UnitedHealthcare Upstate New York Small Group (1-100): Q1 2027 Rates

Region: Area 3 (Delaware, Dutchess, Orange, Putnam, Sullivan, Ulster)

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COPAY PLANS	Platinum						
	NY P CHC NG 20/35/100 EPO 27 FDM4	NY P CHC NG 20/30/100 EPO 27 FDNC	NY P SEL NG 20/30/100 EPO 27 FDNI	NY P SEL NG 15/35/100 EPO 27 FDNK	NY P CHC NG 15/35/100 EPO 27 FDNZ	NY P CHC NG 5/15/100 EPO 27 FDN5	NY P CHC NG 10/40/80 EPO 27 FDOB
COPAYMENTS							
In-Network PCP Copay	$20	$20	$20	$15	$15	$5	Ded + 20%
In-Network Specialist Copay	$35	$30	$30	$35	$35	$15	Ded + 20%
In-Network Hospital Copay	$1,000	$500	$500	$500	$500	$200	Ded + 20%
In-Network Emergency Room Copay	$400	$400	$400	$300	$300	$300	N/A
DEDUCTIBLES							
In-Network Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Non-Network Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COINSURANCE							
In-Network Coinsurance	100%	100%	100%	100%	100%	100%	80%
Non-Network Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OUT-OF-POCKET MAXIMUM (OOPM)							
In-Network OOPM	$7,500 / $15,000	$5,800 / $11,600	$5,800 / $11,600	$5,300 / $10,600	$5,300 / $10,600	$4,750 / $9,500	$3,700 / $7,400
Non-Network OOPM	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PHARMACY							
Deductible	N/A	N/A	N/A	N/A	N/A	$100D on 2&3	N/A
Copays	$10 / $35 / $70	$10 / $35 / $70	$10 / $35 / $70	$5 / $30 / 50%	$5 / $30 / 50%	$5 / $35 / $70	$5 / $40 / $80
RATES							
Employee	$1,607.79	$1,619.83	$1,604.60	$1,581.29	$1,596.37	$1,628.20	$1,559.36
Employee + Spouse	$3,215.58	$3,239.66	$3,209.20	$3,162.58	$3,192.74	$3,256.40	$3,118.72
Employee + Child(ren)	$2,733.25	$2,753.71	$2,727.82	$2,688.19	$2,713.83	$2,767.94	$2,650.91
Family	$4,582.23	$4,616.53	$4,573.13	$4,506.69	$4,549.67	$4,640.39	$4,444.19

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COPAY PLANS	Gold					
	NY G CHC NG 15/30/1750/80 EPO 27 FDM5	NY G CHC NG 2000/80 EPO HSA 27 FDM7	NY G CHC NG 40/60/1100/80 EPO 27 FDNB	NY G CHC NG 40/70/100 EPO 27 FDND	NY G CHC NG 35/65/450/100 EPO 27 FDNG	NY G CHC NG 1800/100 EPO HSA 27 FDNL
COPAYMENTS						
In-Network PCP Copay						
In-Network Specialist Copay	$30	Ded + 20%	$60	$70	$65	Ded + 0%
In-Network Hospital Copay	Ded + 20%	Ded + 20%	Ded + 20%	$1,500	$1,500	$1,200
In-Network Emergency Room Copay	$400	N/A	$250	$650	$400	$500
DEDUCTIBLES						
In-Network Deductible	$1,750 / $3,500	$2,000 / $4,000	$1,100 / $2,200	N/A	$450 / $950	$1,800 / $3,600
Non-Network Deductible	N/A	N/A	N/A	N/A	N/A	N/A
COINSURANCE						
In-Network Coinsurance	80%	80%	80%	100%	100%	100%
Non-Network Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A
OUT-OF-POCKET MAXIMUM (OOPM)						
In-Network OOPM	$10,000 / $20,000	$5,000 / $10,000	$8,500 / $17,000	$9,200 / $18,400	$10,150 / $20,300	$5,500 / $8,900
Non-Network OOPM	N/A	N/A	N/A	N/A	N/A	N/A
PHARMACY						
Deductible	N/A	Same as Medical	N/A	N/A	N/A	Same as Medical
Copays	$10 / $65 / 50%	$5 / $45 / $90	$15 / $50 / 50%	$15 / $100 / 50%	$10 / $50 / $100	$5 / $45 / $90
RATES						
Employee	$1,358.89	$1,351.12	$1,381.44	$1,413.88	$1,430.03	$1,386.16
Employee + Spouse	$2,717.78	$2,702.24	$2,762.88	$2,827.76	$2,860.06	$2,772.32
Employee + Child(ren)	$2,310.11	$2,296.91	$2,348.45	$2,403.60	$2,431.05	$2,356.47
Family	$3,872.85	$3,850.71	$3,937.12	$4,029.58	$4,075.60	$3,950.57

