



# 2025 Individual Plans Rate Sheets

New York City (Bronx, Kings, Queens, Richmond, & Manhattan), Rockland, and Westchester counties

## Millennium Network

Name	Platinum D	Gold D	Silver D	Bronze D	Catastrophic D
<b>Standard Rates</b>					
Individual	\$2,344.44	\$1,936.65	\$1,606.81	\$1,225.28	\$798.43
Individual/Spouse	\$4,688.88	\$3,873.30	\$3,213.62	\$2,450.56	\$1,596.86
Individual/Children	\$3,985.55	\$3,292.31	\$2,731.58	\$2,082.98	\$1,357.33
Family	\$6,681.65	\$5,519.45	\$4,579.41	\$3,492.05	\$2,275.53
Child Only	\$965.91	\$797.90	\$662.01	\$504.82	N/A
<b>Age 29 Rates</b>					
Individual	\$2,414.77	\$1,994.75	\$1,655.01	\$1,262.04	N/A
Individual/Spouse	\$4,829.54	\$3,989.50	\$3,310.02	\$2,524.08	N/A
Individual/Children	\$4,105.11	\$3,391.08	\$2,813.52	\$2,145.47	N/A
Family	\$6,882.09	\$5,685.04	\$4,716.78	\$3,596.81	N/A
<b>Plan Benefits</b>					
Referral Required	Yes	Yes	Yes	Yes	Yes
Deductible: Individual/Family	\$0/\$0	\$600/\$1,200	\$2,100/\$4,200	\$3,800/\$7,600	\$9,200/\$18,400
Out of Pocket Maximum: I/F	\$2,000/\$4,000	\$7,900/\$15,800	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400
Primary Care Physician (PCP) office visit	\$15	\$25^	1 visit \$30*, then \$30^	3 visits \$50*, then \$50^	3 free visits, then 0%^
Specialist office visit	\$35	\$40^	1 visit \$65*, then \$65^	3 visits \$75*, then \$75^	0%^
Urgent Care	\$55	\$60^	\$70^	\$75^	0%^
Emergency Room	\$100	\$150^	\$500^	\$500^	0%^
Inpatient Admission	\$500	\$1,000^	\$1,500^	\$1,500^	0%^
Telemedicine	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full^
Prescription Drugs (Tier 1/2/3)	\$10/\$30/\$60	\$10/\$35/\$70 *	\$15/\$40/\$75 *	\$10/\$35/\$70 ^	0%/0%/0% ^

^ After Deductible

\* Not Subject to Deductible

Long Island (Nassau & Suffolk counties)

## Millennium Network

Name	Platinum D	Gold D	Silver D	Bronze D	Catastrophic D
<b>Standard Rates</b>					
Individual	\$2,533.57	\$2,092.89	\$1,736.44	\$1,324.13	\$862.84
Individual/Spouse	\$5,067.14	\$4,185.78	\$3,472.88	\$2,648.26	\$1,725.68
Individual/Children	\$4,307.07	\$3,557.91	\$2,951.95	\$2,251.02	\$1,466.83
Family	\$7,220.67	\$5,964.74	\$4,948.85	\$3,773.77	\$2,459.09
Child Only	\$1,043.83	\$862.27	\$715.41	\$545.54	N/A
<b>Age 29 Rates</b>					
Individual	\$2,609.58	\$2,155.68	\$1,788.53	\$1,363.85	N/A
Individual/Spouse	\$5,219.16	\$4,311.36	\$3,577.06	\$2,727.70	N/A
Individual/Children	\$4,436.29	\$3,664.66	\$3,040.50	\$2,318.55	N/A
Family	\$7,437.30	\$6,143.69	\$5,097.31	\$3,886.97	N/A
<b>Plan Benefits</b>					
Referral Required	Yes	Yes	Yes	Yes	Yes
Deductible: Individual/Family	\$0/\$0	\$600/\$1,200	\$2,100/\$4,200	\$3,800/\$7,600	\$9,200/\$18,400
Out of Pocket Maximum: I/F	\$2,000/\$4,000	\$7,900/\$15,800	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400
Primary Care Physician (PCP) office visit	\$15	\$25 <sup>^</sup>	1 visit \$30*, then \$30 <sup>^</sup>	3 visits \$50*, then \$50 <sup>^</sup>	3 free visits, then 0% <sup>^</sup>
Specialist office visit	\$35	\$40 <sup>^</sup>	1 visit \$65*, then \$65 <sup>^</sup>	3 visits \$75*, then \$75 <sup>^</sup>	0% <sup>^</sup>
Urgent Care	\$55	\$60 <sup>^</sup>	\$70 <sup>^</sup>	\$75 <sup>^</sup>	0% <sup>^</sup>
Emergency Room	\$100	\$150 <sup>^</sup>	\$500 <sup>^</sup>	\$500 <sup>^</sup>	0% <sup>^</sup>
Inpatient Admission	\$500	\$1,000 <sup>^</sup>	\$1,500 <sup>^</sup>	\$1,500 <sup>^</sup>	0% <sup>^</sup>
Telemedicine	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full <sup>^</sup>
Prescription Drugs (Tier 1/2/3)	\$10/\$30/\$60	\$10/\$35/\$70 *	\$15/\$40/\$75 *	\$10/\$35/\$70 <sup>^</sup>	0%/0%/0% <sup>^</sup>

<sup>^</sup> After Deductible

\* Not Subject to Deductible



# 2025 Individual Plans Rate Sheets

Mid-Hudson (Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster counties)

