

2023 CAPITAL DISTRICT PHYSICIANS HEALTH PLAN - Small Business 2 to 100														RATES COVER REGION 1: ALBANY ***	
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 Empl/Spouse Parent/Child(ren) Family	\$935.50 \$1,871.00 \$1,590.35 \$2,666.17	N/A	INN \$0/\$0	\$15	\$20	\$500	\$100	\$100	\$35	\$4/\$30/\$60	\$7,500/\$15,000	
Platinum	121	EPO Copayment	Individual Empl/Spouse Parent/Child(ren) Family	\$943.85 \$1,887.71 \$1,604.55 \$2,689.98	N/A	INN \$0/\$0	\$20	\$20	\$750	\$50	\$100	\$50	\$4/\$30/\$60	\$7,350/\$14,700	
Platinum	130	EPO Copayment	Individual Empl/Spouse Parent/Child(ren) Family	\$930.23 \$1,860.46 \$1,581.39 \$2,651.16	N/A	INN \$0/\$0	\$15	\$35	\$500	\$75	\$100	\$60	\$4/\$30/\$60	\$4,000/\$8,000	
Gold	220	EPO Copayment	Individual Empl/Spouse Parent/Child(ren) Family	\$830.48 \$1,660.97 \$1,411.82 \$2,366.88	Embedded	\$700/\$1,400	Deductible, then \$25 Copay	Deductible, then \$40 Copay	Deductible, then \$800 Copay	Deductible, then \$150 Copay	Deductible, then \$100 Copay	Deductible, then \$60 Copay	\$4/\$30/\$60; not subject to deductible	\$8,700/\$17,400	
Gold	221	Embrace Health EPO Copayment <i>includes \$200 bonus debit card **</i>	Individual Empl/Spouse Parent/Child(ren) Family	\$821.26 \$1,642.53 \$1,396.15 \$2,340.60	Embedded	\$250/\$500	Deductible, then \$30	Deductible, then \$50	Deductible, then \$1,500	Deductible, then \$200	Deductible, then \$200	Deductible, then \$70 Copay	\$10/\$50/\$80; not subject to deductible	\$9,100/\$18,200	
Gold	224	Triple Zero HMO Copayment	Individual Empl/Spouse Parent/Child(ren) Family	\$727.09 \$1,454.19 \$1,236.06 \$2,072.22	N/A	\$0/\$0	\$0 Enhanced Primary Care Physician \$50 Non-EPC	\$50	\$1,500	\$250	\$500	\$100	\$0/\$50/\$80	\$8,700/\$17,400	
Gold	225	HDEPO HSA QUALIFIED	Individual Empl/Spouse Parent/Child(ren) Family	\$833.58 \$1,667.17 \$1,417.09 \$2,375.72	Aggregate	\$1,500/\$3,000	Deductible, then \$20 Copay	Deductible, then \$20 Copay	Deductible, then \$250 Copay	Deductible, then \$250 Copay	Deductible, then \$150 Copay	Deductible, then \$65 Copay	Deductible, then \$10/\$30/\$50	\$5,500/\$11,000	

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.

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Silver	320	HDEPO HSA Qualified	Individual Empl/Spouse Parent/Child(ren) Family	\$747.82 \$1,495.64 \$1,271.29 \$2,131.29	Aggregate	\$2,200/\$4,400	Deductible, then \$30 Copay	Deductible, then \$40 Copay	Deductible, then \$1,500 Copay	Deductible, then \$300 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	\$633.19 \$1,266.39 \$1,076.43 \$1,804.60	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	\$716.79 \$1,433.57 \$1,218.54 \$2,042.84	Embedded	\$5,000/\$10,000	\$0 Enhanced Primary Care Physician \$40 Non-EPC	Deductible, then \$60	Deductible, then \$750	Deductible, then \$250	Deductible, then \$500	Deductible then \$100	Deductible, then \$15/\$50/\$80	\$8,750/\$17,500	
Silver	425	Copay First EPO (\$3,000/\$6,000)	Individual Empl/Spouse Parent/Child(ren) Family	\$693.91 \$1,387.82 \$1,179.65 \$1,977.65	Embedded	\$6,000/\$12,000	\$30	\$50	\$500	\$75	\$75	\$60	\$10/\$30/\$50	\$6,000/\$12,000	
Bronze	421	HDEPO HSA Qualified	Individual Empl/Spouse Parent/Child(ren) Family	\$621.35 \$1,242.70 \$1,056.30 \$1,770.85	Aggregate	\$6,900/\$13,800	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%	\$6,900/\$13,800	
Bronze	424	HDEPO HSA Qualified	Individual Empl/Spouse Parent/Child(ren) Family	\$624.69 \$1,249.38 \$1,061.97 \$1,780.36	Aggregate	\$6,100/\$12,200	Deductible, then \$40 Coinsurance	Deductible, then \$60 Coinsurance	Deductible, then \$1,000 Coinsurance	Deductible, then \$350 Coinsurance	Deductible, then \$350 Coinsurance	Deductible then \$80	Deductible, then \$10/\$50/\$80	\$6,900/\$13,800	
Bronze	428	HDHMO HSA Qualified	Individual Empl/Spouse Parent/Child(ren) Family	\$536.47 \$1,072.94 \$912.00 \$1,528.94	Aggregate	\$6,350/\$12,700	Deductible, then \$0	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%/20%/20%	\$7,000/\$14,000	

