



2026 SMALL GROUP DESIGNS

A quick reference guide for brokers

Available in all CDPHP® rating regions

= 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 | \$1,542.04 | \$1,547.98 | \$1,533.41 | \$1,598.72 | | \$1,292.71 | \$1,309.23 | \$1,196.37 | \$1,289.41 | \$1,238.94 | \$1,307.89 | \$1,154.91 |
| | | Double | \$3,084.08 | \$3,095.96 | \$3,066.82 | \$3,197.44 | | \$2,585.42 | \$2,618.46 | \$2,392.74 | \$2,578.82 | \$2,477.88 | \$2,615.78 | \$2,309.82 |
| | | Employee/child(ren) | \$2,621.47 | \$2,631.57 | \$2,606.80 | \$2,717.82 | | \$2,197.61 | \$2,225.69 | \$2,033.83 | \$2,192.00 | \$2,106.20 | \$2,223.41 | \$1,963.35 |
| | | Family | \$4,394.81 | \$4,411.74 | \$4,370.22 | \$4,556.35 | | \$3,684.22 | \$3,731.31 | \$3,409.65 | \$3,674.82 | \$3,530.98 | \$3,727.49 | \$3,291.49 |
| | DEPENDENT TO 29 | Single | \$1,547.40 | \$1,553.37 | \$1,538.74 | \$1,604.28 | | \$1,297.17 | \$1,313.74 | \$1,200.48 | \$1,293.86 | \$1,243.21 | \$1,312.41 | \$1,158.87 |
| | | Double | \$3,094.80 | \$3,106.74 | \$3,077.48 | \$3,208.56 | | \$2,594.34 | \$2,627.48 | \$2,400.96 | \$2,587.72 | \$2,486.42 | \$2,624.82 | \$2,317.74 |
| | | Employee/child(ren) | \$2,630.58 | \$2,640.73 | \$2,615.86 | \$2,727.28 | | \$2,205.19 | \$2,233.36 | \$2,040.82 | \$2,199.56 | \$2,113.46 | \$2,231.10 | \$1,970.08 |
| | | Family | \$4,410.09 | \$4,427.10 | \$4,385.41 | \$4,572.20 | | \$3,696.93 | \$3,744.16 | \$3,421.37 | \$3,687.50 | \$3,543.15 | \$3,740.37 | \$3,302.78 |

† 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  | 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 | \$1,105.83 | \$1,011.55 | \$995.09 | \$1,087.78 | \$1,072.67 | \$1,067.70 | \$1,089.15 | \$996.78 | \$939.63 | \$934.98 | \$839.31 | \$860.54 |
| | | Double | \$2,211.66 | \$2,023.10 | \$1,990.18 | \$2,175.56 | \$2,145.34 | \$2,135.40 | \$2,178.30 | \$1,993.56 | \$1,879.26 | \$1,869.96 | \$1,678.62 | \$1,721.08 |
| | | Employee/child(ren) | \$1,879.91 | \$1,719.64 | \$1,691.65 | \$1,849.23 | \$1,823.54 | \$1,815.09 | \$1,851.56 | \$1,694.53 | \$1,597.37 | \$1,589.47 | \$1,426.83 | \$1,462.92 |
| | | Family | \$3,151.62 | \$2,882.92 | \$2,836.01 | \$3,100.17 | \$3,057.11 | \$3,042.95 | \$3,104.08 | \$2,840.82 | \$2,677.95 | \$2,664.69 | \$2,392.03 | \$2,452.54 |
| | DEPENDENT TO 29 | Single | \$1,109.62 | \$1,015.00 | \$998.48 | \$1,091.50 | \$1,076.33 | \$1,071.34 | \$1,092.88 | \$1,000.18 | \$942.81 | \$938.15 | \$842.14 | \$863.46 |
| | | Double | \$2,219.24 | \$2,030.00 | \$1,996.96 | \$2,183.00 | \$2,152.66 | \$2,142.68 | \$2,185.76 | \$2,000.36 | \$1,885.62 | \$1,876.30 | \$1,684.28 | \$1,726.92 |
| | | Employee/child(ren) | \$1,886.35 | \$1,725.50 | \$1,697.42 | \$1,855.55 | \$1,829.76 | \$1,821.28 | \$1,857.90 | \$1,700.31 | \$1,602.78 | \$1,594.86 | \$1,431.64 | \$1,467.88 |
| | | Family | \$3,162.42 | \$2,892.75 | \$2,845.67 | \$3,110.78 | \$3,067.54 | \$3,053.32 | \$3,114.71 | \$2,850.51 | \$2,687.01 | \$2,673.73 | \$2,400.10 | \$2,460.86 |

† 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!