

2024 CAPITAL DISTRICT PHYSICIANS HEALTH PLAN - Small Business 2 to 100				RATES COVER REGION 1: ALBANY ***								Items in red are change from 2023		
METAL TIER	PLAN CODE	Plan Name	Tier	Monthly Rate	Aggregate / Embedded	DEDUCTIBLE (SINGLE/FAMILY)	OFFICE VISIT	SPECIALIST VISIT	INPATIENT HOSPITAL	OUTPATIENT SURGERY	ER	URGENT CARE	PRESCRIPTION DRUGS ****	OOP MAX (SINGLE/FAMILY)
Platinum	120	EPO Copayment	Individual	\$1,063.29	N/A	INN \$0/\$0	\$15	\$20	\$500	\$50	\$100	\$35	\$4/\$30/\$60	\$7,500/\$15,000
			Empl/Spouse	\$2,126.58										
			Parent/Child(ren)	\$1,807.59										
				Family	\$3,030.38									
Platinum	121	EPO Copayment	Individual	\$1,066.14	N/A	INN \$0/\$0	\$20	\$20	\$750	\$25	\$100	\$50	\$4/\$30/\$60	\$7,350/\$14,700
			Empl/Spouse	\$2,132.28										
			Parent/Child(ren)	\$1,812.44										
				Family	\$3,038.50									
Platinum	130	EPO Copayment	Individual	\$1,056.73	N/A	INN \$0/\$0	\$15	\$35	\$500	\$50	\$100	\$60	\$4/\$30/\$60	\$4,000/\$8,000
			Empl/Spouse	\$2,113.46										
			Parent/Child(ren)	\$1,796.44										
				Family	\$3,011.68									
Gold	220	EPO Copayment	Individual	\$880.30	Embedded	\$750/\$1,500	Deductible, then \$25 Copay	Deductible, then \$40 Copay	Deductible, then \$800 Copay	Deductible, then \$100 Copay	Deductible, then \$100 Copay	Deductible, then \$60 Copay	\$4/\$30/\$60; not subject to deductible	\$8,700/\$17,400
			Empl/Spouse	\$1,760.60										
			Parent/Child(ren)	\$1,496.51										
				Family	\$2,508.86									
Gold	221	Embrace Health EPO Copayment <i>includes \$200 bonus debit card **</i>	Individual	\$880.15	Embedded	\$250/\$500	Deductible, then \$30	Deductible, then \$50	Deductible, then \$1,500	Deductible, then \$150	Deductible, then \$200	Deductible, then \$70 Copay	\$10/\$50/\$80; not subject to deductible	\$9,100/\$18,200
			Empl/Spouse	\$1,760.30										
			Parent/Child(ren)	\$1,496.26										
				Family	\$2,508.43									
Gold	224	Triple Zero HMO Copayment	Individual	\$841.64	N/A	\$0/\$0	\$0 Enhanced Primary Care Physician	\$50	\$1,500	\$200	\$500	\$100	\$0/\$50/\$80	\$8,700/\$17,400
			Empl/Spouse	\$1,683.28										
			Parent/Child(ren)	\$1,430.79										
				Family	\$2,398.67									
Gold	225	HDEPO HSA QUALIFIED	Individual	\$881.68	Aggregate	\$1,600/\$3,200	Deductible, then \$20 Copay	Deductible, then \$20 Copay	Deductible, then \$250 Copay	Deductible, then \$200 Copay	Deductible, then \$150 Copay	Deductible, then \$65 Copay	Deductible, then \$10/\$30/\$50	\$5,500/\$11,000
			Empl/Spouse	\$1,763.36										
			Parent/Child(ren)	\$1,498.86										
				Family	\$2,512.79									

AGGREGATE: For any policy with two or more members, the deductible must be met by any one or any combination of members before the plan makes payments.

EMBEDDED: Each member must meet their individual deductible before plan makes payments. The individual deductible also applies to family deductible level. Once family deductible is met, plan begins payment of services for all contract members.

