



**Mid-Hudson**  
**Monthly Rates for Effective Dates 7/1/2026, 8/1/2026 & 9/1/2026**  
**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<br>Deductible, Coinsurance: \$0/\$0, 0%<br>Max OOP: \$3,900/\$7,800<br>Rx: \$10/\$35/\$70 after \$100/member Rx deductible (n/a Tier 1) - Base                                                                         | EPO | \$2,270.11 | \$4,534.27 | \$3,855.03     | \$6,458.81 |
| Anthem Blue Access Platinum EPO 5/25                 | PCP/Specialist: \$5/\$25<br>Deductible, Coinsurance: \$0/\$0, 0%<br>Max OOP: \$3,900/\$7,800<br>Rx: \$10/\$35/\$70 after \$100/member Rx deductible (n/a Tier 1) - Base                                                                         | EPO | \$2,082.49 | \$4,159.04 | \$3,536.07     | \$5,924.10 |
| EmblemHealth Select Care Platinum Premier            | PCP/Specialist: 3 free PCP visits then \$10/\$35<br>Deductible, Coinsurance: \$260/\$520, 20% - OON \$4,000/\$8,000, 50%<br>Max OOP: \$2,800/\$5,600 - OON \$10,000/\$20,000<br>Rx: \$5/\$30/\$75 after \$100/member Rx deductible (n/a Tier 1) | POS | \$2,255.74 | \$4,505.53 | \$3,830.59     | \$6,417.85 |
| UnitedHealthcare Choice+ Platinum POS 15/25 EP-3F    | PCP/Specialist: \$15/\$25<br>Deductible, Coinsurance: \$0/\$0 0% - OON \$5,000/\$10,000, 20%<br>Max OOP: INN \$5,500/\$11,000 OON \$10,000/\$20,000<br>Rx: \$5/\$25/\$50                                                                        | POS | \$1,679.48 | \$3,353.02 | \$2,850.96     | \$4,775.54 |
| UnitedHealthcare Select+ Platinum POS 15/25 EP-3U    | PCP/Specialist: \$15/\$25<br>Deductible, Coinsurance: \$0/\$0 0% - OON \$5,000/\$10,000, 20%<br>Max OOP: INN \$5,500/\$11,000 OON \$10,000/\$20,000<br>Rx: \$5/\$25/\$50                                                                        | POS | \$1,663.99 | \$3,322.03 | \$2,824.62     | \$4,731.38 |
| UnitedHealthcare Choice Platinum EPO 15/25 EP-3H     | PCP/Specialist: \$15/\$25<br>Deductible, Coinsurance: \$0/\$0, 0%<br>Max OOP: \$5,500/\$11,000<br>Rx: \$5/\$25/\$50                                                                                                                             | EPO | \$1,661.38 | \$3,316.82 | \$2,820.19     | \$4,723.96 |
| UnitedHealthcare Choice Platinum EPO 10/25 EP-39     | PCP/Specialist: \$10/\$25<br>Deductible, Coinsurance: \$0/\$0, 0%<br>Max OOP: \$7,000/\$14,000<br>Rx: \$5/\$30/\$60 after \$50/member Rx deductible (n/a Tier 1)                                                                                | EPO | \$1,652.49 | \$3,299.04 | \$2,805.08     | \$4,698.62 |
| UnitedHealthcare Choice Platinum EPO 10/40(80) EP-4D | PCP: \$10 Adult, \$0 Child   Specialist: Designated Network \$40, non-DN \$80<br>Deductible, Coinsurance: \$0/\$0, 20%<br>Max OOP: \$3,700/\$7,400<br>Rx: \$5/\$40/\$80                                                                         | EPO | \$1,575.21 | \$3,144.46 | \$2,673.68     | \$4,478.34 |
| UnitedHealthcare Select Platinum EPO 15/25 EP-3N     | PCP/Specialist: \$15/\$25<br>Deductible, Coinsurance: \$0/\$0, 0%<br>Max OOP: \$5,500/\$11,000<br>Rx: \$5/\$25/\$50                                                                                                                             | EPO | \$1,645.74 | \$3,285.54 | \$2,793.60     | \$4,679.38 |

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 7/1/2026, 8/1/2026 & 9/1/2026

