist: Deductible then $35/$60 Deductible, Coinsurance: $6,150/$12,300, 30% Max OOP: $9,200/$18,400 Rx: Deductible then $10/$40/$60	EPO	$1,055.57	$2,105.19	$1,790.31	$2,997.39

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