



2024 SMALL GROUP DESIGNS

A QUICK REFERENCE GUIDE FOR BROKERS

RATE QUARTER 1



ALBANY REGION (1)

COUNTIES INCLUDE:

ALBANY
COLUMBIA
FULTON
MONTGOMERY

RENSSELAER
SARATOGA
SCHENECTADY
SCHOHARIE

GREENE
WARREN
WASHINGTON

Available in all CDPHP® rating regions

 = Change from 2023

† Indicates benefit is subject to the deductible

‡ For Copay First, deductible applies to all benefits in the Deductible Phase. Refer to detailed benefit summary.

METAL TIER	3 DIGIT	PRODUCT	DEDUCTIBLE AGGREGATE/ EMBEDDED	DEDUCTIBLE (SINGLE/FAMILY)	OFFICE VISIT	SPECIALIST VISIT	INPATIENT HOSPITAL	OUTPATIENT SURGERY	ER	URGENT CARE	PREFERRED Rx NETWORK*	OOP MAX (SINGLE/FAMILY)	RATES			
													SINGLE	DOUBLE	EMPLOYEE/CHILD(REN)	FAMILY
PLATINUM	120	EPO Copayment	N/A	\$0/\$0	\$15	\$20	\$500	\$50	\$100	\$35	\$4/\$30/\$60	\$7,500/\$15,000	\$1,063.29	\$2,126.58	\$1,807.59	\$3,030.38
PLATINUM	121	EPO Copayment	N/A	\$0/\$0	\$20	\$20	\$750	\$25	\$100	\$50	\$4/\$30/\$60	\$7,350/\$14,700	\$1,066.14	\$2,132.28	\$1,812.44	\$3,038.50
PLATINUM	130	EPO Copayment	N/A	\$0/\$0	\$15	\$35	\$500	\$50	\$100	\$60	\$4/\$30/\$60	\$4,000/\$8,000	\$1,056.73	\$2,113.46	\$1,796.44	\$3,011.68
PLATINUM	131	PPO Copay/Coinsurance (In Network)	Embedded	\$0/\$0	\$15	\$30	\$500	\$50	\$150	\$75	\$4/\$30/\$60	\$6,000/\$12,000	\$1,058.40	\$2,116.80	\$1,799.28	\$3,016.44
		PPO Copay/Coinsurance (Out of Network)	Embedded	\$6,000/\$12,000	50%†	50%†	50%†	50%†	\$150	\$75	50%† /50%† /50%†	\$12,000/\$24,000	\$1,058.40	\$2,116.80	\$1,799.28	\$3,016.44
GOLD	220	EPO Copayment	Embedded	\$750/\$1,500	\$25†	\$40†	\$800†	\$100†	\$100†	\$60†	\$4/\$30/\$60	\$8,700/\$17,400	\$880.30	\$1,760.60	\$1,496.51	\$2,508.86
GOLD	221	Embrace Health EPO Copayment (\$200)	Embedded	\$250/\$500	\$30†	\$50†	\$1,500†	\$150†	\$200†	\$70†	\$10/\$50/\$80	\$9,100/\$18,200	\$880.15	\$1,760.30	\$1,496.26	\$2,508.43
GOLD	224	Triple Zero HMO Copayment	N/A	\$0/\$0	\$0 EPC/ \$50 Non-EPC	\$50	\$1,500	\$200	\$500	\$100	\$0/\$50/\$80	\$8,700/\$17,400	\$841.64	\$1,683.28	\$1,430.79	\$2,398.67
GOLD NEW!	227	Triple Zero EPO Copayment	N/A	\$0/\$0	\$0 EPC/ \$50 Non-EPC	\$50	\$1,500	\$200	\$500	\$100	\$0/\$50/\$80	\$8,700/\$17,400	\$885.98	\$1,771.96	\$1,506.17	\$2,525.04
GOLD	225	HDEPO HSA Qualified	Aggregate	\$1,600/\$3,200	\$20†	\$20†	\$250†	\$200†	\$150†	\$65†	\$10† /\$30† /\$50†	\$5,500/\$11,000	\$881.68	\$1,763.36	\$1,498.86	\$2,512.79
GOLD	226	EPO Hybrid	Embedded	\$800/\$1,600	\$30	\$50	30%†	\$50†	\$350†	\$100	\$15/\$50/\$80	\$8,250/\$16,500	\$876.86	\$1,753.72	\$1,490.66	\$2,499.05
GOLD NEW!	228	HMO Hybrid	Embedded	\$800/\$1,600	\$30	\$50	30%†	\$50†	\$350†	\$100	\$15/\$50/\$80	\$8,250/\$16,500	\$832.74	\$1,665.48	\$1,415.66	\$2,373.31
SILVER	320	HDEPO HSA Qualified	Aggregate	\$2,200/\$4,400	\$30†	\$40†	\$1,500†	\$200†	\$500†	\$60†	\$10†/\$50†/\$80†	\$7,050/\$14,100	\$747.88	\$1,495.76	\$1,271.40	\$2,131.46
SILVER NEW!	327	HDHMO HSA Qualified	Aggregate	\$2,200/\$4,400	\$30†	\$40†	\$1,500†	\$200†	\$500†	\$60†	\$10†/\$50†/\$80†	\$7,050/\$14,100	\$706.81	\$1,413.62	\$1,201.58	\$2,014.41
SILVER	324	HDHMO HSA Qualified	Aggregate	\$2,500/\$5,000	\$25†	\$50†	\$500†	\$200†	\$300†	\$60†	\$10†/\$40†/\$60†	\$6,500/\$13,000	\$713.97	\$1,427.94	\$1,213.75	\$2,034.81
SILVER NEW!	326	HDEPO HSA Qualified	Aggregate	\$2,500/\$5,000	\$25†	\$50†	\$500†	\$200†	\$300†	\$60†	\$10†/\$40†/\$60†	\$6,500/\$13,000	\$755.22	\$1,510.44	\$1,283.87	\$2,152.38
SILVER	331	HDEPO HSA Qualified	Aggregate	\$3,900/\$7,800	\$45†	\$70†	\$1,500†	\$200†	\$500†	\$100†	\$15†/\$50†/\$80†	\$6,900/\$13,800	\$728.96	\$1,457.92	\$1,239.23	\$2,077.54
SILVER	332	HDEPO EPC	Embedded	\$5,000/\$10,000	\$0 EPC/ \$40 Non-EPC	\$60†	\$750†	\$200†	\$500†	\$100†	\$15/\$50/\$80	\$8,750/\$17,500	\$730.93	\$1,461.86	\$1,242.58	\$2,083.15
SILVER	425	Copay First‡ EPO (\$3,000/\$6,000)	Embedded	\$6,000/\$12,000	\$30	\$50	\$500	\$50	\$75	\$60	\$10/\$30/\$50	\$6,000/\$12,000	\$761.44	\$1,522.88	\$1,294.45	\$2,170.10
SILVER NEW!	427	Copay First‡ HMO (\$3,000/\$6,000)	Embedded	\$6,000/\$12,000	\$30	\$50	\$500	\$50	\$75	\$60	\$10/\$30/\$50	\$6,000/\$12,000	\$720.05	\$1,440.10	\$1,224.09	\$2,052.14
BRONZE	421	HDEPO HSA Qualified	Embedded	\$7,050/\$14,100	0%†	0%†	0%†	0%†	0%†	0%†	0%†/0%†/0%†	\$7,050/\$14,100	\$663.62	\$1,327.24	\$1,128.15	\$1,891.32
BRONZE	424	HDEPO HSA Qualified	Aggregate	\$6,100/\$12,200	\$40†	\$60†	\$1,000†	\$175†	\$350†	\$80†	\$10†/\$50†/\$80†	\$7,200/\$14,400	\$661.01	\$1,322.02	\$1,123.72	\$1,883.88
BRONZE	426	HDHMO Coinsurance	Embedded	\$8,550/\$17,100	0%†	0%†	0%†	0%†	0%†	0%†	0%†/0%†/0%†	\$8,550/\$17,100	\$596.98	\$1,193.96	\$1,014.87	\$1,701.39
BRONZE	428	HDHMO HSA Qualified	Aggregate	\$6,350/\$12,700	20%†	20%†	20%†	20%†	20%†	20%†	20%†/20%†/20%†	\$7,200/\$14,400	\$602.34	\$1,204.68	\$1,023.98	\$1,716.67