#### 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<br>Deductible, Coinsurance: \$1,600/\$3,200, 20%<br>Max OOP: \$7,500/\$15,000<br>Rx: \$10/\$50/50% after \$200/member Rx deductible (n/a Tier 1) - Base                                                                   | EPO | \$1,805.36 | \$3,604.77 | \$3,064.95     | \$5,134.28 |
| Anthem Blue Access Gold EPO 30/60                    | PCP/Specialist: \$30/\$60<br>Deductible, Coinsurance: \$0/\$0, 0%<br>Max OOP: \$9,150/\$18,300<br>Rx: \$10/\$65/\$100 after \$200/member Rx deductible (n/a Tier 1) - Base                                                                          | EPO | \$1,867.07 | \$3,728.19 | \$3,169.86     | \$5,310.15 |
| Anthem Blue Access Gold EPO 50/60                    | PCP/Specialist: \$50/\$60<br>Deductible, Coinsurance: \$1,200/\$2,400, 10%<br>Max OOP: \$7,000/\$14,000<br>Rx: \$10/\$50/\$90 after \$150/member Rx deductible (n/a Tier 1) - Base                                                                  | EPO | \$1,779.72 | \$3,553.49 | \$3,021.36     | \$5,061.19 |
| Anthem Blue Access Gold EPO 30/65 G                  | PCP/Specialist: \$30/\$65<br>Deductible, Coinsurance: \$1,600/\$3,200, 20%<br>Max OOP: \$7,500/\$15,000<br>Rx: \$10/\$50/50% after \$200/member Rx deductible (n/a Tier 1) - Base                                                                   | EPO | \$1,660.44 | \$3,314.93 | \$2,818.58     | \$4,721.24 |
| EmblemHealth Select Care Gold Premier                | PCP/Specialist: 3 free PCP visits then \$25/\$50<br>Deductible, Coinsurance: \$500/\$1,000, 30% - OON \$6,000/\$12,000, 50%<br>Max OOP: \$8,650/\$17,300 - OON \$12,000/\$24,000<br>Rx: \$7/\$40/\$85 after \$150/member Rx deductible (n/a Tier 1) | POS | \$1,783.07 | \$3,560.19 | \$3,027.05     | \$5,070.75 |
| UnitedHealthcare Choice+ Gold POS 40/60 1100 EP-3E   | PCP/Specialist: \$40/\$60<br>Deductible, Coinsurance: \$1,100/\$2,200, 20% - OON \$5,000/\$10,000, 40%<br>Max OOP: \$8,500/\$17,000 - OON \$10,000/\$20,000<br>Rx: \$15/\$50/50% up to \$800                                                        | POS | \$1,414.49 | \$2,823.02 | \$2,400.46     | \$4,020.30 |
| UnitedHealthcare Choice+ Gold POS 40/60 1700 EP-4B   | PCP/Specialist: \$40/\$60<br>Deductible, Coinsurance: \$1,700/\$3,400, 20% - OON \$5,000/\$10,000, 40%<br>Max OOP: \$8,500/\$17,000 - OON \$10,000/\$20,000<br>Rx: \$15/\$50/50% up to \$800                                                        | POS | \$1,401.00 | \$2,796.04 | \$2,377.53     | \$3,981.84 |
| UnitedHealthcare Select+ Gold POS 40/60 1100 EP-3W   | PCP/Specialist: \$40/\$60<br>Deductible, Coinsurance: \$1,100/\$2,200, 20% - OON \$5,000/\$10,000, 40%<br>Max OOP: \$8,500/\$17,000 - OON \$10,000/\$20,000<br>Rx: \$15/\$50/50% up to \$800                                                        | POS | \$1,401.45 | \$2,796.95 | \$2,378.30     | \$3,983.14 |
| UnitedHealthcare Choice Gold EPO 30/65 EP-3L         | PCP/Specialist: \$30/\$65<br>Deductible, Coinsurance: \$450/\$900, 0%<br>Max OOP: \$9,900/\$19,800<br>Rx: \$10/\$50/\$100                                                                                                                           | EPO | \$1,459.11 | \$2,912.28 | \$2,476.33     | \$4,147.49 |
| UnitedHealthcare Choice Gold EPO 40/70 EP-3I         | PCP/Specialist: \$40/\$70<br>Deductible, Coinsurance: \$0/\$0, 0%<br>Max OOP: \$9,200/\$18,400<br>Rx: \$15/\$100/50%                                                                                                                                | EPO | \$1,436.26 | \$2,866.57 | \$2,437.48     | \$4,082.34 |
| UnitedHealthcare Choice Gold EPO 40/60 EP-3G         | PCP/Specialist: \$40/\$60<br>Deductible, Coinsurance: \$1,100/\$2,200, 20%<br>Max OOP: \$8,500/\$17,000<br>Rx: \$15/\$50/50% up to \$800                                                                                                            | EPO | \$1,396.69 | \$2,787.44 | \$2,370.22     | \$3,969.60 |
