# Mid-Hudson

## Monthly Rates for Effective Dates 10/1/2026, 11/1/2026 & 12/1/2026

## 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 | $2,326.79 | $4,647.62 | $3,951.37 | $6,620.34 |
| 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 | $2,134.48 | $4,263.01 | $3,624.45 | $6,072.25 |
| 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 | $2,200.77 | $4,395.57 | $3,737.12 | $6,261.16 |
| 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 | $1,729.96 | $3,453.96 | $2,936.76 | $4,919.38 |
| 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 | $1,714.00 | $3,422.04 | $2,909.63 | $4,873.90 |
| 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 | $1,711.31 | $3,416.67 | $2,905.06 | $4,866.25 |
| 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 | $1,702.15 | $3,398.36 | $2,889.50 | $4,840.15 |
| 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 | $1,622.53 | $3,239.11 | $2,754.13 | $4,613.22 |
| 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 | $1,695.20 | $3,384.45 | $2,877.67 | $4,820.32 |

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

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# Mid-Hudson

## Monthly Rates for Effective Dates 10/1/2026, 11/1/2026 & 12/1/2026

## 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 | $1,850.41 | $3,694.87 | $3,141.54 | $5,262.67 |
| 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 | $1,913.66 | $3,821.38 | $3,249.07 | $5,442.94 |
| 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 | $1,824.12 | $3,642.29 | $3,096.84 | $5,187.74 |
| 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 | $1,701.86 | $3,397.76 | $2,888.99 | $4,839.28 |
| 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 | $1,739.65 | $3,473.36 | $2,953.24 | $4,946.99 |
| 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 | $1,456.97 | $2,908.00 | $2,472.69 | $4,141.38 |
| 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 | $1,443.07 | $2,880.19 | $2,449.05 | $4,101.76 |
| 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 | $1,443.55 | $2,881.14 | $2,449.87 | $4,103.12 |
| 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 | $1,502.94 | $2,999.93 | $2,550.83 | $4,272.38 |
| 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 | $1,479.41 | $2,952.86 | $2,510.82 | $4,205.31 |
| 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 | $1,438.65 | $2,871.34 | $2,441.53 | $4,089.15 |
| 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 | $1,421.90 | $2,837.84 | $2,413.06 | $4,041.41 |
| 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 | $1,408.63 | $2,811.31 | $2,390.51 | $4,003.62 |
| 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 | $1,374.35 | $2,742.74 | $2,332.22 | $3,905.89 |
| 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<br>HSA | $1,442.75 | $2,879.56 | $2,448.52 | $4,100.86 |
| 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<br>HSA | $1,412.26 | $2,818.58 | $2,396.69 | $4,013.97 |
| 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<br>HSA | $1,400.41 | $2,794.87 | $2,376.53 | $3,980.17 |

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# Mid-Hudson

## Monthly Rates for Effective Dates 10/1/2026, 11/1/2026 & 12/1/2026

## 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 | $1,693.03 | $3,380.10 | $2,873.98 | $4,814.12 |
| 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 | $1,640.44 | $3,274.94 | $2,784.59 | $4,664.26 |
| 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 | $1,561.76 | $3,117.56 | $2,650.82 | $4,440.00 |
| 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 | $1,523.33 | $3,040.72 | $2,585.50 | $4,330.50 |
| 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 | $1,511.19 | $3,016.43 | $2,564.86 | $4,295.89 |
| 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 | $1,461.18 | $2,916.41 | $2,479.84 | $4,153.37 |
| 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 | $1,460.29 | $2,914.61 | $2,478.31 | $4,150.79 |
| 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 | $1,421.29 | $2,836.63 | $2,412.02 | $4,039.67 |
| 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 | $1,296.62 | $2,587.30 | $2,200.10 | $3,684.39 |
| 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 | $1,279.56 | $2,553.18 | $2,171.09 | $3,635.76 |
| 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 | $1,245.44 | $2,484.93 | $2,113.08 | $3,538.52 |
| 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 | $1,230.43 | $2,454.91 | $2,087.57 | $3,495.73 |
| 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 | $1,229.33 | $2,452.71 | $2,085.69 | $3,492.59 |

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# Mid-Hudson

## Monthly Rates for Effective Dates 10/1/2026, 11/1/2026 & 12/1/2026

## 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<br>HSA | $1,363.56 | $2,721.17 | $2,313.89 | $3,875.14 |
| 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<br>HSA | $1,279.29 | $2,552.64 | $2,170.63 | $3,634.98 |
| 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 | $1,249.13 | $2,492.30 | $2,119.36 | $3,549.00 |
| 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<br>HSA | $1,175.93 | $2,345.92 | $1,994.92 | $3,340.41 |
| 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 | $1,153.18 | $2,300.41 | $1,956.24 | $3,275.58 |

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