

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

RATES

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.

		∓ Fo	r Copay First, d	leductible applies to	all benefits in t	ne Deductible P	nase, kerer t	o detailed bein	ent Summ	mary.		7			RAILS	A Shadow
IETAL TIER	3 DIGIT	PRODUCT	DEDUCTIBLE AGGREGATE/ EMBEDDED	DEDUCTIBLE (SINGLE/FAMILY)	OFFICE VISIT	SPECIALIST VISIT	INPATIENT HOSPITAL	OUTPATIENT SURGERY	ER	URGENT CARE	PREFERED Rx NETWORK*	OOP MAX (SINGLE/ FAMILY)	SINGLE	DOUBLE	EMPLOYEE/ CHILD(REN)	FAMILY
LATINUM	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
ATINUM	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
ATINUM	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	424	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
	131	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
DLD	220	EPO Copayment	Embedded	\$750/\$1,500	\$25†	\$40†	\$800†	\$100t	\$100t	\$60†	\$4/\$30/\$60	\$8,700/\$17,400	\$880.30	\$1,760.60	\$1,496.51	\$2,508.86
OLD	221	Embrace Health EPO Copayment (\$200)	Embedded	\$250/\$500	\$30†	\$50t	\$1,500†	\$150t	\$200†	\$70†	\$10/\$50/\$80	\$9,100/\$18,200	\$880.15	\$1,760.30	\$1,496.26	\$2,508.43
OLD	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
OLD 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
OLD	225	HDEPO HSA Qualified	Aggregate	\$1,600/\$3,200	\$20†	\$20†	\$250†	\$200t	\$150†	\$65†	\$10† /\$30† /\$50†	\$5,500/\$11,000	\$881.68	\$1,763.36	\$1,498.86	\$2,512.79
OLD	226	EPO Hybrid	Embedded	\$800/\$1,600	\$30	\$50	30%t	\$50t	\$350†	\$100	\$15/\$50/\$80	\$8,250/\$16,500	\$876.86	\$1,753.72	\$1,490.66	\$2,499.05
DLD (NEW)	228	HMO Hybrid	Embedded	\$800/\$1,600	\$30	\$50	30%†	\$50t	\$350†	\$100	\$15/\$50/\$80	\$8,250/\$16,500	\$832.74	\$1,665.48	\$1,415.66	\$2,373.31
LVER	320	HDEPO HSA Qualified	Aggregate	\$2,200/\$4,400	\$30†	\$40†	\$1,500†	\$200†	\$500t	\$60†	\$10†/\$50†/\$80†	\$7,050/\$14,100	\$747.88	\$1,495.76	\$1,271.40	\$2,131.46
LVER NEWI	327	HDHMO HSA Qualified	Aggregate	\$2,200/\$4,400	\$30†	\$40†	\$1,500t	\$200†	\$500t	\$60†	\$10†/\$50†/\$80†	\$7,050/\$14,100	\$706.81	\$1,413.62	\$1,201.58	\$2,014.4
LVER	324	HDHMO HSA Qualified	Aggregate	\$2,500/\$5,000	\$25†	\$50t	\$500†	\$200†	\$300t	\$60†	\$10t/\$40t/\$60t	\$6,500/\$13,000	\$713.97	\$1,427.94	\$1,213.75	\$2,034.8
LVER NEWI	326	HDEPO HSA Qualified	Aggregate	\$2,500/\$5,000	\$25†	\$50t	\$500t	\$200†	\$300t	\$60t	\$10†/\$40†/\$60†	\$6,500/\$13,000	\$755.22	\$1,510.44	\$1,283.87	\$2,152.38
LVER	331	HDEPO HSA Qualified	Aggregate	\$3,900/\$7,800	\$45†	\$70†	\$1,500†	\$200†	\$500†	\$100†	\$15t/\$50t/\$80t	\$6,900/\$13,800	\$728.96	\$1,457.92	\$1,239.23	\$2,077.54
ILVER	332	HDEPO EPC	Embedded	\$5,000/\$10,000	\$0 EPC/ \$40 Non-EPC	\$60†	\$750†	\$200†	\$500t	\$100†	\$15/\$50/\$80	\$8,750/\$17,500	\$730.93	\$1,461.86	\$1,242.58	\$2,083.15
ILVER	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
ILVER NEWI	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
RONZE	421	HDEPO HSA Qualified	Embedded	\$7,050/\$14,100	0%†	0%†	0%†	0%t	0%t	0%†	0%t/0%t/0%t	\$7,050/\$14,100	\$663.62	\$1,327.24	\$1,128.15 —	\$1,891.32
RONZE	424	HDEPO HSA Qualified	Aggregate	\$6,100/\$12,200	\$40t	\$60†	\$1,000†	\$175†	\$350†	\$80†	\$10†/\$50†/\$80†	\$7,200/\$14,400	\$661.01	\$1,322.02	\$1,123.72	\$1,883.88
RONZE	426	HDHMO Coinsurance	Embedded	\$8,550/\$17,100	0%t	0%†	0%†	0%†	0%†	0%†	0%t/0%t/0%t	\$8,550/\$17,100	\$596.98	\$1,193.96	\$1,014.87	\$1,701.39
RONZE	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



Youth sports fees, parent and

baby classes, gyms, fitness

classes and trackers



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.



SO 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!