| UnitedHealthcare Choice Gold EPO 15/30 EP-3A         | PCP/Specialist: \$15/\$30<br>Deductible, Coinsurance: \$1,750/\$3,500, 20%<br>Max OOP: \$8,600/\$17,200<br>Rx: \$10/\$65/50% up to \$800                                                                                                            | EPO | \$1,380.45 | \$2,754.94 | \$2,342.59     | \$3,923.28 |
| UnitedHealthcare Select Gold EPO 15/30 EP-3X         | PCP/Specialist: \$15/\$30<br>Deductible, Coinsurance: \$1,750/\$3,500, 20%<br>Max OOP: \$8,600/\$17,200<br>Rx: \$10/\$65/50% up to \$800                                                                                                            | EPO | \$1,367.56 | \$2,729.18 | \$2,320.70     | \$3,886.57 |
| UnitedHealthcare Choice Gold EPO 15/50(100) EP-4F    | PCP: \$15 Adult, \$0 Child   Specialist/Designated Network \$50, non-DN \$100<br>Deductible, Coinsurance: \$2,500/\$5,000, 25%<br>Max OOP: \$7,150/\$14,300<br>Rx: \$10/\$50/\$100                                                                  | EPO | \$1,334.29 | \$2,662.62 | \$2,264.12     | \$3,791.72 |
| UnitedHealthcare Choice Gold EPO HSA 1800/100% EP-3Q | PCP/Specialist: Deductible then 0% coinsurance<br>Deductible, Coinsurance: \$1,800/\$3,600, 0%<br>Max OOP: \$5,500/\$8,900<br>Rx: Deductible then \$5/\$45/\$90                                                                                     | EPO | \$1,400.69 | \$2,795.42 | \$2,377.00     | \$3,980.97 |
|                                                      |                                                                                                                                                                                                                                                     | HSA |            |            |                |            |
| UnitedHealthcare Choice Gold EPO HSA 1800/80% EP-3C  | PCP/Specialist: Deductible then 20% coinsurance<br>Deductible, Coinsurance: \$1,800/\$3,600, 20%<br>Max OOP: \$5,000/\$10,000<br>Rx: Deductible then \$5/\$45/\$90                                                                                  | EPO | \$1,371.09 | \$2,736.24 | \$2,326.69     | \$3,896.62 |
|                                                      |                                                                                                                                                                                                                                                     | HSA |            |            |                |            |
| UnitedHealthcare Choice Gold EPO HSA 2500/100% EP-3R | PCP/Specialist: Deductible then 0% coinsurance<br>Deductible, Coinsurance: \$2,500/\$5,000, 0%<br>Max OOP: \$5,500/\$8,900<br>Rx: Deductible then \$5/\$45/\$90                                                                                     | EPO | \$1,359.59 | \$2,713.23 | \$2,307.13     | \$3,863.84 |
|                                                      |                                                                                                                                                                                                                                                     | HSA |            |            |                |            |

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## Mid-Hudson

