2027 SMALL GROUP DESIGNS

A quick reference guide for brokers

RATE QUARTER 1

Available in all CDPHP® rating regions

Pending Department of Financial Services approval

= Change from 2026

ALBANY REGION (1)

COUNTIES INCLUDE:

- Albany
- Columbia
- Rensselaer
- Saratoga
- Schenectady
- Schoharie
- Greene
- Warren
- Washington

		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	$1,000/$2,000	$600/$1,200	$0/$0	$1,800/$3,600	$3,000/$6,000	$0/$0	$3,000/$6,000
	OOP Max (Single/Family) Embedded	$7,500/$15,000	$7,500/$15,000	$5,500/$11,000	$6,000/$12,000	$12,000/$24,000	$9,500/$19,000	$11,000/$22,000	$11,000/$22,000	$6,000/$12,000	$9,500/$19,000	$11,000/$22,000	$9,500/$19,000
	Office Visit	$20	$30	$15	$15	50%†	$25†	$30†	$0 EPC/$60 Non EPC	$20†	$30	$0 EPC/$60 Non EPC	$30
	Specialist Visit	$30	$30	$35	$35	50%†	$40†	$50†	$60	$20†	$50	$60	$50
	Inpatient Hospital	$500	$1,000	$500	$500	50%†	$800†	$1,500†	$1,600	$250†	30%†	$1,600	30%†
	Outpatient Surgery	$150	$250	$100	$100	50%†	$150†	$200†	$200	$200†	30%†	$200	30%†
	Diagnostic Radiology/ Laboratory Outpatient	$30	$30	$35	$35	50%†	$40†	$50†	$60	$20†	$50	$60	$50
	ER/Urgent Care	$150/$35	$250/$50	$100/$60	$150/$75	$150/$75	$100†/$60†	$200†/$70†	$600/$100	$150†/$65†	$350†/$100	$600/$100	$350†/$100
	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	$1,546.95	$1,530.74	$1,552.78	$1,660.19		$1,335.35	$1,356.35	$1,346.75	$1,250.86	$1,161.33	$1,394.43	$1,121.74
	DEPENDENT TO 26 Double	$3,093.91	$3,061.48	$3,105.56	$3,320.38		$2,670.71	$2,712.71	$2,693.50	$2,501.73	$2,322.67	$2,788.86	$2,243.49
	DEPENDENT TO 26 Employee/child(ren)	$2,629.82	$2,602.26	$2,639.72	$2,822.32		$2,270.10	$2,305.80	$2,289.47	$2,126.47	$1,974.27	$2,370.53	$1,906.96
	DEPENDENT TO 26 Family	$4,408.82	$4,362.61	$4,425.42	$4,731.54		$3,805.76	$3,865.61	$3,838.23	$3,564.96	$3,309.80	$3,974.13	$3,196.97
	DEPENDENT TO 29 Single	$1,552.40	$1,536.13	$1,558.25	$1,666.05		$1,340.03	$1,361.10	$1,351.47	$1,255.23	$1,165.37	$1,399.32	$1,125.64
	DEPENDENT TO 29 Double	$3,104.80	$3,072.25	$3,116.49	$3,332.10		$2,680.06	$2,722.21	$2,702.94	$2,510.46	$2,330.74	$2,798.64	$2,251.28
	DEPENDENT TO 29 Employee/child(ren)	$2,639.08	$2,611.42	$2,649.02	$2,832.28		$2,278.05	$2,313.88	$2,297.50	$2,133.89	$1,981.13	$2,378.84	$1,913.59
	DEPENDENT TO 29 Family	$4,424.34	$4,377.96	$4,441.00	$4,748.24		$3,819.08	$3,879.15	$3,851.68	$3,577.40	$3,321.31	$3,988.06	$3,208.07

† 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.

All EPO and PPO plans include the national network of more than 1,000,000 providers!

$0 MD Live®
No-cost video doctor visits for physical and mental health

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		SILVER TIER							BRONZE TIER			
3 Digit		320	327	324	326	331	333	425	427	421	424	426	428
Product		HDEPO HSA Qualified	HDHMO HSA Qualified	HDHMO HSA Qualified	HDEPO HSA Qualified	HDEPO	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)		$3,250/$6,500	$3,250/$6,500	$3,750/$7,500	$3,750/$7,500	$4,000/$8,000	$5,800/$11,600	$6,100/$12,200	$6,100/$12,200	$7,900/$15,800	$6,700/$13,400	$11,750/$23,500	$7,000/$14,000
OOP Max (Single/Family) Embedded		$8,700/$17,400	$8,700/$17,400	$8,700/$17,400	$8,700/$17,400	$12,000/$24,000	$7,600/$15,200	$6,100/$12,200	$6,100/$12,200	$7,900/$15,800	$8,100/$16,200	$11,750/$23,500	$8,000/$16,000
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%†
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	$1,067.85	$1,031.51	$1,007.65	$1,043.14	$995.60	$965.45	$1,158.12	$1,118.64	$882.70	$894.97	$702.29	$844.12
	Double	$2,135.71	$2,063.02	$2,015.31	$2,086.28	$1,991.20	$1,930.90	$2,316.24	$2,237.28	$1,765.40	$1,789.94	$1,404.59	$1,688.24
	Employee/child(ren)	$1,815.35	$1,753.56	$1,713.01	$1,773.34	$1,692.52	$1,641.26	$1,968.80	$1,901.69	$1,500.59	$1,521.45	$1,193.90	$1,435.01
	Family	$3,043.39	$2,939.80	$2,871.81	$2,972.96	$2,837.46	$2,751.53	$3,300.64	$3,188.13	$2,515.70	$2,550.67	$2,001.54	$2,405.74
	DEPENDENT TO 29												
	Single	$1,071.55	$1,035.08	$1,011.13	$1,046.75	$999.03	$968.77	$1,162.15	$1,122.53	$885.72	$898.04	$704.66	$847.00
	Double	$2,143.10	$2,070.15	$2,022.27	$2,093.49	$1,998.06	$1,937.54	$2,324.29	$2,245.05	$1,771.44	$1,796.07	$1,409.31	$1,694.00
	Employee/child(ren)	$1,821.63	$1,759.63	$1,718.93	$1,779.47	$1,698.35	$1,646.91	$1,975.65	$1,908.29	$1,505.72	$1,526.66	$1,197.92	$1,439.90
	Family	$3,053.92	$2,949.97	$2,881.73	$2,983.23	$2,847.24	$2,760.99	$3,312.11	$3,199.20	$2,524.30	$2,559.40	$2,008.27	$2,413.96

† 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.

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.