

2024 - 2025 NYCDS Plan Choices with Rates

		Current Plans					
Plan		Platinum PPO 5/15/100	Gold 50/50/1000/90	Gold 30/60/1250/100	Silver EPO 25/50/2250/80 HSA	Bronze \$5000/50 EPO HSA	
Network Gatekeeper		Freedom Non-Gated	Freedom Non-Gated	Liberty Gated	Freedom Non-Gated	Freedom Non-Gated	
Office visit Co-Pay	PCP	\$5.00	\$50.00	\$30.00	\$25.00	-	
	Specialist	\$15.00	\$50.00	\$60.00	\$50.00	-	
Various Other In Network services Co-pays (e.g. Emergency Room, Out-pat surgery, Mental Health)		\$50-\$200	\$50-\$300	\$500 per day Hospital up to \$2000	\$50-\$250	-	
In Network Deductible	Individual Family	N/A	\$1,000.00	\$1,250.00	\$3,000.00	\$5,000.00	
Out of Network Deductible	Individual Family	N/A	\$2,000.00	\$2,500.00	\$6,000.00	\$10,000.00	
In Network Co-insurance		0%	10%	0%	20%	30%	
Out of Network Co-insurance		30%	Not Covered	Not Covered	Not Covered	Not Covered	
In Network Maximum out of Pocket*	Individual Family	\$3,500.00	\$6,450.00	\$6,650.00	\$7,150.00	\$7,050.00	
Out of Network Maximum out of Pocket*	Individual Family	\$7,000.00	\$12,900.00	\$13,300.00	\$14,300.00	\$14,100.00	
Pharmacy		\$5,250.00	Not Covered	Not Covered	Not Covered	Not Covered	
	Rx Deductible	\$100.00	\$150.00	\$200.00	N/A	N/A	
	Rx Co-pays	\$5/\$35/\$70	\$10/\$40/\$80	\$10/\$50/\$90	\$10/\$40/\$80	\$10/\$40/\$80	
		Monthly Rates					
	Single	\$1,686.81	\$1,369.35	\$1,244.85	\$1,109.12	\$1,002.83	
	Employee/Spouse	\$3,373.62	\$2,738.70	\$2,489.70	\$2,218.24	\$2,005.66	
	Parent/Child(ren)	\$2,867.58	\$2,327.90	\$2,116.25	\$1,885.50	\$1,704.81	
	Family	\$4,807.41	\$3,902.65	\$3,547.82	\$3,160.99	\$2,858.07	

*Out of pocket maximums include office visit co-pays/hospital co-pays/co-insurance and deductibles

The information above is intended to be used for reference purposes only. Refer to your plan documents for full policy details.