### Monthly Rates for Effective Dates 7/1/2026, 8/1/2026 & 9/1/2026 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<br>Deductible, Coinsurance: \$3,450/\$6,900, 50%<br>Max OOP: \$9,700/\$19,400<br>Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base                                                                       | EPO        | \$1,651.83 | \$3,297.70 | \$2,803.93     | \$4,696.70 |
| Anthem Silver EPO 40/80 G                               | PCP/Specialist: \$40/\$80<br>Deductible, Coinsurance: \$3,450/\$6,900, 50%<br>Max OOP: \$9,700/\$19,400<br>Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base                                                                       | EPO        | \$1,600.53 | \$3,195.11 | \$2,716.74     | \$4,550.50 |
| Anthem Silver EPO HSA 4100                              | PCP/Specialist: Deductible then \$20/\$50<br>Deductible, Coinsurance: \$4,100/\$8,200, 30%<br>Max OOP: \$8,450/\$16,900<br>Rx: Deductible then \$10/\$50/\$90 - Base                                                                                     | EPO<br>HSA | \$1,523.76 | \$3,041.56 | \$2,586.22     | \$4,331.70 |
| Anthem Blue Access Silver EPO 35/80                     | PCP/Specialist: \$35/\$80<br>Deductible, Coinsurance: \$4,650/\$9,300, 50%<br>Max OOP: \$9,700/\$19,400<br>Rx: \$25/\$75/50% after \$200/member Rx deductible (n/a Tier 1) - Base                                                                        | EPO        | \$1,486.27 | \$2,966.59 | \$2,522.49     | \$4,224.86 |
| Anthem Blue Access Silver EPO 40/80 G                   | PCP/Specialist: \$40/\$80<br>Deductible, Coinsurance: \$3,450/\$6,900, 50%<br>Max OOP: \$9,700/\$19,400<br>Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base                                                                       | EPO        | \$1,474.44 | \$2,942.92 | \$2,502.38     | \$4,191.14 |
| Anthem Blue Access Silver EPO HSA 3300                  | PCP/Specialist: Deductible then \$30/\$60<br>Deductible, Coinsurance: \$3,300/\$6,600, 30%<br>Max OOP: \$8,450/\$16,900<br>Rx: Deductible then \$10/30%/50% - Base                                                                                       | EPO<br>HSA | \$1,425.64 | \$2,845.33 | \$2,419.43     | \$4,052.07 |
| EmblemHealth Select Care Silver Premier                 | PCP/Specialist: 1 free PCP visit then \$35/\$75<br>Deductible, Coinsurance: \$6,200/\$12,400, 40% - OON \$8,000/\$16,000, 50%<br>Max OOP: \$10,000/\$20,000 - OON \$18,000/\$36,000<br>Rx: \$20/\$50/\$120 after \$250/member Rx deductible (n/a Tier 1) | POS        | \$1,496.72 | \$2,987.49 | \$2,540.25     | \$4,254.63 |
| EmblemHealth Select Care Silver HSA                     | PCP/Specialist: Deductible then \$30/\$50<br>Deductible, Coinsurance: \$3,500/\$7,000, 40%<br>Max OOP: \$8,000/\$16,000<br>Rx: Deductible then \$15/\$45/\$100                                                                                           | HMO<br>HSA | \$1,456.74 | \$2,907.53 | \$2,472.30     | \$4,140.71 |
| UnitedHealthcare Choice+ Silver POS HSA 3000/100% EP-3J | PCP/Specialist: Deductible then \$30/\$50<br>Deductible, Coinsurance: \$3,000/\$6,000, 0% - OON \$5,000/\$10,000, 50%<br>Max OOP: \$8,300/\$16,600 - OON \$10,000/\$20,000<br>Rx: Deductible then \$10/\$40/\$60                                         | POS<br>HSA | \$1,258.84 | \$2,511.73 | \$2,135.87     | \$3,576.70 |
| UnitedHealthcare Choice Silver EPO HSA 3000/100% EP-36  | PCP/Specialist: Deductible then \$30/\$50<br>Deductible, Coinsurance: \$3,000/\$6,000, 0%<br>Max OOP: \$8,300/\$16,600<br>Rx: Deductible then \$10/\$40/\$60                                                                                             | EPO<br>HSA | \$1,242.27 | \$2,478.60 | \$2,107.70     | \$3,529.48 |
| UnitedHealthcare Choice Silver EPO HSA 3400/80% EP-3D   | PCP/Specialist: Deductible then 20% coinsurance<br>Deductible, Coinsurance: \$3,400/\$6,800, 20%<br>Max OOP: \$8,300/\$16,600<br>Rx: Deductible then \$15/\$35/\$75                                                                                      | EPO<br>HSA | \$1,209.15 | \$2,412.35 | \$2,051.39     | \$3,435.07 |
