2026 SMALL GROUP DESIGNS

A quick reference guide for brokers

Available in all CDPHP® rating regions

= Change from 2025

RATE QUARTER 2

UTICA-WATERTOWN REGION (7)

COUNTIES INCLUDE:

- Chenango
- Clinton
- Essex
- Franklin
- Hamilton
- Herkimer
- Jefferson
- Lewis
- Madison
- Oneida
- Otsego
- St. Lawrence

		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		$1,779.49	$1,786.37	$1,769.47	$1,845.25		$1,490.18	$1,509.34	$1,378.77	$1,486.35	$1,427.79	$1,507.79	$1,330.66
	DEPENDENT TO 26 Double		$3,558.98	$3,572.74	$3,538.94	$3,690.50		$2,980.36	$3,018.68	$2,757.54	$2,972.70	$2,855.58	$3,015.58	$2,661.32
	DEPENDENT TO 26 Employee/child(ren)		$3,025.13	$3,036.83	$3,008.10	$3,136.93		$2,533.31	$2,565.88	$2,343.91	$2,526.80	$2,427.24	$2,563.24	$2,262.12
	DEPENDENT TO 26 Family		$5,071.55	$5,091.15	$5,042.99	$5,258.96		$4,247.01	$4,301.62	$3,929.49	$4,236.10	$4,069.20	$4,297.20	$3,792.38
	DEPENDENT TO 29 Single		$1,785.71	$1,792.62	$1,775.66	$1,851.71		$1,495.34	$1,514.59	$1,383.55	$1,491.51	$1,432.74	$1,513.03	$1,335.27
	DEPENDENT TO 29 Double		$3,571.42	$3,585.24	$3,551.32	$3,703.42		$2,990.68	$3,029.18	$2,767.10	$2,983.02	$2,865.48	$3,026.06	$2,670.54
	DEPENDENT TO 29 Employee/child(ren)		$3,035.71	$3,047.45	$3,018.62	$3,147.91		$2,542.08	$2,574.80	$2,352.04	$2,535.57	$2,435.66	$2,572.15	$2,269.96
	DEPENDENT TO 29 Family		$5,089.27	$5,108.97	$5,060.63	$5,277.37		$4,261.72	$4,316.58	$3,943.12	$4,250.80	$4,083.31	$4,312.14	$3,805.52

† 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.*

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 NEW!	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	$1,273.33	$1,164.33	$1,145.22	$1,252.40	$1,234.87	$1,229.10	$1,253.99	$1,147.19	$1,080.49	$1,075.10	$964.47	$989.12
	Double	$2,546.66	$2,328.66	$2,290.44	$2,504.80	$2,469.74	$2,458.20	$2,507.98	$2,294.38	$2,160.98	$2,150.20	$1,928.94	$1,978.24
	Employee/child(ren)	$2,164.66	$1,979.36	$1,946.87	$2,129.08	$2,099.28	$2,089.47	$2,131.78	$1,950.22	$1,836.83	$1,827.67	$1,639.60	$1,681.50
	Family	$3,628.99	$3,318.34	$3,263.88	$3,569.34	$3,519.38	$3,502.94	$3,573.87	$3,269.49	$3,079.40	$3,064.04	$2,748.74	$2,818.99
	DEPENDENT TO 29												
	Single	$1,277.73	$1,168.33	$1,149.17	$1,256.71	$1,239.11	$1,233.32	$1,258.31	$1,151.13	$1,084.19	$1,078.78	$967.75	$992.49
	Double	$2,555.46	$2,336.66	$2,298.34	$2,513.42	$2,478.22	$2,466.64	$2,516.62	$2,302.26	$2,168.38	$2,157.56	$1,935.50	$1,984.98
	Employee/child(ren)	$2,172.14	$1,986.16	$1,953.59	$2,136.41	$2,106.49	$2,096.64	$2,139.13	$1,956.92	$1,843.12	$1,833.93	$1,645.18	$1,687.23
	Family	$3,641.53	$3,329.74	$3,275.13	$3,581.62	$3,531.46	$3,514.96	$3,586.18	$3,280.72	$3,089.94	$3,074.52	$2,758.09	$2,828.60

† Indicates benefit is subject to the deductible

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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!