



# 2026 SMALL GROUP DESIGNS

A quick reference guide for brokers

Available in all CDPHP® rating regions

Pending Department of Financial Services approval

= Change from 2025

RATE QUARTER 1

SYRACUSE REGION ( 6 )  
COUNTIES INCLUDE:

- ▶ Broome
- ▶ Tioga

		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	\$1,506.61	\$1,512.41	\$1,498.18	\$1,561.98		\$1,263.02	\$1,279.16	\$1,168.44	\$1,259.80	\$1,210.50	\$1,277.86	\$1,127.96
		Double	\$3,013.22	\$3,024.82	\$2,996.36	\$3,123.96		\$2,526.04	\$2,558.33	\$2,336.89	\$2,519.61	\$2,421.01	\$2,555.71	\$2,255.91
		Employee/child(ren)	\$2,561.24	\$2,571.10	\$2,546.90	\$2,655.37		\$2,147.14	\$2,174.58	\$1,986.35	\$2,141.67	\$2,057.86	\$2,172.35	\$1,917.53
		Family	\$4,293.84	\$4,310.37	\$4,269.81	\$4,451.64		\$3,599.61	\$3,645.62	\$3,330.06	\$3,590.44	\$3,449.94	\$3,641.89	\$3,214.68
	DEPENDENT TO 29	Single	\$1,511.85	\$1,517.67	\$1,503.39	\$1,567.42		\$1,267.38	\$1,283.58	\$1,172.47	\$1,264.15	\$1,214.67	\$1,282.27	\$1,131.83
		Double	\$3,023.70	\$3,035.34	\$3,006.77	\$3,134.84		\$2,534.76	\$2,567.16	\$2,344.93	\$2,528.30	\$2,429.34	\$2,564.53	\$2,263.67
		Employee/child(ren)	\$2,570.15	\$2,580.04	\$2,555.76	\$2,664.62		\$2,154.55	\$2,182.09	\$1,993.19	\$2,149.06	\$2,064.94	\$2,179.85	\$1,924.12
		Family	\$4,308.78	\$4,325.36	\$4,284.65	\$4,467.15		\$3,612.03	\$3,658.20	\$3,341.53	\$3,602.83	\$3,461.82	\$3,654.46	\$3,225.73

† 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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SYRACUSE REGION ( 6 )  
COUNTIES INCLUDE:

- Broome
- Tioga

		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	\$1,080.46	\$987.96	\$971.89	\$1,062.83	\$1,048.07	\$1,043.21	\$1,064.17	\$973.53	\$918.09	\$913.55	\$819.76	\$840.50
		Double	\$2,160.92	\$1,975.92	\$1,943.77	\$2,125.66	\$2,096.13	\$2,086.42	\$2,128.34	\$1,947.07	\$1,836.19	\$1,827.11	\$1,639.52	\$1,681.01
		Employee/child(ren)	\$1,836.78	\$1,679.53	\$1,652.21	\$1,806.81	\$1,781.71	\$1,773.45	\$1,809.09	\$1,655.01	\$1,560.76	\$1,553.04	\$1,393.59	\$1,428.86
		Family	\$3,079.31	\$2,815.69	\$2,769.88	\$3,029.06	\$2,986.99	\$2,973.14	\$3,032.88	\$2,774.57	\$2,616.57	\$2,603.62	\$2,336.31	\$2,395.44
	DEPENDENT TO 29	Single	\$1,084.15	\$991.33	\$975.20	\$1,066.46	\$1,051.65	\$1,046.77	\$1,067.81	\$976.85	\$921.20	\$916.65	\$822.52	\$843.34
		Double	\$2,168.31	\$1,982.66	\$1,950.40	\$2,132.92	\$2,103.29	\$2,093.54	\$2,135.62	\$1,953.70	\$1,842.41	\$1,833.29	\$1,645.04	\$1,686.68
		Employee/child(ren)	\$1,843.06	\$1,685.26	\$1,657.84	\$1,812.98	\$1,787.80	\$1,779.51	\$1,815.27	\$1,660.65	\$1,566.05	\$1,558.30	\$1,398.28	\$1,433.68
		Family	\$3,089.84	\$2,825.29	\$2,779.32	\$3,039.41	\$2,997.19	\$2,983.29	\$3,043.25	\$2,784.03	\$2,625.43	\$2,612.44	\$2,344.18	\$2,403.52

† 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!