



2025 SMALL GROUP DESIGNS

A quick reference guide for brokers

Available in all CDPHP® rating regions

= Change from 2024

RATE QUARTER 4

MID-HUDSON VALLEY REGION (3)

COUNTIES INCLUDE:

- ▶ Delaware
- ▶ Dutchess
- ▶ Orange
- ▶ Ulster

		PLATINUM TIER					GOLD TIER							
3 Digit		120	121	130	131		220	221	224	227	225	226	228	
Product		EPO Copayment	EPO Copayment	EPO Copayment	PPO Copay/ Coinsurance (In Network)	PPO Copay/ Coinsurance (Out of Network)	EPO Copayment	Embrace Health EPO Copayment (\$200)	Triple Zero HMO Copayment	Triple Zero EPO Copayment	HDEPO HSA Qualified	EPO Hybrid	HMO Hybrid	
Deductible Aggregate/ Embedded		N/A	N/A	N/A	N/A	Embedded	Embedded	Embedded	N/A	N/A	Aggregate	Embedded	Embedded	
Deductible (Single/Family)		\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$6,000/\$12,000	\$750/\$1,500	\$250/\$500	\$0/\$0	\$0/\$0	\$1,650/\$3,300	\$2,000/\$4,000	\$2,000/\$4,000	
OOP Max (Single/Family) Embedded		\$7,500/\$15,000	\$7,350/\$14,700	\$4,000/\$8,000	\$6,000/\$12,000	\$12,000/\$24,000	\$8,700/\$17,400	\$9,100/\$18,200	\$8,700/\$17,400	\$8,700/\$17,400	\$5,500/\$11,000	\$8,250/\$16,500	\$8,250/\$16,500	
Office Visit		\$15	\$20	\$15	\$15	50%†	\$25†	\$30†	\$0 EPC/\$50 Non EPC	\$0 EPC/\$50 Non EPC	\$20†	\$30	\$30	
Specialist Visit		\$20	\$20	\$35	\$30	50%†	\$40†	\$50†	\$50	\$50	\$20†	\$50	\$50	
Inpatient Hospital		\$500	\$750	\$500	\$500	50%†	\$800†	\$1,500†	\$1,500	\$1,500	\$250†	30%†	30%†	
Outpatient Surgery		\$100	\$100	\$100	\$100	50%†	\$150†	\$200†	\$200	\$200	\$200†	30%†	30%†	
Diagnostic Radiology/ Laboratory Outpatient		\$20	\$20	\$35	\$30	50%†	\$40†	\$50†	\$50	\$50	\$20†	\$50	\$50	
ER/Urgent Care		\$100/\$35	\$100/\$50	\$100/\$60	\$150/\$75	\$150/\$75	\$100†/\$60†	\$200†/\$70†	\$500/\$100	\$500/\$100	\$150†/\$65†	\$350†/\$100	\$350†/\$100	
Preferred Rx Network*		\$4/\$30/\$60	\$4/\$30/\$60	\$4/\$30/\$60	\$4/\$30/\$60	50%†/50%†/50%†	\$10/\$35/\$70	\$10/\$50/\$80	\$0/\$50/\$80	\$0/\$50/\$80	\$10†/\$30†/\$50†	\$15/\$50/\$80	\$15/\$50/\$80	
RATES	DEPENDENT TO 26	Single	\$1,509.61	\$1,515.92	\$1,502.24	\$1,562.38		\$1,259.31	\$1,281.24	\$1,169.69	\$1,277.08	\$1,258.84	\$1,206.87	\$1,126.38
		Double	\$3,019.22	\$3,031.84	\$3,004.48	\$3,124.76		\$2,518.62	\$2,562.48	\$2,339.38	\$2,554.16	\$2,517.68	\$2,413.74	\$2,252.76
		Employee/child(ren)	\$2,566.34	\$2,577.06	\$2,553.81	\$2,656.05		\$2,140.83	\$2,178.11	\$1,988.47	\$2,171.04	\$2,140.03	\$2,051.68	\$1,914.85
		Family	\$4,302.39	\$4,320.37	\$4,281.38	\$4,452.78		\$3,589.03	\$3,651.53	\$3,333.62	\$3,639.68	\$3,587.69	\$3,439.58	\$3,210.18
	DEPENDENT TO 29	Single	\$1,513.53	\$1,519.87	\$1,506.15	\$1,566.45		\$1,262.56	\$1,284.53	\$1,172.70	\$1,280.37	\$1,262.09	\$1,209.97	\$1,129.28
		Double	\$3,027.06	\$3,039.74	\$3,012.30	\$3,132.90		\$2,525.12	\$2,569.06	\$2,345.40	\$2,560.74	\$2,524.18	\$2,419.94	\$2,258.56
		Employee/child(ren)	\$2,573.00	\$2,583.78	\$2,560.46	\$2,662.97		\$2,146.35	\$2,183.70	\$1,993.59	\$2,176.63	\$2,145.55	\$2,056.95	\$1,919.78
		Family	\$4,313.56	\$4,331.63	\$4,292.53	\$4,464.38		\$3,598.30	\$3,660.91	\$3,342.20	\$3,649.05	\$3,596.96	\$3,448.41	\$3,218.45

† Indicates benefit is subject to the deductible

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

All rates include domestic partner.

*50% cost share for participating pharmacies not in the preferred Rx network.

All EPO and PPO plans include
the national network of more than
1,000,000 providers!



\$0 Doctor On Demand

No-cost video doctor visits for
physical and mental health

Deductible applies on HSA
qualified high deductible plans.



Employers

Log in to manage
enrollment and
view/pay your bill.



Brokers

Log in to quote,
renew, and enroll!



