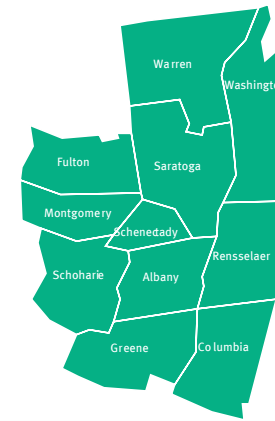




# 2023 SMALL GROUP DESIGNS

## A QUICK REFERENCE GUIDE FOR BROKERS

RATE QUARTER 1



### ALBANY REGION (1)

COUNTIES INCLUDE:

- ALBANY
- COLUMBIA
- FULTON
- MONTGOMERY
- RENSSELAER
- SARATOGA
- SCHENECTADY
- SCHOHARIE
- GREENE
- WARREN
- WASHINGTON

Available in all CDPHP® rating regions

  = Change from 2022

† Indicates benefit is subject to the deductible

‡ For Copay First, deductible applies to all benefits in the Deductible Phase. Refer to detailed benefit summary.

| METAL TIER              | 3 DIGIT | PRODUCT                                | DEDUCTIBLE AGGREGATE/ EMBEDDED | DEDUCTIBLE (SINGLE/FAMILY) | OFFICE VISIT           | SPECIALIST VISIT | INPATIENT HOSPITAL | OUTPATIENT SURGERY | ER     | URGENT CARE | PRESCRIPTION DRUGS  | OOP MAX (SINGLE/FAMILY) | RATES    |            |                     |            |
|-------------------------|---------|--|--------------------------------|----------------------------|------------------------|------------------|--------------------|--------------------|--------|-------------|---------------------|-------------------------|----------|------------|---------------------|------------|
|                         |         |  |                                |                            |                        |                  |                    |                    |        |             |                     |                         | SINGLE   | DOUBLE     | EMPLOYEE/CHILD(REN) | FAMILY     |
| PLATINUM                | 120     | EPO Copayment                          | N/A                            | \$0/\$0                    | \$15                   | \$20             | \$500              | \$100              | \$100  | \$35        | \$4/\$30/\$60       | \$7,500/\$15,000        | \$935.50 | \$1,871.00 | \$1,590.35          | \$2,666.17 |
| PLATINUM                | 121     | EPO Copayment                          | N/A                            | \$0/\$0                    | \$20                   | \$20             | \$750              | \$50               | \$100  | \$50        | \$4/\$30/\$60       | \$7,350/\$14,700        | \$943.85 | \$1,887.71 | \$1,604.55          | \$2,689.98 |
| PLATINUM                | 130     | EPO Copayment                          | N/A                            | \$0/\$0                    | \$15                   | \$35             | \$500              | \$75               | \$100  | \$60        | \$4/\$30/\$60       | \$4,000/\$8,000         | \$930.23 | \$1,860.46 | \$1,581.39          | \$2,651.16 |
| PLATINUM<br><b>NEW!</b> | 131     | PPO Copay/Coinsurance (In Network)     | Embedded                       | \$0/\$0                    | \$15                   | \$30             | \$500              | \$100              | \$150  | \$75        | \$4/\$30/\$60       | \$6,000/\$12,000        | \$934.07 | \$1,868.15 | \$1,587.92          | \$2,662.11 |
|                         |         | PPO Copay/Coinsurance (Out of Network) | Embedded                       | \$6,000/\$12,000           | 50%†                   | 50%†             | 50%†               | 50%†               | \$150  | \$75        | 50%† /50%† /50%†    | \$12,000/\$24,000       | \$934.07 | \$1,868.15 | \$1,587.92          | \$2,662.11 |
| GOLD                    | 220     | EPO Copayment                          | Embedded                       | \$700/\$1,400              | \$25†                  | \$40†            | \$800†             | \$150†             | \$100† | \$60†       | \$4/\$30/\$60       | \$8,700/\$17,400        | \$830.48 | \$1,660.97 | \$1,411.82          | \$2,366.88 |
| GOLD                    | 221     | Embrace Health EPO Copayment (\$200)   | Embedded                       | \$250/\$500                | \$30†                  | \$50†            | \$1,500†           | \$200†             | \$200† | \$70†       | \$10/\$50/\$80      | \$9,100/\$18,200        | \$821.26 | \$1,642.53 | \$1,396.15          | \$2,340.60 |
