

## 2025 - 2026 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 30/60/3000/80 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	\$30.00	-	
	Specialist	\$15.00	\$50.00	\$60.00	\$60.00	-	
Various Other In Network services Co-pays (e.g. Emergency Room, Out-pat surgery, Mental Health)	Co-pays	\$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%	50%	
Out of Network Co-insurance		30%	Not Covered	Not Covered	Not Covered	Not Covered	
In Network Maximum out of Pocket*	Individual Family	\$3,750.00	\$6,700.00	\$7,000.00	\$7,150.00	\$8,000.00	
Out of Network Maximum out of Pocket*	Individual Family	\$7,500.00	\$13,400.00	\$14,000.00	\$14,300.00	\$16,000.00	
Pharmacy		\$5,500.00	Not Covered	Not Covered	Not Covered	Not Covered	
	Rx Deductible	\$11,000.00	Not Covered	Not Covered	Not Covered	Not Covered	
	Rx Co-pays	\$100.00	\$150.00	\$200.00	N/A	N/A	
		\$5/\$35/\$70	\$10/\$40/\$80	\$10/\$50/\$90	\$10/\$40/\$80	\$10/\$40/\$80	
		<b>Monthly Rates</b>					
	Single	\$1,752.07	\$1,425.14	\$1,347.08	\$1,190.49	\$1,079.11	
	Employee/Spouse	\$3,504.13	\$2,850.29	\$2,694.15	\$2,380.98	\$2,158.21	
	Parent/Child(ren)	\$2,978.52	\$2,422.74	\$2,290.03	\$2,023.83	\$1,834.48	
	Family	\$4,993.39	\$4,061.66	\$3,839.17	\$3,392.89	\$3,075.46	

\*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.