## Select Care Network

Name	Platinum D	Gold D	Silver D	Bronze D	Catastrophic D
<b>Standard Rates</b>					
Individual	\$2,894.24	\$2,390.81	\$1,983.62	\$1,512.59	\$985.63
Individual/Spouse	\$5,788.48	\$4,781.62	\$3,967.24	\$3,025.18	\$1,971.26
Individual/Children	\$4,920.21	\$4,064.38	\$3,372.15	\$2,571.40	\$1,675.57
Family	\$8,248.58	\$6,813.81	\$5,653.32	\$4,310.88	\$2,809.05
Child Only	\$1,192.43	\$985.01	\$817.25	\$623.19	N/A
<b>Age 29 Rates</b>					
Individual	\$2,981.07	\$2,462.53	\$2,043.13	\$1,557.97	N/A
Individual/Spouse	\$5,962.14	\$4,925.06	\$4,086.26	\$3,115.94	N/A
Individual/Children	\$5,067.82	\$4,186.30	\$3,473.32	\$2,648.55	N/A
Family	\$8,496.05	\$7,018.21	\$5,822.92	\$4,440.21	N/A
<b>Plan Benefits</b>					
Referral Required	Yes	Yes	Yes	Yes	Yes
Deductible: Individual/Family	\$0/\$0	\$600/\$1,200	\$2,100/\$4,200	\$3,800/\$7,600	\$9,200/\$18,400
Out of Pocket Maximum: I/F	\$2,000/\$4,000	\$7,900/\$15,800	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400
Primary Care Physician (PCP) office visit	\$15	\$25 <sup>^</sup>	1 visit \$30*, then \$30 <sup>^</sup>	3 visits \$50*, then \$50 <sup>^</sup>	3 free visits, then 0% <sup>^</sup>
Specialist office visit	\$35	\$40 <sup>^</sup>	1 visit \$65*, then \$65 <sup>^</sup>	3 visits \$75*, then \$75 <sup>^</sup>	0% <sup>^</sup>
Urgent Care	\$55	\$60 <sup>^</sup>	\$70 <sup>^</sup>	\$75 <sup>^</sup>	0% <sup>^</sup>
Emergency Room	\$100	\$150 <sup>^</sup>	\$500 <sup>^</sup>	\$500 <sup>^</sup>	0% <sup>^</sup>
Inpatient Admission	\$500	\$1,000 <sup>^</sup>	\$1,500 <sup>^</sup>	\$1,500 <sup>^</sup>	0% <sup>^</sup>
Telemedicine	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full <sup>^</sup>
Prescription Drugs (Tier 1/2/3)	\$10/\$30/\$60	\$10/\$35/\$70 *	\$15/\$40/\$75 *	\$10/\$35/\$70 <sup>^</sup>	0%/0%/0% <sup>^</sup>

<sup>^</sup> After Deductible

\* Not Subject to Deductible



# 2025 Individual Plans Rate Sheets

**Albany & Upstate**  
 (Albany, Broome, Columbia, Fulton, Greene, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties)  
**Select Care Network**

Name	Platinum D	Gold D	Silver D	Bronze D	Catastrophic D
<b>Standard Rates</b>					
Individual	\$2,893.01	\$2,389.79	\$1,982.78	\$1,511.95	\$985.21
Individual/Spouse	\$5,786.02	\$4,779.58	\$3,965.56	\$3,023.90	\$1,970.42
Individual/Children	\$4,918.12	\$4,062.64	\$3,370.73	\$2,570.32	\$1,674.86
Family	\$8,245.08	\$6,810.90	\$5,650.92	\$4,309.06	\$2,807.85
Child Only	\$1,191.92	\$984.59	\$816.91	\$622.92	N/A
<b>Age 29 Rates</b>					
Individual	\$2,979.80	\$2,461.48	\$2,042.26	\$1,557.31	N/A
Individual/Spouse	\$5,959.60	\$4,922.96	\$4,084.52	\$3,114.62	N/A
Individual/Children	\$5,065.66	\$4,184.52	\$3,471.84	\$2,647.43	N/A
Family	\$8,492.43	\$7,015.22	\$5,820.44	\$4,438.33	N/A
<b>Plan Benefits</b>					
Referral Required	Yes	Yes	Yes	Yes	Yes
Deductible: Individual/Family	\$0/\$0	\$600/\$1,200	\$2,100/\$4,200	\$3,800/\$7,600	\$9,200/\$18,400
Out of Pocket Maximum: I/F	\$2,000/\$4,000	\$7,900/\$15,800	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400
Primary Care Physician (PCP) office visit	\$15	\$25^	1 visit \$30*, then \$30^	3 visits \$50*, then \$50^	3 free visits, then 0%^
Specialist office visit	\$35	\$40^	1 visit \$65*, then \$65^	3 visits \$75*, then \$75^	0%^
Urgent Care	\$55	\$60^	\$70^	\$75^	0%^
Emergency Room	\$100	\$150^	\$500^	\$500^	0%^
Inpatient Admission	\$500	\$1,000^	\$1,500^	\$1,500^	0%^
Telemedicine	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full^
Prescription Drugs (Tier 1/2/3)	\$10/\$30/\$60	\$10/\$35/\$70 *	\$15/\$40/\$75 *	\$10/\$35/\$70 ^	0%/0%/0% ^

^ After Deductible  
 \* Not Subject to Deductible