| GOLD                    | 224     | Triple Zero HMO Copayment              | N/A                            | \$0/\$0                    | \$0 EPC / \$50 Non-EPC | \$50             | \$1,500            | \$250              | \$500  | \$100       | \$0/\$50/\$80       | \$8,700/\$17,400        | \$727.09 | \$1,454.19 | \$1,236.06          | \$2,072.22 |
| GOLD                    | 225     | HDEPO HSA Qualified                    | Aggregate                      | \$1,500/\$3,000            | \$20†                  | \$20†            | \$250†             | \$250†             | \$150† | \$65†       | \$10† /\$30† /\$50† | \$5,500/\$11,000        | \$833.58 | \$1,667.17 | \$1,417.09          | \$2,375.72 |
| GOLD<br><b>NEW!</b>     | 226     | EPO Hybrid                             | Embedded                       | \$800/\$1,600              | \$30                   | \$50             | 30%†               | \$100†             | \$350† | \$100       | \$15/\$50/\$80      | \$8,250/\$16,500        | \$871.38 | \$1,742.76 | \$1,481.35          | \$2,483.44 |
| SILVER                  | 320     | HDEPO HSA Qualified                    | Aggregate                      | \$2,200/\$4,400            | \$30†                  | \$40†            | \$1,500†           | \$300†             | \$500† | \$60†       | \$10†/\$50†/\$80†   | \$7,050/\$14,100        | \$747.82 | \$1,495.64 | \$1,271.29          | \$2,131.29 |
| SILVER                  | 324     | HDHMO HSA Qualified                    | Aggregate                      | \$2,500/\$5,000            | \$25†                  | \$50†            | \$500†             | \$200†             | \$300† | \$60†       | \$10†/\$40†/\$60†   | \$6,500/\$13,000        | \$633.19 | \$1,266.39 | \$1,076.43          | \$1,804.60 |
| SILVER                  | 331     | HDEPO HSA Qualified                    | Aggregate                      | \$3,900/\$7,800            | \$45†                  | \$70†            | \$1,500†           | \$250†             | \$500† | \$100†      | \$15†/\$50†/\$80†   | \$6,900/\$13,800        | \$699.61 | \$1,399.21 | \$1,189.33          | \$1,993.88 |
| SILVER<br><b>NEW!</b>   | 332     | HDEPO EPC                              | Embedded                       | \$5,000/\$10,000           | \$0 EPC / \$40 Non-EPC | \$60†            | \$750†             | \$250†             | \$500† | \$100†      | \$15/\$50/\$80      | \$8,750/\$17,500        | \$716.79 | \$1,433.57 | \$1,218.54          | \$2,042.84 |
| SILVER                  | 425     | Copay First‡ (\$3,000/\$6,000)         | Embedded                       | \$6,000/\$12,000           | \$30                   | \$50             | \$500              | \$75               | \$75   | \$60        | \$10/\$30/\$50      | \$6,000/\$12,000        | \$693.91 | \$1,387.82 | \$1,179.65          | \$1,977.65 |
| BRONZE                  | 421     | HDEPO HSA Qualified                    | Aggregate                      | \$6,900/\$13,800           | 0%†                    | 0%†              | 0%†                | 0%†                | 0%†    | 0%†         | 0%†/0%†/0%†         | \$6,900/\$13,800        | \$621.35 | \$1,242.70 | \$1,056.30          | \$1,770.85 |
| BRONZE                  | 424     | HDEPO HSA Qualified                    | Aggregate                      | \$6,100/\$12,200           | \$40†                  | \$60†            | \$1,000†           | \$350†             | \$350† | \$80†       | \$10†/\$50†/\$80†   | \$6,900/\$13,800        | \$624.69 | \$1,249.38 | \$1,061.97          | \$1,780.36 |
| BRONZE                  | 426     | HDHMO                                  | Aggregate                      | \$8,550/\$17,100           | 0%†                    | 0%†              | 0%†                | 0%†                | 0%†    | 0%†         | 0%†/0%†/0%†         | \$8,550/\$17,100        | \$523.26 | \$1,046.52 | \$889.55            | \$1,491.30 |
| BRONZE                  | 428     | HDHMO HSA Qualified                    | Aggregate                      | \$6,350/\$12,700           | 20%†                   | 20%†             | 20%†               | 20%†               | 20%†   | 20%†        | 20%†/20%†/20%†      | \$7,000/\$14,000        | \$536.47 | \$1,072.94 | \$912.00            | \$1,528.94 |

All rates include domestic partner and dependent coverage to age 26.

