

2022 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	\$819.12 \$1,638.24 \$1,392.50 \$2,334.49	N/A	N/A	N/A	\$2,000/\$4,000 Embedded	\$15	\$35	\$15	\$500	\$100	\$100	\$55	\$10/\$30/\$60
	PLATINUM RADIUS Plus **	Individual Empl/Spouse Parent/Child(ren) Family	\$808.59 \$1,617.18 \$1,374.60 \$2,304.48	N/A	N/A	N/A	\$5,000/\$10,000 Embedded	\$15	\$20	\$15	\$250	\$100	\$100	\$50	\$10/\$35/\$70
GOLD	GOLD POS CLASSIC ** Low Deductible	Individual Empl/Spouse Parent/Child(ren) Family	\$730.62 \$1,461.24 \$1,242.05 \$2,082.27	Embedded	\$600/\$1,200	N/A	\$4,000/\$8,000	\$25 After deductible	\$40 After deductible	\$25 After deductible	\$1000 After deductible	\$100 After deductible	\$150 After deductible	\$60 After deductible	\$10/\$35/\$70 Not subject to deductible
	GOLD EPO HIGH	Individual Empl/Spouse Parent/Child(ren) Family	\$870.67 \$1,741.34 \$1,480.14 \$2,481.41	N/A	N/A	N/A	\$8,150/\$16,300 Embedded	\$25	\$40	\$25	\$1000	\$200	\$300	\$75	\$10/\$35/\$70
	GOLD RADIUS HIGH **	Individual Empl/Spouse Parent/Child(ren) Family	\$774.37 \$1,548.74 \$1,316.43 \$2,206.95	N/A	N/A	N/A	\$8,150/\$16,300 Embedded	\$25	\$40	\$25	\$1,000	\$200	\$300	\$75	\$10/\$35/\$70
SILVER	SILVER EPO 7000 (HSA QUALIFIED)	Individual Empl/Spouse Parent/Child(ren) Family	\$668.16 \$1,336.32 \$1,135.87 \$1,904.26	True Family *	\$2,500/\$5,000	N/A	\$6,900/\$13,800 Embedded	\$20 after deductible	\$40 after deductible	\$20 after deductible	\$250 after deductible	\$100 after deductible	\$100 after deductible	\$75 After deductible	\$10/\$35/\$70 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.
 PEDIATRIC DENTAL is now embedded in medical plans at no extra charge; Members show their medical card to their dentist for pediatric dental care.

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

2022 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	\$895.44	N/A	INN \$0/\$0	\$15	\$20	\$500	\$100	\$100	\$35	\$4/\$30/\$60	\$7,500/\$15,000
			Empl/Spouse	\$1,790.89										
			Parent/Child(ren)	\$1,522.26										
			Family	\$2,552.02										
Platinum	121	EPO Copayment	Individual	\$902.59	N/A	INN \$0/\$0	\$20	\$20	\$750	\$50	\$100	\$50	\$4/\$30/\$60	\$7,350/\$14,700
			Empl/Spouse	\$1,805.19										
			Parent/Child(ren)	\$1,534.41										
			Family	\$2,572.39										
Platinum	130	EPO Copayment	Individual	\$886.19	N/A	INN \$0/\$0	\$15	\$35	\$500	\$75	\$100	\$60	\$4/\$30/\$60	\$4,000/\$8,000
			Empl/Spouse	\$1,772.39										
			Parent/Child(ren)	\$1,506.53										
			Family	\$2,525.65										
Gold	220	EPO Copayment	Individual	\$755.66	Embedded	\$600/\$1,200	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	\$7,900/\$15,800
			Empl/Spouse	\$1,511.33										
			Parent/Child(ren)	\$1,284.63										
			Family	\$2,153.64										
Gold	221	Embrace Health EPO Copayment <i>includes \$200 bonus debit card **</i>	Individual	\$734.00	Embedded	INN \$250/\$500	Deductible, then \$30	Deductible, then \$50	Deductible, then \$1,000	Deductible, then \$100	Deductible, then \$100	Deductible, then \$70 Copay	\$10/\$50/\$80; not subject to deductible	\$7,150/\$14,300
			Empl/Spouse	\$1,468.00										
			Parent/Child(ren)	\$1,247.80										
			Family	\$2,091.90										
Gold	224	Triple Zero HMO Copayment	Individual	\$659.97	N/A	\$0/\$0	\$0 EPC \$50 Non-EPC	\$50	\$1,500	\$250	\$500	\$100	\$0/\$50/\$80	\$7,900/\$15,800
			Empl/Spouse	\$1,319.93										
			Parent/Child(ren)	\$1,121.94										
			Family	\$1,880.90										
Gold	225	HDEPO HSA QUALIFIED	Individual	\$741.24	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
			Empl/Spouse	\$1,482.47										
			Parent/Child(ren)	\$1,260.10										
			Family	\$2,112.53										

