



2026 SMALL GROUP DESIGNS

A quick reference guide for brokers

Available in all CDPHP® rating regions

= Change from 2025

RATE QUARTER 4

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	\$1,855.75	\$1,862.91	\$1,845.29	\$1,924.32		\$1,554.03	\$1,574.02	\$1,438.97	\$1,550.04	\$1,488.97	\$1,572.40	\$1,388.76
		Double	\$3,711.50	\$3,725.82	\$3,690.58	\$3,848.64		\$3,108.06	\$3,148.04	\$2,877.94	\$3,100.08	\$2,977.94	\$3,144.80	\$2,777.52
		Employee/child(ren)	\$3,154.78	\$3,166.95	\$3,136.99	\$3,271.34		\$2,641.85	\$2,675.83	\$2,446.25	\$2,635.07	\$2,531.25	\$2,673.08	\$2,360.89
		Family	\$5,288.89	\$5,309.29	\$5,259.08	\$5,484.31		\$4,428.99	\$4,485.96	\$4,101.06	\$4,417.61	\$4,243.56	\$4,481.34	\$3,957.97
	DEPENDENT TO 29	Single	\$1,862.23	\$1,869.43	\$1,851.74	\$1,931.06		\$1,559.41	\$1,579.49	\$1,443.96	\$1,555.42	\$1,494.13	\$1,577.87	\$1,393.57
		Double	\$3,724.46	\$3,738.86	\$3,703.48	\$3,862.12		\$3,118.82	\$3,158.98	\$2,887.92	\$3,110.84	\$2,988.26	\$3,155.74	\$2,787.14
		Employee/child(ren)	\$3,165.79	\$3,178.03	\$3,147.96	\$3,282.80		\$2,651.00	\$2,685.13	\$2,454.73	\$2,644.21	\$2,540.02	\$2,682.38	\$2,369.07
		Family	\$5,307.36	\$5,327.88	\$5,277.46	\$5,503.52		\$4,444.32	\$4,501.55	\$4,115.29	\$4,432.95	\$4,258.27	\$4,496.93	\$3,971.67

† 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	\$1,327.89	\$1,215.17	\$1,195.23	\$1,306.06	\$1,287.78	\$1,281.77	\$1,307.72	\$1,197.28	\$1,126.79	\$1,121.17	\$1,006.58	\$1,032.31
		Double	\$2,655.78	\$2,430.34	\$2,390.46	\$2,612.12	\$2,575.56	\$2,563.54	\$2,615.44	\$2,394.56	\$2,253.58	\$2,242.34	\$2,013.16	\$2,064.62
		Employee/child(ren)	\$2,257.41	\$2,065.79	\$2,031.89	\$2,220.30	\$2,189.23	\$2,179.01	\$2,223.12	\$2,035.38	\$1,915.54	\$1,905.99	\$1,711.19	\$1,754.93
		Family	\$3,784.49	\$3,463.23	\$3,406.41	\$3,722.27	\$3,670.17	\$3,653.04	\$3,727.00	\$3,412.25	\$3,211.35	\$3,195.33	\$2,868.75	\$2,942.08
	DEPENDENT TO 29	Single	\$1,332.48	\$1,219.35	\$1,199.35	\$1,310.56	\$1,292.21	\$1,286.17	\$1,312.23	\$1,201.39	\$1,130.64	\$1,125.00	\$1,010.00	\$1,035.83
		Double	\$2,664.96	\$2,438.70	\$2,398.70	\$2,621.12	\$2,584.42	\$2,572.34	\$2,624.46	\$2,402.78	\$2,261.28	\$2,250.00	\$2,020.00	\$2,071.66
		Employee/child(ren)	\$2,265.22	\$2,072.90	\$2,038.90	\$2,227.95	\$2,196.76	\$2,186.49	\$2,230.79	\$2,042.36	\$1,922.09	\$1,912.50	\$1,717.00	\$1,760.91
		Family	\$3,797.57	\$3,475.15	\$3,418.15	\$3,735.10	\$3,682.80	\$3,665.58	\$3,739.86	\$3,423.96	\$3,222.32	\$3,206.25	\$2,878.50	\$2,952.12

† Indicates benefit is subject to the deductible

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Refer to detailed benefit summary.

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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!