2027 Small Business Healthy NY

Gold Standard HMO

Plan Code	Riders	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
		Single	Sub + Spouse	Sub + Child(ren)	Family	Single	Sub + Spouse	Sub + Child(ren)	Family	Single	Sub + Spouse	Sub + Child(ren)	Family	Single	Sub + Spouse	Sub + Child(ren)	Family
ALBANY REGION																	
SHGFH101	No Riders	$1,042.75	$2,085.51	$1,772.68	$2,971.85	$1,066.21	$2,132.42	$1,812.56	$3,038.70	$1,090.20	$2,180.40	$1,853.34	$3,107.07	$1,114.73	$2,229.46	$1,895.04	$3,176.98
SHGFH108	Age 29	$1,046.36	$2,092.72	$1,778.82	$2,982.13	$1,069.90	$2,139.80	$1,818.83	$3,049.22	$1,093.97	$2,187.94	$1,859.75	$3,117.81	$1,118.58	$2,237.16	$1,901.59	$3,187.95
SHGFH102	No Family Planning	$1,039.27	$2,078.53	$1,766.75	$2,961.91	$1,062.65	$2,125.30	$1,806.51	$3,028.55	$1,086.56	$2,173.12	$1,847.15	$3,096.70	$1,111.01	$2,222.02	$1,888.72	$3,166.38
SHGFH104	Domestic Partner	$1,042.75	$2,085.51	$1,772.68	$2,971.85	$1,066.21	$2,132.42	$1,812.56	$3,038.70	$1,090.20	$2,180.40	$1,853.34	$3,107.07	$1,114.73	$2,229.46	$1,895.04	$3,176.98
SHGFH105	Age 29 + No Family Planning	$1,042.86	$2,085.72	$1,772.86	$2,972.15	$1,066.32	$2,132.64	$1,812.74	$3,039.01	$1,090.31	$2,180.62	$1,853.53	$3,107.38	$1,114.84	$2,229.68	$1,895.23	$3,177.29
SHGFH107	Age 29 + Domestic Partner	$1,046.36	$2,092.72	$1,778.82	$2,982.13	$1,069.90	$2,139.80	$1,818.83	$3,049.22	$1,093.97	$2,187.94	$1,859.75	$3,117.81	$1,118.58	$2,237.16	$1,901.59	$3,187.95
SHGFH106	Age 29 + Domestic Partner + No Family Planning	$1,042.86	$2,085.72	$1,772.86	$2,972.15	$1,066.32	$2,132.64	$1,812.74	$3,039.01	$1,090.31	$2,180.62	$1,853.53	$3,107.38	$1,114.84	$2,229.68	$1,895.23	$3,177.29
SHGFH103	Domestic Partner + No Family Planning	$1,039.27	$2,078.53	$1,766.75	$2,961.91	$1,062.65	$2,125.30	$1,806.51	$3,028.55	$1,086.56	$2,173.12	$1,847.15	$3,096.70	$1,111.01	$2,222.02	$1,888.72	$3,166.38
MID-HUDSON REGION																	
SHGFH101	No Riders	$1,191.64	$2,383.28	$2,025.79	$3,396.17	$1,218.45	$2,436.90	$2,071.37	$3,472.58	$1,245.87	$2,491.74	$2,117.98	$3,550.73	$1,273.90	$2,547.80	$2,165.63	$3,630.62
SHGFH108	Age 29	$1,195.79	$2,391.58	$2,032.84	$3,408.00	$1,222.70	$2,445.40	$2,078.59	$3,484.70	$1,250.21	$2,500.42	$2,125.36	$3,563.10	$1,278.34	$2,556.68	$2,173.18	$3,643.27
SHGFH102	No Family Planning	$1,187.62	$2,375.25	$2,018.96	$3,384.73	$1,214.34	$2,428.68	$2,064.38	$3,460.87	$1,241.66	$2,483.32	$2,110.82	$3,538.73	$1,269.60	$2,539.20	$2,158.32	$3,618.36
SHGFH104	Domestic Partner	$1,191.64	$2,383.28	$2,025.79	$3,396.17	$1,218.45	$2,436.90	$2,071.37	$3,472.58	$1,245.87	$2,491.74	$2,117.98	$3,550.73	$1,273.90	$2,547.80	$2,165.63	$3,630.62
SHGFH105	Age 29 + No Family Planning	$1,191.76	$2,383.52	$2,025.99	$3,396.52	$1,218.57	$2,437.14	$2,071.57	$3,472.92	$1,245.99	$2,491.98	$2,118.18	$3,551.07	$1,274.02	$2,548.04	$2,165.83	$3,630.96
SHGFH107	Age 29 + Domestic Partner	$1,195.79	$2,391.58	$2,032.84	$3,408.00	$1,222.70	$2,445.40	$2,078.59	$3,484.70	$1,250.21	$2,500.42	$2,125.36	$3,563.10	$1,278.34	$2,556.68	$2,173.18	$3,643.27
SHGFH106	Age 29 + Domestic Partner + No Family Planning	$1,191.76	$2,383.52	$2,025.99	$3,396.52	$1,218.57	$2,437.14	$2,071.57	$3,472.92	$1,245.99	$2,491.98	$2,118.18	$3,551.07	$1,274.02	$2,548.04	$2,165.83	$3,630.96
SHGFH103	Domestic Partner + No Family Planning	$1,187.62	$2,375.25	$2,018.96	$3,384.73	$1,214.34	$2,428.68	$2,064.38	$3,460.87	$1,241.66	$2,483.32	$2,110.82	$3,538.73	$1,269.60	$2,539.20	$2,158.32	$3,618.36

Benefit Overview

Deductible (single/family) ...Embedded $1,200/$2,400
Office Visit.....$25
Specialist Visit.....$40
Inpatient Hospital.....$1,000
Outpatient Surgery.....$100
ER.....$150
Prescription (Tier 1/Tier 2/Tier 3).....$10/$35/$70
OOP Max (single/family).....$12,000/$24,000