PEDIATRIC DENTAL: A pediatric dental rider is automatically added to subscribers that have children under the age of 19. Rates will be as noted above plus \$16.49 per child enrolled (Albany Region) (up to a maximum of 3).

If you have a standalone dental plan, you can sign a waiver to have CDPHP remove the pediatric dental rider.

****EMBRACE EPO DEBIT CARD: To use your debit card, log into CDPHP to choose your path (fitness, medical or nutrition).**

To ensure coverage, check Find-a-Doc and confirm provider is in-network. Network Search: EPO or HDEPO includes Centers of Excellence and national providers. HMO includes providers in 26 counties in and around the Capital region

*** REGION 1 rates ALBANY includes the following counties: Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington.

**** 50% Cost share for participating pharmacies not in preferred RX network

NOTE: In case of a discrepancy in the display of these plan details and rates, The carrier's actual plan details and rates prevail.

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Silver	320	HDEPO HSA Qualified	Individual Empl/Spouse Parent/Child(ren) Family	\$747.88 \$1,495.76 \$1,271.40 \$2,131.46	Aggregate	\$2,200/\$4,400	Deductible, then \$30 Copay	Deductible, then \$40 Copay	Deductible, then \$1,500 Copay	Deductible, then \$200 Copay	Deductible, then \$500 Copay	Deductible then \$60	Deductible, then \$10/\$50/\$80	\$7,050/\$14,100
Silver	324	HDHMO HSA Qualified	Individual Empl/Spouse Parent/Child(ren) Family	\$713.97 \$1,427.94 \$1,213.75 \$2,034.81	Aggregate	\$2,500/\$5,000	Deductible, then \$25	Deductible, then \$50	Deductible, then \$500	Deductible, then \$200	Deductible, then \$300	Deductible then \$60	Deductible, then \$10/\$40/\$60	\$6,500/\$13,000
Silver	332	HDEPO EPC Non- Qualified	Individual Empl/Spouse Parent/Child(ren) Family	\$730.93 \$1,461.86 \$1,242.58 \$2,083.15	Embedded	\$5,000/\$10,000	\$0 Enhanced Primary Care Physician \$40 Non-EPC	Deductible, then \$60	Deductible, then \$750	Deductible, then \$200	Deductible, then \$500	Deductible then \$100	\$15/\$50/\$80	\$8,750/\$17,500
Silver	425	Copay First EPO (\$3,000/\$6,000)	Individual Empl/Spouse Parent/Child(ren) Family	\$761.44 \$1,522.88 \$1,294.45 \$2,170.10	Embedded	\$6,000/\$12,000	\$30	\$50	\$500	\$50	\$75	\$60	\$10/\$30/\$50	\$6,000/\$12,000
Bronze	421	HDEPO HSA Qualified	Individual Empl/Spouse Parent/Child(ren) Family	\$663.62 \$1,327.24 \$1,128.15 \$1,891.32	Aggregate	\$7,050/\$14,100	Deductible, then 0% Coinsurance	Deductible, then 0% Coinsurance	Deductible, then 0% Coinsurance	Deductible, then 0% Coinsurance	Deductible, then 0% Coinsurance	Deductible then 0% Coins.	Deductible, then 0%/0%/0%	\$7,050/\$14,100
Bronze	424	HDEPO HSA Qualified	Individual Empl/Spouse Parent/Child(ren) Family	\$661.01 \$1,322.02 \$1,123.72 \$1,883.88	Aggregate	\$6,100/\$12,200	Deductible, then \$40 Coinsurance	Deductible, then \$60 Coinsurance	Deductible, then \$1,000 Coinsurance	Deductible, then \$175 Coinsurance	Deductible, then \$350 Coinsurance	Deductible then \$80	Deductible, then \$10/\$50/\$80	\$7,200/\$14,400
Bronze	428	HDHMO HSA Qualified	Individual Empl/Spouse Parent/Child(ren) Family	\$602.34 \$1,204.68 \$1,023.98 \$1,716.67	Aggregate	\$6,350/\$12,700	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%/20%/20%	\$7,200/\$14,400

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