



# 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/<br>Coinsurance<br>(In Network) | PPO Copay/<br>Coinsurance<br>(Out of Network) | EPO Copayment    | Embrace Health<br>EPO Copayment | Triple Zero HMO<br>Copayment | HDEPO HSA<br>Qualified | EPO Hybrid       | Triple Zero EPO<br>Copayment | HMO Hybrid       |            |
| Deductible Aggregate/<br>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)<br>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/<br>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 |
|                                                |                 | 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 |
|                                                |                 | 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 |
|                                                |                 | 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 |
|                                                |                 | 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 |
|                                                |                 | 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 |
|                                                |                 | 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



# 2027 SMALL GROUP DESIGNS

A quick reference guide for brokers

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

|                                             |                 | 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.