CDPHP Universal Benefits,® Inc.  
Capital District Physicians' Health Plan, Inc.  
Capital District Physicians' Healthcare Network, Inc.  
22-21956 | 1122



**FITNESS REIMBURSEMENT**  
Gym memberships, youth sports fees, fitness trackers, and digital classes



**\$0 KIDS PCP VISITS**  
For members ages 18 and younger  
*Deductible applies on HSA qualified high deductible plans.*



**CDPHP PRICE CHECK**  
Get a cost estimate on medical services



**PHARMACY APP**  
Real-time drug pricing with CDPHP ConnectRx, On the Go.



**\$0 DOCTOR ON DEMAND**  
No-cost video doctor visits from the comfort of home.  
*Deductible applies on HSA qualified high deductible plans.*



**FAMILY HEALTH**  
\$1,500 doula reimbursement and more



**MENTAL HEALTH**  
24/7 support with video doctor visits

Discover broker tools and more for 2023!

[www.cdphp.com/BrokerDifference](http://www.cdphp.com/BrokerDifference)

# Employee favorites

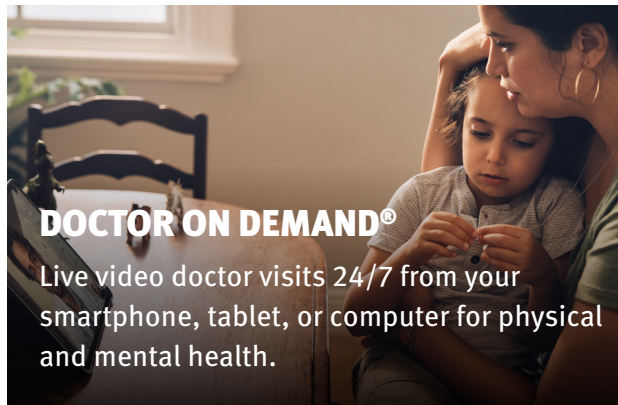
## FITNESS AND WEIGHT MANAGEMENT REIMBURSEMENTS

Earn up to \$600 per year for going to the gym, youth sports fees, online classes, or wearable fitness devices; and \$100 for completing a weight loss program.



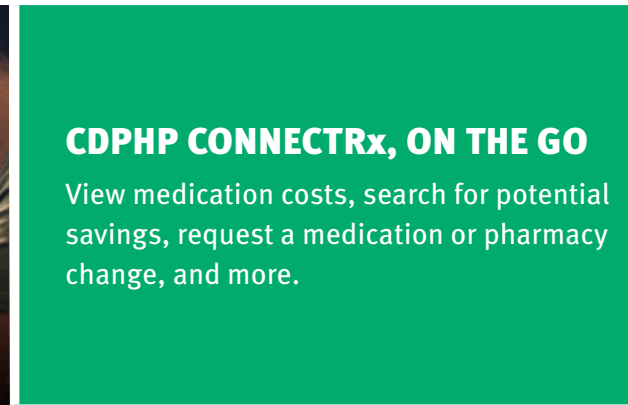
## DOCTOR ON DEMAND®

Live video doctor visits 24/7 from your smartphone, tablet, or computer for physical and mental health.



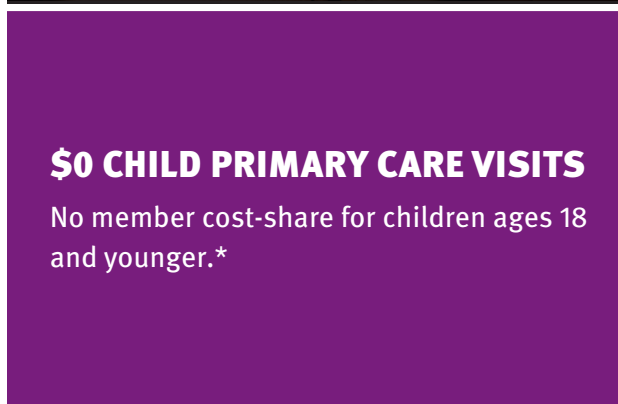
## CDPHP CONNECTRx, ON THE GO

View medication costs, search for potential savings, request a medication or pharmacy change, and more.



