



# 2026 SMALL GROUP DESIGNS

A quick reference guide for brokers

RATE QUARTER 1

Available in all CDPHP® rating regions

Pending Department of Financial Services approval

= Change from 2025

ALBANY REGION (1)  
COUNTIES INCLUDE:

- ▶ Albany

▶ Columbia

▶ Fulton
- ▶ Montgomery

▶ Rensselaer

▶ Saratoga
- ▶ Schenectady

▶ Schoharie

▶ Greene
- ▶ Warren

▶ Washington

		PLATINUM TIER					GOLD TIER							
3 Digit		120	121	130	131		220	221	224	225	226	227	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	Triple Zero HMO Copayment	HDEPO HSA Qualified	EPO Hybrid	Triple Zero EPO Copayment	HMO Hybrid	
Deductible Aggregate/ Embedded		N/A	N/A	N/A	N/A	Embedded	Embedded	Embedded	N/A	Aggregate	Embedded	N/A	Embedded	
Deductible (Single/Family)		\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$6,000/\$12,000	\$750/\$1,500	\$250/\$500	\$0/\$0	\$1,700/\$3,400	\$2,000/\$4,000	\$0/\$0	\$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	\$10,150/\$20,300	\$9,550/\$19,100	\$5,500/\$11,000	\$8,250/\$16,500	\$9,550/\$19,100	\$8,250/\$16,500	
Office Visit		\$15	\$20	\$15	\$15	50%†	\$25†	\$30†	\$0 EPC/\$50 Non EPC	\$20†	\$30	\$0 EPC/\$50 Non EPC	\$30	
Specialist Visit		\$20	\$20	\$35	\$30	50%†	\$40†	\$50†	\$50	\$20†	\$50	\$50	\$50	
Inpatient Hospital		\$500	\$750	\$500	\$500	50%†	\$800†	\$1,500†	\$1,500	\$250†	30%†	\$1,500	30%†	
Outpatient Surgery		\$100	\$100	\$100	\$100	50%†	\$150†	\$200†	\$200	\$200†	30%†	\$200	30%†	
Diagnostic Radiology/ Laboratory Outpatient		\$20	\$20	\$35	\$30	50%†	\$40†	\$50†	\$50	\$20†	\$50	\$50	\$50	
ER/Urgent Care		\$100/\$35	\$100/\$50	\$100/\$60	\$150/\$75	\$150/\$75	\$100†/\$60†	\$200†/\$70†	\$500/\$100	\$150†/\$65†	\$350†/\$100	\$500/\$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	\$10†/\$30†/\$50†	\$15/\$50/\$80	\$0/\$50/\$80	\$15/\$50/\$80	
RATES	DEPENDENT TO 26	Single	\$1,510.03	\$1,515.84	\$1,501.58	\$1,565.53		\$1,265.87	\$1,282.05	\$1,171.07	\$1,262.64	\$1,213.22	\$1,280.74	\$1,130.49
		Double	\$3,020.06	\$3,031.69	\$3,003.16	\$3,131.06		\$2,531.73	\$2,564.09	\$2,342.14	\$2,525.28	\$2,426.45	\$2,561.47	\$2,260.98
		Employee/child(ren)	\$2,567.05	\$2,576.93	\$2,552.68	\$2,661.40		\$2,151.97	\$2,179.48	\$1,990.82	\$2,146.49	\$2,062.48	\$2,177.25	\$1,921.83
		Family	\$4,303.59	\$4,320.15	\$4,279.50	\$4,461.76		\$3,607.72	\$3,653.83	\$3,337.55	\$3,598.53	\$3,457.69	\$3,650.09	\$3,221.89
	DEPENDENT TO 29	Single	\$1,515.28	\$1,521.12	\$1,506.80	\$1,570.98		\$1,270.24	\$1,286.47	\$1,175.10	\$1,267.00	\$1,217.40	\$1,285.16	\$1,134.37
		Double	\$3,030.57	\$3,042.23	\$3,013.60	\$3,141.97		\$2,540.47	\$2,572.95	\$2,350.21	\$2,534.00	\$2,434.80	\$2,570.31	\$2,268.75
		Employee/child(ren)	\$2,575.98	\$2,585.90	\$2,561.56	\$2,670.67		\$2,159.40	\$2,187.00	\$1,997.68	\$2,153.90	\$2,069.58	\$2,184.77	\$1,928.44
		Family	\$4,318.56	\$4,335.18	\$4,294.38	\$4,477.31		\$3,620.17	\$3,666.45	\$3,349.04	\$3,610.94	\$3,469.60	\$3,662.70	\$3,232.97