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COPAY PLANS	Gold					
	NY G CHC NG 2500/100 EPO HSA 27 FDNM	NY G SEL NG 1800/100 EPO HSA 27 FDNN	NY G SEL NG 2500/100 EPO HSA 27 FDNO	NY G SEL NG 15/30/1750/80 EPO 27 FDNS	NY G CHC NG 15/30/1800/100 EPO HSA 27 FDNX	NY G CHC NG 15/30/2800/100 EPO HSA 27 FDNY
COPAYMENTS						
In-Network PCP Copay	Ded + 0%	Ded + 0%	Ded + 0%	$15	$15	$15
In-Network Specialist Copay	Ded + 0%	Ded + 0%	Ded + 0%	$30	$30	$30
In-Network Hospital Copay	$1,200	$1,200	$1,200	Ded + 20%	$1,200	$1,200
In-Network Emergency Room Copay	$500	$500	$500	$400	$500	$500
DEDUCTIBLES						
In-Network Deductible	$2,500 / $5,000	$1,800 / $3,600	$2,500 / $5,000	$1,750 / $3,500	$1,800 / $3,600	$2,800 / $5,600
Non-Network Deductible	N/A	N/A	N/A	N/A	N/A	N/A
COINSURANCE						
In-Network Coinsurance	100%	100%	100%	80%	100%	100%
Non-Network Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A
OUT-OF-POCKET MAXIMUM (OOPM)						
In-Network OOPM	$5,500 / $8,900	$5,500 / $8,900	$5,500 / $8,900	$10,000 / $20,000	$5,500 / $8,900	$5,500 / $8,900
Non-Network OOPM	N/A	N/A	N/A	N/A	N/A	N/A
PHARMACY						
Deductible	Same as Medical	Same as Medical	Same as Medical	N/A	Same as Medical	Same as Medical
Copays	$5 / $45 / $90	$5 / $45 / $90	$5 / $45 / $90	$10 / $65 / 50%	$5 / $45 / $90	$5 / $45 / $90
RATES						
Employee	$1,346.10	$1,373.37	$1,333.61	$1,346.25	$1,365.14	$1,313.05
Employee + Spouse	$2,692.20	$2,746.74	$2,667.22	$2,692.50	$2,730.28	$2,626.10
Employee + Child(ren)	$2,288.37	$2,334.73	$2,267.14	$2,288.63	$2,320.74	$2,232.18
Family	$3,836.40	$3,914.12	$3,800.81	$3,836.83	$3,890.67	$3,742.20

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COPAY PLANS	Gold				
	NY G CHC NG 40/60/1700/80 EPO 27 FDN2	NY G CHC NG 1750/90 EPO HSA 27 FDN4	NY G CHC NG 25/50/100 EPO 27 FDN8	NY G SEL NG 25/50/100 EPO 27 FDN9	NY G CHC NG 15/50/2500/75 EPO 27 FDOD
COPAYMENTS					
In-Network PCP Copay	$40	Ded + 10%	$25	$25	Ded + 25%
In-Network Specialist Copay	$60	Ded + 10%	$50	$50	Ded + 25%
In-Network Hospital Copay	Ded + 20%	Ded + 10%	$1,125	$1,125	Ded + 25%
In-Network Emergency Room Copay	$250	N/A	$750	$750	N/A
DEDUCTIBLES					
In-Network Deductible	$1,700 / $3,400	$1,750 / $3,500	N/A	N/A	$2,500 / $5,000
Non-Network Deductible	N/A	N/A	N/A	N/A	N/A
COINSURANCE					
In-Network Coinsurance	80%	90%	100%	100%	75%
Non-Network Coinsurance	N/A	N/A	N/A	N/A	N/A
OUT-OF-POCKET MAXIMUM (OOPM)					
In-Network OOPM	$8,500 / $17,000	$6,000 / $12,000	$10,600 / $21,200	$10,600 / $21,200	$7,150 / $14,300
Non-Network OOPM	N/A	N/A	N/A	N/A	N/A
PHARMACY					
Deductible	N/A	Same as Medical	$200D on 2&3	$200D on 2&3	N/A
Copays	$15 / $50 / 50%	$10 / $40 / $80	$10 / $65 / $95	$10 / $65 / $95	$10 / $50 / $100
RATES					
Employee	$1,371.99	$1,352.04	$1,465.83	$1,452.12	$1,319.90
Employee + Spouse	$2,743.98	$2,704.08	$2,931.66	$2,904.24	$2,639.80
Employee + Child(ren)	$2,332.39	$2,298.47	$2,491.91	$2,468.60	$2,243.83
Family	$3,910.19	$3,853.33	$4,177.63	$4,138.55	$3,761.73