All rates include domestic partner and dependent coverage to age 26.

*50% cost share for participating pharmacies not in the preferred Rx network.

CDPHP Universal Benefits,® Inc.
Capital District Physicians' Health Plan, Inc.
Capital District Physicians' Healthcare Network, Inc.
23-24736 | 0823



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.



CDPHP PRICE CHECK
Get a cost estimate on medical services



PHARMACY APP
Real-time drug pricing with CDPHP ConnectRx, On the Go.



\$0 DOCTOR ON DEMAND
No-cost video doctor visits from the comfort of home.
Deductible applies on HSA qualified high deductible plans.



FAMILY HEALTH
\$1,500 doula reimbursement and more



MENTAL HEALTH
24/7 support with video doctor visits

Log in to quote, renew, and enroll!



REVISED FINAL EDITION 10/4/2023



CDPHP pharmacy 2024

We are on a mission to empower members with more choices, better pricing, and easy access to pharmacy services.

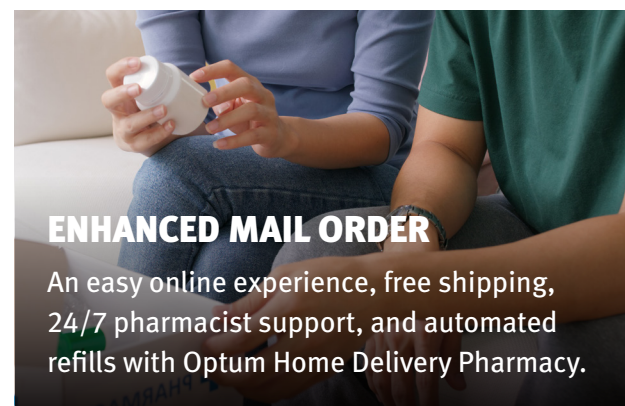


PREFERRED PHARMACIES
Choose a preferred Rx network pharmacy for the best medication prices.