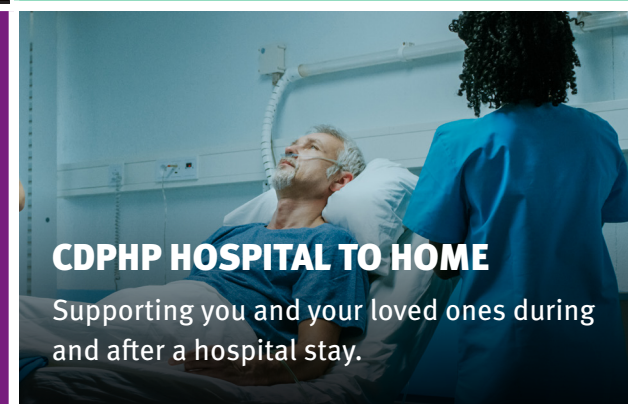
## \$0 CHILD PRIMARY CARE VISITS

No member cost-share for children ages 18 and younger.\*



## CDPHP HOSPITAL TO HOME

Supporting you and your loved ones during and after a hospital stay.



## CONNECTRx

CDPHP retail pharmacy locations, providing free home delivery to surrounding areas and more. Visit [pharmacyconnectrx.com](https://pharmacyconnectrx.com) for details.



WANT TO KNOW MORE?

Check out [cdphp.com/need](https://cdphp.com/need)

## Changes You Should Know

CDPHP takes its role in providing health care coverage for your employees and clients seriously. These changes take effect at the time of benefits renewal in 2023. Refer to plan documents for complete details.

### LARGE GROUPS, SMALL GROUPS, INDIVIDUALS

|  |   |
|--|---|
| <b>\$0 virtual mental health care</b>            | There will be no member cost-share for mental health and substance use support from your smartphone, tablet, or computer with aptihealth, which provides personalized therapy for members ages 5 and above. The deductible will apply to qualified high deductible plans. This benefit does not apply to Individual Standard plans or Healthy New York.                                 |
| <b>Doula services reimbursement</b>              | Members can be reimbursed up to \$1,500 per pregnancy for services from a qualified doula.  |
| <b>Fitness tracker reimbursement</b>             | Subscribers can be reimbursed up to \$200 and covered dependents can be reimbursed up to a combined \$100 for designated wearable fitness trackers. This benefit is part of the CDPHP fitness reimbursement, and the funds count toward the maximum amount allowed for the fitness reimbursement. Healthy New York and Individual plans are now eligible for the fitness reimbursement. |
| <b>CDPHP Health Hub, powered by Virgin Pulse</b> | Complete healthy activities and challenges in a new digital wellness platform to earn CDPHP Life Points® Rewards that can be redeemed for gift cards, merchandise, or charitable donations.   |
| <b>Retail health clinics</b>                     | Coverage at participating retail health clinics will take the primary care physician (PCP) cost-share.  |
| <b>Prior authorization</b>                       | CDPHP would like to remind members that all genetic testing requires prior authorization.   |
| <b>Out-of-pocket maximum</b>                     | The maximum allowable out-of-pocket maximum for HSA-qualified high deductible plans will be \$7,500 (individual) and \$15,000 (family) for 2023. The maximum allowable out-of-pocket maximum for non-high deductible plans will be \$9,100 (individual) and \$18,200 (family) for 2023.   |

### INDIVIDUAL PLANS

|                                      |  |
|--------------------------------------|--|
| <b>Essential Plan vision network</b> | Essential Plan members have access to the Davis Vision network which includes an expanded network of vision providers.   |
| <b>Individual Standard Plans</b>     | Plan design changes have been made pursuant to State and Federal requirements so the product fits into a compliant actuarial value. Some plans have been retired due to State regulations. Members will receive notification of any changes to their current plan. |

\*Deductible will apply on HSA qualified high deductible plans for non-preventive care visits.