HealthPass℠ BENEFITS EXCHANGE

Mid-Hudson

Monthly Rates for Effective Dates 4/1/2026, 5/1/2026 & 6/1/2026

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	$2,214.94	$4,423.92	$3,761.22	$6,301.56
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	$2,031.89	$4,057.82	$3,450.04	$5,779.86
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	$2,203.01	$4,400.07	$3,740.95	$6,267.58
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	$1,630.59	$3,255.22	$2,767.84	$4,636.18
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	$1,615.55	$3,225.16	$2,742.28	$4,593.33
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	$1,613.02	$3,220.09	$2,737.98	$4,586.12
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	$1,604.38	$3,202.81	$2,723.28	$4,561.49
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	$1,529.35	$3,052.76	$2,595.74	$4,347.67
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	$1,597.83	$3,189.72	$2,712.15	$4,542.83

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

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Mid-Hudson

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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	$1,761.52	$3,517.08	$2,990.41	$5,009.32
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	$1,821.72	$3,637.50	$3,092.76	$5,180.90
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	$1,736.49	$3,467.03	$2,947.87	$4,937.99
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	$1,620.12	$3,234.29	$2,750.05	$4,606.34
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	$1,741.42	$3,476.89	$2,956.25	$4,952.04
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	$1,373.34	$2,740.72	$2,330.51	$3,903.02
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	$1,360.24	$2,714.52	$2,308.23	$3,865.68
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	$1,360.68	$2,715.41	$2,309.00	$3,866.95
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	$1,416.66	$2,827.37	$2,404.16	$4,026.49
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	$1,394.47	$2,782.99	$2,366.43	$3,963.25
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	$1,356.07	$2,706.19	$2,301.16	$3,853.80
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	$1,340.29	$2,674.62	$2,274.32	$3,808.82
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	$1,327.78	$2,649.62	$2,253.07	$3,773.19
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	$1,295.47	$2,584.99	$2,198.14	$3,681.11
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	$1,359.94	$2,713.93	$2,307.73	$3,864.83
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	$1,331.20	$2,656.45	$2,258.87	$3,782.93
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	$1,320.03	$2,634.12	$2,239.90	$3,751.11

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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	$1,611.73	$3,217.50	$2,735.76	$4,582.41
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	$1,561.67	$3,117.40	$2,650.69	$4,439.77
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	$1,486.77	$2,967.60	$2,523.35	$4,226.30
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	$1,450.20	$2,894.46	$2,461.19	$4,122.07
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	$1,438.65	$2,871.34	$2,441.53	$4,089.14
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	$1,391.06	$2,776.16	$2,360.63	$3,953.50
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	$1,461.78	$2,917.61	$2,480.86	$4,155.05
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	$1,422.74	$2,839.53	$2,414.49	$4,043.80
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	$1,222.23	$2,438.51	$2,073.62	$3,472.35
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	$1,206.16	$2,406.36	$2,046.30	$3,426.55
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	$1,174.00	$2,342.05	$1,991.63	$3,334.90
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	$1,159.85	$2,313.75	$1,967.58	$3,294.58
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	$1,158.81	$2,311.67	$1,965.81	$3,291.62

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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	$1,298.13	$2,590.30	$2,202.65	$3,688.66
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	$1,280.59	$2,555.25	$2,172.85	$3,638.69
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	$1,250.40	$2,494.86	$2,121.53	$3,552.65
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	$1,108.49	$2,211.04	$1,880.27	$3,148.21
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	$1,087.06	$2,168.17	$1,843.84	$3,087.13

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