



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

RATE QUARTER 1

MID-HUDSON VALLEY REGION (3)

COUNTIES INCLUDE:

- Dutchess

► Ulster

► Orange

		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	\$1,771.73	\$1,753.07	\$1,778.43	\$1,902.05		\$1,528.20	\$1,552.37	\$1,541.51	\$1,430.96	\$1,327.92	\$1,596.19	\$1,282.55
		Double	\$3,543.46	\$3,506.14	\$3,556.87	\$3,804.10		\$3,056.40	\$3,104.74	\$3,083.01	\$2,861.92	\$2,655.84	\$3,192.38	\$2,565.09
		Employee/child(ren)	\$3,011.94	\$2,980.22	\$3,023.34	\$3,233.49		\$2,597.94	\$2,639.03	\$2,620.56	\$2,432.63	\$2,257.47	\$2,713.53	\$2,180.33
		Family	\$5,049.43	\$4,996.25	\$5,068.54	\$5,420.85		\$4,355.37	\$4,424.25	\$4,393.29	\$4,078.24	\$3,784.57	\$4,549.15	\$3,655.26
	DEPENDENT TO 29	Single	\$1,778.00	\$1,759.27	\$1,784.73	\$1,908.80		\$1,533.58	\$1,557.84	\$1,546.94	\$1,435.98	\$1,332.57	\$1,601.82	\$1,287.03
		Double	\$3,556.00	\$3,518.54	\$3,569.45	\$3,817.59		\$3,067.16	\$3,115.67	\$3,093.87	\$2,871.97	\$2,665.13	\$3,203.64	\$2,574.06
		Employee/child(ren)	\$3,022.60	\$2,990.76	\$3,034.04	\$3,244.95		\$2,607.08	\$2,648.32	\$2,629.79	\$2,441.17	\$2,265.36	\$2,723.09	\$2,187.95
		Family	\$5,067.29	\$5,013.92	\$5,086.47	\$5,440.07		\$4,370.70	\$4,439.83	\$4,408.77	\$4,092.55	\$3,797.82	\$4,565.18	\$3,668.04

† 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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MID-HUDSON VALLEY REGION (3)
COUNTIES INCLUDE:

- Dutchess

► Ulster

► Orange

		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	\$1,220.33	\$1,178.70	\$1,151.24	\$1,191.89	\$1,137.18	\$1,102.48	\$1,324.22	\$1,278.98	\$1,007.24	\$1,021.36	\$799.80	\$963.03
		Double	\$2,440.67	\$2,357.39	\$2,302.48	\$2,383.79	\$2,274.35	\$2,204.95	\$2,648.44	\$2,557.95	\$2,014.48	\$2,042.73	\$1,599.60	\$1,926.06
		Employee/child(ren)	\$2,074.57	\$2,003.78	\$1,957.11	\$2,026.22	\$1,933.20	\$1,874.21	\$2,251.18	\$2,174.26	\$1,712.31	\$1,736.32	\$1,359.66	\$1,637.15
		Family	\$3,477.95	\$3,359.28	\$3,281.04	\$3,396.90	\$3,240.95	\$3,142.06	\$3,774.03	\$3,645.08	\$2,870.64	\$2,910.89	\$2,279.44	\$2,744.64
	DEPENDENT TO 29	Single	\$1,224.59	\$1,182.80	\$1,155.25	\$1,196.04	\$1,141.12	\$1,106.30	\$1,328.85	\$1,283.45	\$1,010.72	\$1,024.89	\$802.52	\$966.35
		Double	\$2,449.18	\$2,365.60	\$2,310.49	\$2,392.08	\$2,282.25	\$2,212.59	\$2,657.71	\$2,566.90	\$2,021.43	\$2,049.78	\$1,605.04	\$1,932.70
		Employee/child(ren)	\$2,081.80	\$2,010.76	\$1,963.92	\$2,033.27	\$1,939.91	\$1,880.71	\$2,259.05	\$2,181.86	\$1,718.22	\$1,742.31	\$1,364.29	\$1,642.79
		Family	\$3,490.07	\$3,370.98	\$3,292.45	\$3,408.72	\$3,252.21	\$3,152.95	\$3,787.23	\$3,657.83	\$2,880.54	\$2,920.94	\$2,287.19	\$2,754.09

† 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.