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2023 MVP HEALTH CARE - Small Businesses														
ALL PLANS INCLUDE DEPENDENT CARE TO AGE 26.														
METAL TIER	PRODUCT	TIER	MONTHLY RATE	Aggregate / Embedded	DEDUCTIBLE (SINGLE/FAMILY)	OOP MAX (SINGLE/FAMILY)	OFFICE VISIT	SPECIALIST VISIT	INPATIENT HOSPITAL	OUTPATIENT SURGERY	URGENT CARE/ER	DIAGNOSTIC RADIOLOGY LAB	DIABETIC SUPPLIES	PRESCRIPTION DRUGS
PLATINUM	PLATINUM EPO 3	Individual Empl/Spouse Parent/Child(ren) Family	\$1,006.16 \$2,012.32 \$1,710.47 \$2,867.56	N/A	\$0/\$0	\$2,550/\$5,100	\$30	\$50	\$250	\$100	\$50/\$150	\$50	\$30	\$5/\$25/\$40
GOLD	MVP GOLD 1 EPO	Individual Empl/Spouse Parent/Child(ren) Family	\$876.77 \$1,753.54 \$1,490.51 \$2,498.79	Embedded	\$850 / \$1,700	\$7,000/\$14,000	3 Visits @ \$0, then \$15 No DD	\$50	\$500	\$200	\$50 NoDD; \$300 NoDD	\$50 NoDD	\$15 NoDD	\$200/\$400 (name brand only); Copayment \$10/\$35/\$70
GOLD	MVP GOLD 2 EPO QHDHP	Individual Empl/Spouse Parent/Child(ren) Family	\$843.18 \$1,686.36 \$1,433.41 \$2,403.06	Agg/Emb	\$1,600/\$3,200 Aggregate	\$5,000/\$10,000	Preventive \$0; Office visit Deductible then \$10	Deductible then \$20	Deductible then \$200	Deductible then \$200	Deductible then \$20/\$75	Deductible then \$20/\$20	Deductible then \$10	Ded. Integrated w/Medical; \$10/\$30/\$50 (preventive drugs NoDD)
GOLD	MVP GOLD 3 EPO	Individual Empl/Spouse Parent/Child(ren) Family	\$854.96 \$1,709.92 \$1,453.43 \$2,436.64	Embedded	\$1,000/\$2,000 - applies to all benefits except Rx	\$5,000/\$10,000	Preventive \$0; office visit \$20	\$40	\$800	\$100	\$40/\$300	\$40/\$40	\$20	Deductible \$0/\$0; Copayment \$10/\$35/50%
GOLD	MVP GOLD 4 EPO	Individual Empl/Spouse Parent/Child(ren) Family	\$911.46 \$1,822.92 \$1,549.48 \$2,597.66	Embedded	\$0/\$0	\$6,750 / \$13,500	Preventive \$0; office visit \$40	\$60	\$750	\$300	\$60/\$500	\$60/\$60	\$40	Deductible \$0/\$0; Copayment \$10/\$40/\$60
GOLD	MVP GOLD 6 EPO	Individual Empl/Spouse Parent/Child(ren) Family	\$913.32 \$1,826.64 \$1,552.64 \$2,602.96	Embedded	\$350/\$700	\$6,550/\$13,100	\$30 NoDD	\$50 NoDD	Ded then \$1000	Ded then \$300	\$50 NoDD / \$100 NoDD	\$50 NoDD/ \$50 NoDD	\$30 NoDD	Deductible \$0/\$0; Copayment \$10/\$40/\$60
GOLD	MVP GOLD 8 EPO	Individual Empl/Spouse Parent/Child(ren) Family	\$823.87 \$1,647.74 \$1,400.58 \$2,348.03	Embedded	\$4,000/\$8,000	\$8,000/\$16,000	\$40 NoDD	\$60 NoDD	Deductible then 20%	Deductible then 20%	\$60 NoDD / \$300 NoDD	\$60 NoDD/ \$60 NoDD	\$40 NoDD	Deductible, \$0/\$0; copayment \$10/\$40/\$60
GOLD	MVP GOLD EPO 11	Individual Empl/Spouse Parent/Child(ren) Family	\$871.65 \$1,743.30 \$1,481.81 \$2,484.20	Embedded	\$750/\$1,500	\$8,700/\$17,400	\$35 NoDD (\$0 to age 26)	Deductible then \$50	Deductible then \$1000	Deductible then \$300	\$50 NoDD / \$250	\$100*/\$0 NoDD	\$35 NoDD (\$0 to age 26)	Ded. Integrated w/medical; \$10 NoDD (\$0 to age 26) \$45/\$90
SILVER	MVP SILVER 2 EPO	Individual Empl/Spouse Parent/Child(ren) Family	\$683.69 \$1,367.38 \$1,162.27 \$1,948.52	Embedded	\$4,500/\$9,000	\$8,400/\$16,800	\$35	Deductible then \$60	Deductible then 30%	Deductible then \$300	\$60 / Deductible then \$350	Deductible then \$60 /\$60	\$35	Deductible then \$10/\$45/\$90
SILVER	MVP SILVER 3 EPO QHDHP	Individual Empl/Spouse Parent/Child(ren) Family	\$720.94 \$1,441.88 \$1,225.60 \$2,054.68	Aggregate	\$2,500/\$5,000 Aggregate	\$5,900/\$11,800	Deductible then \$25	Deductible then \$50	Deductible then \$500	Deductible then \$200	Deductible then \$50/\$300	Deductible then \$50/\$50	Deductible then \$25	Ded. Integrated w/Medical; \$15/\$40/\$60 (preventive drugs NoDD)
SILVER	MVP Silver 7 EPO	Individual Empl/Spouse Parent/Child(ren) Family	\$736.23 \$1,472.46 \$1,251.59 \$2,098.26	Embedded	\$3,000/\$6,000	\$8,700/\$17,400	\$30	Deductible then \$50	Deductible then \$750	Deductible then \$250	\$50 / Ded then \$250	Deductible then \$50/\$50	\$30	\$15/\$45/\$90

