



2026 SMALL GROUP DESIGNS

A quick reference guide for brokers

Available in all CDPHP® rating regions

= Change from 2025

RATE QUARTER 3

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	\$1,817.22	\$1,824.24	\$1,806.98	\$1,884.37		\$1,521.77	\$1,541.34	\$1,408.55	\$1,517.86	\$1,458.06	\$1,539.76	\$1,359.40
		Double	\$3,634.44	\$3,648.48	\$3,613.96	\$3,768.74		\$3,043.54	\$3,082.68	\$2,817.10	\$3,035.72	\$2,916.12	\$3,079.52	\$2,718.80
		Employee/child(ren)	\$3,089.27	\$3,101.21	\$3,071.87	\$3,203.43		\$2,587.01	\$2,620.28	\$2,394.54	\$2,580.36	\$2,478.70	\$2,617.59	\$2,310.98
		Family	\$5,179.08	\$5,199.08	\$5,149.89	\$5,370.45		\$4,337.04	\$4,392.82	\$4,014.37	\$4,325.90	\$4,155.47	\$4,388.32	\$3,874.29
	DEPENDENT TO 29	Single	\$1,823.57	\$1,830.62	\$1,813.30	\$1,890.97		\$1,527.04	\$1,546.70	\$1,413.43	\$1,523.13	\$1,463.11	\$1,545.11	\$1,364.11
		Double	\$3,647.14	\$3,661.24	\$3,626.60	\$3,781.94		\$3,054.08	\$3,093.40	\$2,826.86	\$3,046.26	\$2,926.22	\$3,090.22	\$2,728.22
		Employee/child(ren)	\$3,100.07	\$3,112.05	\$3,082.61	\$3,214.65		\$2,595.97	\$2,629.39	\$2,402.83	\$2,589.32	\$2,487.29	\$2,626.69	\$2,318.99
		Family	\$5,197.17	\$5,217.27	\$5,167.91	\$5,389.26		\$4,352.06	\$4,408.10	\$4,028.28	\$4,340.92	\$4,169.86	\$4,403.56	\$3,887.71

† 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	\$1,300.32	\$1,189.48	\$1,169.96	\$1,278.95	\$1,261.05	\$1,255.16	\$1,280.57	\$1,171.97	\$1,103.40	\$1,097.89	\$985.30	\$1,010.48
		Double	\$2,600.64	\$2,378.96	\$2,339.92	\$2,557.90	\$2,522.10	\$2,510.32	\$2,561.14	\$2,343.94	\$2,206.80	\$2,195.78	\$1,970.60	\$2,020.96
		Employee/child(ren)	\$2,210.54	\$2,022.12	\$1,988.93	\$2,174.22	\$2,143.79	\$2,133.77	\$2,176.97	\$1,992.35	\$1,875.78	\$1,866.41	\$1,675.01	\$1,717.82
		Family	\$3,705.91	\$3,390.02	\$3,334.39	\$3,645.01	\$3,593.99	\$3,577.21	\$3,649.62	\$3,340.11	\$3,144.69	\$3,128.99	\$2,808.11	\$2,879.87
	DEPENDENT TO 29	Single	\$1,304.82	\$1,193.57	\$1,173.99	\$1,283.35	\$1,265.38	\$1,259.47	\$1,284.99	\$1,175.99	\$1,107.17	\$1,101.65	\$988.65	\$1,013.93
		Double	\$2,609.64	\$2,387.14	\$2,347.98	\$2,566.70	\$2,530.76	\$2,518.94	\$2,569.98	\$2,351.98	\$2,214.34	\$2,203.30	\$1,977.30	\$2,027.86
		Employee/child(ren)	\$2,218.19	\$2,029.07	\$1,995.78	\$2,181.70	\$2,151.15	\$2,141.10	\$2,184.48	\$1,999.18	\$1,882.19	\$1,872.81	\$1,680.71	\$1,723.68
		Family	\$3,718.74	\$3,401.67	\$3,345.87	\$3,657.55	\$3,606.33	\$3,589.49	\$3,662.22	\$3,351.57	\$3,155.43	\$3,139.70	\$2,817.65	\$2,889.70

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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!