| UnitedHealthcare Choice Silver EPO 15/50(100) EP-4H     | PCP: \$15 Adult, \$0 Child   Specialist: Designated Network \$50, non-DN \$100<br>Deductible, Coinsurance: \$7,000/\$14,000, 25%<br>Max OOP: \$9,700/\$19,400<br>Rx: \$10/\$50/\$100 after \$100/member Rx deductible (n/a Tier 1)                       | EPO        | \$1,194.58 | \$2,383.21 | \$2,026.62     | \$3,393.55 |
| UnitedHealthcare Choice Silver EPO 30/75 EP-3B          | PCP/Specialist: \$30/\$75<br>Deductible, Coinsurance: \$4,250/\$8,500, 50%<br>Max OOP: \$9,100/\$18,200<br>Rx: \$15/\$65/50% up to \$800; after \$100/member Rx deductible (n/a Tier 1)                                                                  | EPO        | \$1,193.51 | \$2,381.07 | \$2,024.80     | \$3,390.50 |

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**Mid-Hudson**  
**Monthly Rates for Effective Dates 7/1/2026, 8/1/2026 & 9/1/2026**  
**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<br>Deductible, Coinsurance: \$6,300/\$12,600, 50%<br>Max OOP: \$8,450/\$16,900<br>Rx: Deductible then 50%/50%/50% - Base                                                   | EPO | \$1,330.40 | \$2,654.84 | \$2,257.50     | \$3,780.62 |
|                                                         |                                                                                                                                                                                                                      | HSA |            |            |                |            |
| EmblemHealth Select Care Bronze HSA                     | PCP/Specialist: Deductible then 50% coinsurance<br>Deductible, Coinsurance: \$8,000/\$16,000, 50%<br>Max OOP: \$8,500/\$17,000<br>Rx: Deductible then \$35/\$65/\$115                                                | HMO | \$1,311.19 | \$2,616.43 | \$2,224.85     | \$3,725.88 |
|                                                         |                                                                                                                                                                                                                      | HSA |            |            |                |            |
| EmblemHealth Select Care Bronze Premier                 | PCP/Specialist: 1 free PCP, Deductible then 50% coinsurance<br>Deductible, Coinsurance: \$8,400/\$16,800, 50%<br>Max OOP: \$10,000/\$20,000<br>Rx: \$50/Deductible then 50%/Deductible then 50%                      | HMO | \$1,280.27 | \$2,554.60 | \$2,172.30     | \$3,637.76 |
| UnitedHealthcare Choice+ Bronze POS HSA 7750/100% EP-29 | PCP/Specialist: Deductible then 0% coinsurance<br>Deductible, Coinsurance: \$7,750/\$15,500, 0% - OON \$10,000/\$20,000, 50%<br>Max OOP: \$7,750/\$15,500 - OON \$20,000/\$40,000<br>Rx: Deductible then \$0/\$0/\$0 | POS | \$1,141.68 | \$2,277.41 | \$1,936.68     | \$3,242.78 |
|                                                         |                                                                                                                                                                                                                      | HSA |            |            |                |            |
| UnitedHealthcare Choice Bronze EPO 6150 EP-3M           | PCP/Specialist: Deductible then \$35/\$60<br>Deductible, Coinsurance: \$6,150/\$12,300, 30%<br>Max OOP: \$9,200/\$18,400<br>Rx: Deductible then \$10/\$40/\$60                                                       | EPO | \$1,119.60 | \$2,233.24 | \$1,899.15     | \$3,179.85 |

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