2023 MVP HEALTH CARE - Small Businesses														
ALL PLANS INCLUDE DEPENDENT CARE TO AGE 26.														
METAL TIER	PRODUCT	TIER	MONTHLY RATE	Aggregate / Embedded	DEDUCTIBLE (SINGLE/FAMILY)	OOP MAX (SINGLE/FAMILY)	OFFICE VISIT	SPECIALIST VISIT	INPATIENT HOSPITAL	OUTPATIENT SURGERY	URGENT CARE/ER	DIAGNOSTIC RADIOLOGY LAB	DIABETIC SUPPLIES	PRESCRIPTION DRUGS
BRONZE	MVP BRONZE 2 EPO EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$585.32 \$1,170.64 \$995.04 \$1,668.16	Embedded	\$6,000/\$12,000	\$8,400/\$16,800	3 visits at \$0, Deductible then \$35	Deductible then \$60	Deductible then 30%	Deductible then \$300	Deductible then \$60/\$350	Deductible then \$60/ Deductible then \$60	Deductible then \$35	Ded. Integrated with Medical; Copayment \$10/\$40/\$60
BRONZE	MVP BRONZE 3 EPO QHDHP EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$611.48 \$1,222.96 \$1,039.52 \$1,742.72	Embedded	\$6,200/\$12,400	\$6,900/\$13,800	Deductible then \$30	Deductible then \$50	Deductible then 30%	Deductible then \$100	Deductible then \$50/\$300	Deductible then \$50/ Deductible then \$50	Deductible then \$30	Ded. Integrated w/Medical; \$10/\$40/\$60 (preventive drugs NoDD)
BRONZE	MVP BRONZE 6 EPO QHDHP EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$635.51 \$1,271.02 \$1,080.37 \$1,811.20	Embedded	\$6,900/\$13,800	\$6,900/\$13,800	\$0	Deductible then covered in full	Deductible then covered in full	Deductible then covered in full	Deductible then covered in full	\$0*/\$0*	\$0	Ded. Integrated w/Medical; \$0/\$0/\$0(preventive drugs NoDD)

\* Member amount after deductible is met.

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**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.

**MVP'S Wellbeing Rewards Program - Earn up to \$600 per contract, per calendar year for making healthy choices: up to \$200 for completing activities, \$200 with Connected! Tracking, and up to \$200 in reimbursements.**

**VIRTUAL CARE SERVICES:** GIA virtual care services are \$0 on all plans except qualified high-deductible plans in 2022. The IRA requires members enrolled in QHDHPs to pay for virtual care services until their plan deductible is met.