DISCOUNT MEDICATIONS
Generic medications for as little as a penny a pill from participating preferred Rx locations through Rx for Less.

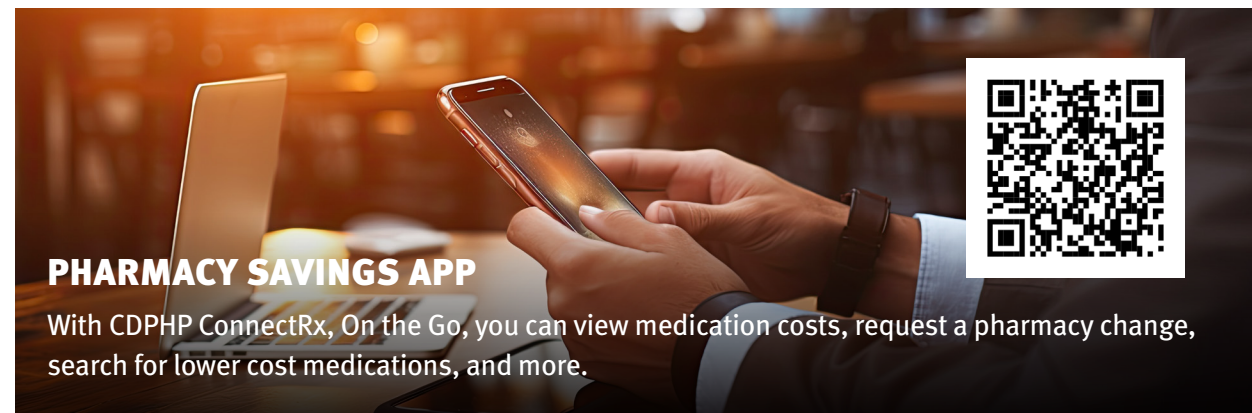


CDPHP PHARMACIES
Our ConnectRx retail pharmacy locations provide free home delivery to surrounding areas and more. Visit pharmacyconnectrx.com for details.



ENHANCED MAIL ORDER
An easy online experience, free shipping, 24/7 pharmacist support, and automated refills with Optum Home Delivery Pharmacy.

\$0 TIER 1 DRUGS FOR CHILDREN
No member cost-share for Tier 1 medications for members under age 19 from preferred pharmacies.*



PHARMACY SAVINGS APP
With CDPHP ConnectRx, On the Go, you can view medication costs, request a pharmacy change, search for lower cost medications, and more.

*Deductible will apply on HSA qualified high deductible plans.

Changes You Should Know

CDPHP takes its role in providing health care coverage for your employees and clients seriously. These changes take effect at the time of benefits renewal in 2024. Refer to plan documents for complete details.

LARGE GROUPS, SMALL GROUP, INDIVIDUALS

Prescription drug network	CDPHP is enhancing our pharmacy network to promote greater affordability while still offering members choice of pharmacy location. The 2024 prescription drug benefit will include preferred pharmacies which have partnered with CDPHP to offer lower dispensing fees and drug costs, as well as participation in the Rx for Less Program (which offers dozens of medications for as low as a penny a pill) and other programs designed to control skyrocketing pharmacy trends. Members who fill prescriptions at non-preferred pharmacies will be subject to a 50 percent coinsurance. Does not apply to Standard plans.
Mail Order Pharmacy	Optum Home Delivery Pharmacy has been added to the CDPHP network for pharmacy mail order services. Members will have access to Optum's easy online experience to manage prescriptions, free shipping, 24/7 pharmacist support, and an automated refill process. Walmart Mail Order will no longer be a participating mail order pharmacy but remains in network as a preferred retail pharmacy.
\$0 Tier 1 medications for members under age 19	There will be no member cost-share for Tier 1 drugs in the preferred network for members under age 19. Deductible applies to HSA-qualified plans. Does not apply to Standard plans.
Parent and infant class reimbursement	Parent and infant classes (e.g., yoga, swim lessons) are now eligible for reimbursement under the fitness reimbursement benefit.
Minimum allowable deductible (regulatory update)	The Internal Revenue Service (IRS) has determined that the deductible for HSA-qualified high deductible plans can be no less than \$1,600 (individual) and \$3,200 (family) for 2024. For plans with a deductible at the minimum level in 2023, the deductible will increase to these amounts for 2024.
Out-of-pocket maximum (regulatory update)	The IRS has determined that the out-of-pocket maximum for HSA-qualified high deductible plans can be no more than \$8,050 (individual) and \$16,100 (family) for 2024. The Department of Health and Human Services has determined that the out-of-pocket maximum for non-high deductible plans can be no more than \$9,450 (individual) and \$18,900 (family) for 2024. For plans at the maximum level in 2023, the maximum will increase to these amounts for 2024.

SMALL GROUPS AND INDIVIDUAL PLANS

Plan updates	One Individual plan has been retired. Members will receive notification of any changes to their current plan.
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Plan design changes have been made pursuant to state and federal requirements.