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).

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

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

2022 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)
Silver	320	HDEPO HSA Qualified	Individual	\$636.80	Aggregate	\$1,800/\$3,600	Deductible, then \$30 Copay	Deductible, then \$40 Copay	Deductible, then \$1,000 Copay	Deductible, then \$150 Copay	Deductible, then \$200 Copay	Deductible then \$60	Deductible, then \$10/\$50/\$80	\$6,900/\$13,800
			Empl/Spouse	\$1,273.60										
			Parent/Child(ren)	\$1,082.56										
			Family	\$1,814.89										
Silver	324	HDHMO HSA Qualified	Individual	\$563.56	Aggregate	\$2,200/\$4,400	Deductible, then \$25	Deductible, then \$50	Deductible, then \$500	Deductible, then \$200	Deductible, then \$300	Deductible then \$60	Deductible, then \$10/\$40/\$60	\$5,500/\$11,000
			Empl/Spouse	\$1,127.11										
			Parent/Child(ren)	\$958.04										
			Family	\$1,606.13										
Silver	328	HDEPO EPC Non-Qualified	Individual	\$631.30	Embedded	\$3,000/\$6,000	\$0 EPC \$40 Non-EPC	Deductible, then \$60	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible then \$80	Deductible, then \$10/\$50/50%	\$8,000/\$16,000
			Empl/Spouse	\$1,262.61										
			Parent/Child(ren)	\$1,073.22										
			Family	\$1,799.22										
Silver	425	Copay First EPO (\$3,000/\$6,000)	Individual	\$621.97	Embedded	\$6,000/\$12,000	\$30	\$50	\$500	\$75	\$75	\$60	\$10/\$30/\$50	\$6,000/\$12,000
			Empl/Spouse	\$1,243.95										
			Parent/Child(ren)	\$1,057.36										
			Family	\$1,772.62										
Bronze	421	HDEPO HSA Qualified	Individual	\$544.19	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
			Empl/Spouse	\$1,088.37										
			Parent/Child(ren)	\$925.12										
			Family	\$1,550.93										
Bronze	424	HDEPO HSA Qualified	Individual	\$544.30	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
			Empl/Spouse	\$1,088.61										
			Parent/Child(ren)	\$925.32										
			Family	\$1,551.27										
Bronze	428	*NEW* HDHMO HSA Qualified	Individual	\$479.25	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
			Empl/Spouse	\$958.49										
			Parent/Child(ren)	\$814.72										
			Family	\$1,365.85										