**PEDIATRIC DENTAL COVERAGE TO AGE 19 is included with all MVP NEW York Small Group plans. Preventative services subject to \$25 co-pay (deductible applies to QHDHP), routine services subject to 20% co-insurance, and major services, including medically necessary orthodontia, are subject to a 50% co-insurance.**

**TELEMEDICINE BENEFIT - access care anywhere, anytime on your computer, tablet or smartphone with 24/7 online doctor visits. Board-certified doctors and therapists.**

2023 HIGHMARK BLUESHIELD OF NORTHEASTERN NEW YORK - Small Business 2 to 100															
RATES SHOWN COVER REGION 1															
METAL TIER	PRODUCT	TIER	MONTHLY RATE	Aggregate / Embedded	DEDUCTIBLE (SINGLE/FAMILY)	COINSURANCE	OOP MAX (SINGLE/FAMILY)	OFFICE VISIT	SPECIALIST VISIT	LAB SERVICES	INPATIENT HOSPITAL	OUTPATIENT SURGERY	ER	URGENT CARE	PRESCRIPTION DRUGS
PLATINUM	PLATINUM POS CLASSIC **	Individual Empl/Spouse Parent/Child(ren) Family	\$931.72 \$1,863.44 \$1,583.93 \$2,655.41	N/A	N/A	N/A	\$5,000/\$10,000 Embedded	\$15	\$35	\$35	\$500	\$100	\$100	\$55	\$10/\$35/\$100
	PLATINUM RADIUS Plus **	Individual Empl/Spouse Parent/Child(ren) Family	\$929.96 \$1,859.93 \$1,580.94 \$2,650.40	N/A	N/A	N/A	\$7,000/\$14,000 Embedded	\$15	\$30	\$30	\$500	\$100	\$100	\$50	\$10/\$35/\$100
GOLD	GOLD POS CLASSIC ** Low Deductible	Individual Empl/Spouse Parent/Child(ren) Family	\$787.64 \$1,575.29 \$1,338.99 \$2,244.78	Embedded	\$1,500/\$3,000	N/A	\$6,000/\$12,000 Embedded	\$25 After deductible	\$40 After deductible	\$40 After deductible	\$1000 After deductible	\$100 After deductible	\$150 After deductible	\$60 After deductible	\$10/\$35/\$100 Not subject to deductible
	GOLD EPO HIGH	Individual Empl/Spouse Parent/Child(ren) Family	\$981.91 \$1,963.83 \$1,669.25 \$2,798.45	N/A	N/A	N/A	\$9,100/\$18,200 Embedded	\$30	\$50	\$50	\$1000	\$200	\$300	\$75	\$10/\$35/\$100
	GOLD RADIUS HIGH **	Individual Empl/Spouse Parent/Child(ren) Family	\$858.00 \$1,716.00 \$1,458.60 \$2,445.31	N/A	N/A	N/A	\$9,100/\$18,200 Embedded	\$30	\$50	\$50	\$1,000	\$200	\$300	\$75	\$10/\$35/\$100
SILVER	SILVER EPO 7000 (HSA QUALIFIED)	Individual Empl/Spouse Parent/Child(ren) Family	\$765.01 \$1,530.01 \$1,300.51 \$2,180.27	True Family *	\$3,500/\$7,000 Aggregate	N/A	\$7,000/\$14,000 Embedded	\$20 after deductible	\$40 after deductible	\$40 after deductible	\$1,000 after deductible	\$350 after deductible	\$250 after deductible	\$75 After deductible	\$10/\$35/\$100 After deductible

INN In Network                      OON Out of Network  
 ALL RATES COVER BLUE SHIELD REGION 1.  
 ALL PLANS INCLUDE ONE \$250 WELLNESS DEBIT CARD PER CONTRACT - RENEWS ANNUALLY

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 pays. Individual deductible also applies to family deductible level. Once family deductible is met, plan begins payment of services for all contract members.  
 \* TRUE FAMILY DEDUCTIBLE: Unlike embedded deductible plans, there is no limit to the amount one member can pay toward the family deductible. For both types of deductibles, once the deductible is met, you will pay copays or coinsurance when you receive covered services.  
 \*\* THIS PLAN INCLUDES "AWAY FROM HOME CARE@" GUEST MEMBERSHIP. Please contact Highmark Blue Shield to register for away from home care. To ensure coverage by a network provider, confirm on [www.bsny.org](http://www.bsny.org) Find a Doctor link  
 PEDIATRIC DENTAL is now embedded in medical plans at no extra charge; Members show their medical card to their dentist for pediatric dental care.

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