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DEDUCTIBLE HSA PLANS	Silver						
	NY S CHC NG 40/60/3500/100 EPO HSA 27 FDMZ	NY S CHC NG 30/75/4250/50 EPO 27 FDM6	NY S CHC NG 4000/80 EPO HSA 27 FDM8	NY S SEL NG 40/60/3500/100 EPO HSA 27 FDNJ	NY S CHC NG 5600/100 EPO HSA 27 FDNU	NY S CHC NG 40/80/3250/60 EPO 27 FDN7	NY S CHC NG 15/50/7000/75 EPO 27 FDOF
COPAYMENTS							
In-Network PCP Copay	$40	$30	Ded + 20%	$40	Ded + 0%	$40	Ded + 25%
In-Network Specialist Copay	$60	$75	Ded + 20%	$60	Ded + 0%	$80	Ded + 25%
In-Network Hospital Copay	$1,500	Ded + 50%	Ded + 20%	$1,500	Ded + 0%	Ded + 40%	Ded + 25%
In-Network Emergency Room Copay	$500	$900	N/A	$500	N/A	N/A	N/A
DEDUCTIBLES							
In-Network Deductible	$3,500 / $7,000	$4,250 / $8,500	$4,000 / $8,000	$3,500 / $7, 000	$5,600 / $11,200	$3,250 / $6,500	$7,000 / $14,000
Non-Network Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COINSURANCE							
In-Network Coinsurance	100%	50%	80%	100%	100%	60%	75%
Non-Network Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OUT-OF-POCKET MAXIMUM (OOPM)							
In-Network OOPM	$8,700 / $17,400	$9,900 / $19,800	$8,700 / $17,400	$8,700 / $17,400	$8,700 / $17,400	$10,600 / $21,200	$10,500 / $21,000
Non-Network OOPM	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PHARMACY INCLUDING CORE PLUS PREVENTIVE PDL							
Deductible	Same as Medical	$100D on 2&3	Same as Medical	Same as Medical	Same as Medical	$200D on 2&3	$100D on 2&3
Copays	$15 / $35 / $75	$15 / $65 / 50%	$15 / $35 / $75	$15 / $35 / $75	$15 / $35 / $75	$10 / $50 / $90	$10 / $50 / $100
RATES							
Employee	$1,201.39	$1,169.86	$1,173.21	$1,190.27	$1,177.47	$1,185.55	$1,171.54
Employee + Spouse	$2,402.78	$2,339.72	$2,346.42	$2,380.54	$2,354.94	$2,371.10	$2,343.08
Employee + Child(ren)	$2,042.37	$1,988.76	$1,994.46	$2,023.46	$2,001.70	$2,015.44	$1,991.62
Family	$3,423.98	$3,334.11	$3,343.66	$3,392.28	$3,355.80	$3,378.84	$3,338.90

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DEDUCTIBLE HSA PLANS	Bronze				
	NY B CHC NG 8500/100 EPO HSA 27 FDMV	NY B CHC NG 6500/70 EPO HSA 27 FDMX	NY B CHC NG 35/60/6150/70 EPO 27 FDNH	NY B CHC NG 6000/50 EPO HSA 27 FDN3	NY B CHC NG 25/75/6000/70 EPO HSA 27 FDN6
COPAYMENTS					
In-Network PCP Copay	Ded + 0%	Ded + 30%	$35	Ded + 50%	$25
In-Network Specialist Copay	Ded + 0%	Ded + 30%	$60	Ded + 50%	$75
In-Network Hospital Copay	Ded + 0%	Ded + 30%	Ded + 30%	Ded + 50%	Ded + 30%
In-Network Emergency Room Copay	N/A	N/A	$350	N/A	N/A
DEDUCTIBLES					
In-Network Deductible	$8,500 / $17,000	$6,500 / $13,000	$6,150 / $12,300	$6,000 / $ 12,000	$6,000 / $12,000
Non-Network Deductible	N/A	N/A	N/A	N/A	N/A
COINSURANCE					
In-Network Coinsurance	100%	70%	70%	50%	70%
Non-Network Coinsurance	N/A	N/A	N/A	N/A	N/A
OUT-OF-POCKET MAXIMUM (OOPM)					
In-Network OOPM	$8,500 / $17,000	$8,700 / $17,400	$9,200 / $18,400	$8,700 / $17,400	$8,700 / $17,400
Non-Network OOPM	N/A	N/A	N/A	N/A	N/A
PHARMACY INCLUDING CORE PLUS PREVENTIVE PDL					
Deductible	Same as Medical	Same as Medical	Same as Medical	Same as Medical	Same as Medical
Copays	No Copay	$10 / $40 / $60	$10 / $40 / $60	$10 / $40 / $80	30% / 30% / 30%
RATES					
Employee	$1,099.18	$1,102.83	$1,083.19	$1,104.05	$1,105.28
Employee + Spouse	$2,198.36	$2,205.66	$2,166.38	$2,208.10	$2,210.56
Employee + Child(ren)	$1,868.61	$1,874.81	$1,841.42	$1,876.89	$1,878.97
Family	$3,132.68	$3,143.08	$3,087.10	$3,146.56	$3,150.05

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