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		SILVER TIER							BRONZE TIER					
3 Digit		320	327	324	326	331	332	425	427	421	424	426	428	
Product		HDEPO HSA Qualified	HDHMO HSA Qualified	HDHMO HSA Qualified	HDEPO HSA Qualified	HDEPO HSA Qualified	HDEPO EPC	Copay First\$ EPO (\$3,000 /\$6,000)	Copay First\$ HMO (\$3,000 /\$6,000)	HDEPO HSA Qualified	HDEPO HSA Qualified	HDHMO Coinsurance	HDHMO HSA Qualified	
Deductible Aggregate/Embedded		Aggregate	Aggregate	Aggregate	Aggregate	Aggregate	Embedded	Embedded	Embedded	Embedded	Aggregate	Embedded	Aggregate	
Deductible (Single/Family)		\$2,200/\$4,400	\$2,200/\$4,400	\$2,500/\$5,000	\$2,500/\$5,000	\$3,900/\$7,800	\$4,500/\$9,000	\$6,000/\$12,000	\$6,000/\$12,000	\$7,050/\$14,100	\$6,100/\$12,200	\$8,550/\$17,100	\$6,350/\$12,700	
OOP Max (Single/Family) Embedded		\$7,050/\$14,100	\$7,050/\$14,100	\$6,500/\$13,000	\$6,500/\$13,000	\$6,900/\$13,800	\$8,750/\$17,500	\$6,000/\$12,000	\$6,000/\$12,000	\$7,050/\$14,100	\$7,200/\$14,400	\$8,550/\$17,100	\$7,200/\$14,400	
Office Visit		\$30†	\$30†	\$25†	\$25†	\$45†	\$0 EPC/\$40 Non EPC	\$30	\$30	0%†	\$40†	0%†	20%†	
Specialist Visit		\$40†	\$40†	\$50†	\$50†	\$70†	\$60†	\$50	\$50	0%†	\$60†	0%†	20%†	
Inpatient Hospital		\$1,500†	\$1,500†	\$500†	\$500†	\$1,500†	\$750†	\$500	\$500	0%†	\$1,000†	0%†	20%†	
Outpatient Surgery		\$200†	\$200†	\$200†	\$200†	\$200†	\$200†	\$100	\$100	0%†	\$175†	0%†	20%†	
Diagnostic Radiology/Laboratory Outpatient		\$40†	\$40†	\$50†	\$50†	\$70†	\$60†	\$50	\$50	0%†	\$60†	0%†	20%†	
ER/Urgent Care		\$500†/\$60†	\$500†/\$60†	\$300†/\$60†	\$300†/\$60†	\$500†/\$100†	\$500†/\$100†	\$75/\$60	\$75/\$60	0%†/0%†	\$350†/\$80†	0%†/0%†	20%†/20%†	
Preferred Rx Network*		\$10†/\$50†/\$80†	\$10†/\$50†/\$80†	\$10†/\$40†/\$60†	\$10†/\$40†/\$60†	\$15†/\$50†/\$80†	\$15/\$50/\$80	\$10/\$30/\$50	\$10/\$30/\$50	0%†/0%†/0%†	\$10†/\$50†/\$80†	0%†/0%†/0%†	20%†/20%†/20%†	
RATES	DEPENDENT TO 26	Single	\$1,080.22	\$982.70	\$987.06	\$1,085.02	\$1,038.18	\$1,034.12	\$1,074.32	\$982.73	\$931.03	\$927.24	\$814.90	\$840.95
		Double	\$2,160.44	\$1,965.40	\$1,974.12	\$2,170.04	\$2,076.36	\$2,068.24	\$2,148.64	\$1,965.46	\$1,862.06	\$1,854.48	\$1,629.80	\$1,681.90
		Employee/child(ren)	\$1,836.37	\$1,670.59	\$1,678.00	\$1,844.53	\$1,764.91	\$1,758.00	\$1,826.34	\$1,670.64	\$1,582.75	\$1,576.31	\$1,385.33	\$1,429.62
		Family	\$3,078.63	\$2,800.70	\$2,813.12	\$3,092.31	\$2,958.81	\$2,947.24	\$3,061.81	\$2,800.78	\$2,653.44	\$2,642.63	\$2,322.47	\$2,396.71
	DEPENDENT TO 29	Single	\$1,082.99	\$985.21	\$989.58	\$1,087.81	\$1,040.83	\$1,036.75	\$1,077.07	\$985.23	\$933.39	\$929.57	\$816.96	\$843.07
		Double	\$2,165.98	\$1,970.42	\$1,979.16	\$2,175.62	\$2,081.66	\$2,073.50	\$2,154.14	\$1,970.46	\$1,866.78	\$1,859.14	\$1,633.92	\$1,686.14
		Employee/child(ren)	\$1,841.08	\$1,674.86	\$1,682.29	\$1,849.28	\$1,769.41	\$1,762.48	\$1,831.02	\$1,674.89	\$1,586.76	\$1,580.27	\$1,388.83	\$1,433.22
		Family	\$3,086.52	\$2,807.85	\$2,820.30	\$3,100.26	\$2,966.37	\$2,954.74	\$3,069.65	\$2,807.91	\$2,660.16	\$2,649.27	\$2,328.34	\$2,402.75

† Indicates benefit is subject to the deductible

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

All rates include domestic partner.

*50% cost share for participating pharmacies not in the preferred Rx network.



Fitness Reimbursement

Youth sports fees, parent and baby classes, gyms, fitness classes and trackers



\$0 Kids PCP Visits

For members under age 19
Deductible applies on HSA qualified high deductible plans.



Employers

Log in to manage enrollment and view/pay your bill.



Brokers

Log in to quote, renew, and enroll!