† 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	333 <div>NEW!</div>	425	427	421	424	426	428	
Product		HDEPO HSA Qualified	HDHMO HSA Qualified	HDHMO HSA Qualified	HDEPO HSA Qualified	HDEPO HSA Qualified	HDEPO HSA Qualified	Copay First EPO‡ (\$3,000 /\$6,000)	Copay First HMO‡ (\$3,000 /\$6,000)	HDEPO HSA Qualified	HDEPO HSA Qualified	HDHMO	HDHMO HSA Qualified	
Deductible Aggregate/Embedded		Aggregate	Aggregate	Aggregate	Aggregate	Aggregate	Aggregate	Embedded	Embedded	Embedded	Aggregate	Embedded	Aggregate	
Deductible (Single/Family)		\$2,500/\$5,000	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,900/\$7,800	\$5,800/\$11,600	\$6,000/\$12,000	\$6,000/\$12,000	\$7,100/\$14,200	\$6,100/\$12,200	\$8,600/\$17,200	\$6,350/\$12,700	
OOP Max (Single/Family) Embedded		\$8,000/\$16,000	\$8,000/\$16,000	\$8,000/\$16,000	\$8,000/\$16,000	\$6,900/\$13,800	\$7,600/\$15,200	\$6,000/\$12,000	\$6,000/\$12,000	\$7,100/\$14,200	\$7,500/\$15,000	\$8,600/\$17,200	\$7,500/\$15,000	
Office Visit		\$30†	\$30†	\$25†	\$25†	\$45†	\$0†	\$30	\$30	0%†	\$40†	0%†	20%†	
Specialist Visit		\$40†	\$40†	\$50†	\$50†	\$70†	\$0†	\$50	\$50	0%†	\$60†	0%†	20%†	
Inpatient Hospital		\$1,500†	\$1,500†	\$500†	\$500†	\$1,500†	\$0†	\$500	\$500	0%†	\$1,000†	0%†	20%†	
Outpatient Surgery		\$200†	\$200†	\$200†	\$200†	\$200†	\$0†	\$100	\$100	0%†	\$175†	0%†	20%†	
Diagnostic Radiology/ Laboratory Outpatient		\$40†	\$40†	\$50†	\$50†	\$70†	\$0†	\$50	\$50	0%†	\$60†	0%†	20%†	
ER/Urgent Care		\$500†/\$60†	\$500†/\$60†	\$300†/\$60†	\$300†/\$60†	\$500†/\$100†	\$0†/\$0†	\$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†	\$10†/\$45†/\$75†	\$10/\$30/\$50	\$10/\$30/\$50	0%†/0%†/0%†	\$10†/\$50†/\$80†	0%†/0%†/0%†	20%†/20%†/20%†	
RATES	DEPENDENT TO 26	Single	\$1,082.87	\$990.16	\$974.05	\$1,065.20	\$1,050.40	\$1,045.53	\$1,066.54	\$975.70	\$920.12	\$915.57	\$821.56	\$842.35
		Double	\$2,165.74	\$1,980.32	\$1,948.10	\$2,130.40	\$2,100.80	\$2,091.07	\$2,133.09	\$1,951.40	\$1,840.25	\$1,831.14	\$1,643.12	\$1,684.71
		Employee/child(ren)	\$1,840.88	\$1,683.27	\$1,655.88	\$1,810.84	\$1,785.68	\$1,777.41	\$1,813.12	\$1,658.69	\$1,564.21	\$1,556.47	\$1,396.65	\$1,432.00
		Family	\$3,086.18	\$2,821.96	\$2,776.04	\$3,035.82	\$2,993.65	\$2,979.77	\$3,039.65	\$2,780.74	\$2,622.35	\$2,609.38	\$2,341.45	\$2,400.71
	DEPENDENT TO 29	Single	\$1,086.58	\$993.54	\$977.37	\$1,068.84	\$1,053.99	\$1,049.10	\$1,070.19	\$979.03	\$923.24	\$918.67	\$824.33	\$845.20
		Double	\$2,173.15	\$1,987.08	\$1,954.74	\$2,137.68	\$2,107.98	\$2,098.21	\$2,140.38	\$1,958.05	\$1,846.48	\$1,837.34	\$1,648.66	\$1,690.40
		Employee/child(ren)	\$1,847.18	\$1,689.02	\$1,661.53	\$1,817.03	\$1,791.78	\$1,783.48	\$1,819.32	\$1,664.34	\$1,569.51	\$1,561.74	\$1,401.36	\$1,436.84
		Family	\$3,096.74	\$2,831.58	\$2,785.50	\$3,046.20	\$3,003.87	\$2,989.94	\$3,050.04	\$2,790.22	\$2,631.23	\$2,618.21	\$2,349.34	\$2,408.81

† 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.

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**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!