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2022 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	\$905.32 \$1,810.64 \$1,539.04 \$2,580.16	Embedded	\$0/\$0	\$2,550/\$5,100	\$40	\$50	\$300	\$200	\$50/\$200	\$50/\$50	\$40	\$0/\$0 DED \$10/\$30/\$50
GOLD	MVP GOLD 1 EPO	Individual Empl/Spouse Parent/Child(ren) Family	\$792.89 \$1,585.78 \$1,347.91 \$2,259.74	Embedded	\$850 / \$1,700	\$7,000/\$14,000	3 Visits @\$0, then \$15 NoDD	\$50*	\$500*	\$200*	\$50 NoDD; \$300 NoDD	\$50*/\$50 NoDD	\$15 NoDD	\$200/\$400 (name brand only); Copayment \$10NoDD/\$35*/\$70*
GOLD	MVP GOLD 2 EPO QHDHP AGGREGATE/EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$760.17 \$1,520.34 \$1,292.29 \$2,166.48	Agg/Emb	\$1,600/\$3,200 AGG	\$5,000/\$10,000	Preventive \$0; office visit \$10 *	\$20*	\$200*	\$200*	\$20*/\$75*	\$20*/\$20*	\$10	Ded. Integrated w/Medical; \$10*/\$30*/\$50* (preventive drugs NoDD)
GOLD	MVP GOLD 3 EPO	Individual Empl/Spouse Parent/Child(ren) Family	\$771.30 \$1,542.60 \$1,311.21 \$2,198.21	Embedded	\$1,000/\$2,000	\$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	\$824.92 \$1,649.84 \$1,402.36 \$2,351.02	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	\$826.60 \$1,653.20 \$1,405.22 \$2,355.81	Embedded	\$350/\$700	\$6,550/\$13,100	\$30 NoDD	\$50 NoDD	\$1,000*	\$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	\$745.68 \$1,491.36 \$1,267.66 \$2,125.19	Embedded	\$4,000/\$8,000	\$8,000/\$16,000	\$40 NoDD	\$60 NoDD	20% *	20% *	\$60 NoDD / \$300 NoDD	\$60 NoDD/ \$60 NoDD	\$40 NoDD	Deductible, \$0/\$0; copayment \$10/\$40/\$60
GOLD	*New* MVP GOLD EPO 11	Individual Empl/Spouse Parent/Child(ren) Family	\$782.34 \$1,564.68 \$1,329.98 \$2,229.67	Embedded	\$750/\$1,500	\$8,700/\$17,400	\$35 NoDD (\$0 to age 26)	\$50*	\$1000*	\$300*	\$50 NoDD / \$250*	\$100*/\$0 NoDD	\$45 NoDD (\$0 to age 26)	Ded. Integrated w/medical; \$10 NoDD (\$0 to age 26) /\$45*/\$90*
SILVER	MVP SILVER 1 EPO	Individual Empl/Spouse Parent/Child(ren) Family	\$674.52 \$1,349.04 \$1,146.68 \$1,922.38	Embedded	\$2,100/\$4,200	\$7,800/\$15,600	\$30 NoDD	\$50*	20% *	\$300 *	\$50 NoDD/\$350*	\$50 /\$50 NoDD	\$30 NoDD	Deductible \$100/\$200 (name brand only); Copayment \$15 NoDD/\$35*/\$70*
SILVER	MVP SILVER 3 EPO QHDHP AGGREGATE/EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$664.84 \$1,329.68 \$1,130.23 \$1,894.79	Aggregate / Embedded	\$2,200/\$4,400 Aggregate	\$5,200/\$10,400	\$25*	\$50 *	\$500 *	\$200*	\$50*/\$300*	\$50*/\$50*	\$25	Ded. Integrated w/Medical; \$15*/\$40*/\$60* (preventive drugs NoDD)
SILVER	MVP Silver 7 EPO	Individual Empl/Spouse Parent/Child(ren) Family	\$670.67 \$1,341.34 \$1,140.14 \$1,911.41	Embedded	\$3,100/\$6,200	\$8,000/\$16,000	3 visits at \$0,then \$30 NoDD	\$40 *	\$500 *	\$200 *	\$40 NoDD /\$200 *	\$40*/\$40 NoDD	\$30 NoDD	Deductible \$0/\$0; Copayment \$15/\$45/\$90

2022 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	\$527.77 \$1,055.54 \$897.21 \$1,504.14	Embedded	\$6,000/\$12,000	\$8,400/\$16,800	3 visits at \$0 NoDD, then \$35 *	\$60*	30% *	\$300*	\$60*/\$350*	\$60*/\$60*	\$35	Ded. Integrated with Medical; Copayment \$10*/\$40*/\$60*
BRONZE	MVP BRONZE 3 EPO QHDHP EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$550.58 \$1,101.16 \$935.99 \$1,569.15	Embedded	\$6,200/\$12,400	\$6,900/\$13,800	\$30*	\$50*	30% *	\$100*	\$50*/\$300*	\$50*/\$50*	\$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	\$569.66 \$1,139.32 \$968.42 \$1,623.53	Embedded	\$6,900/\$13,800	\$6,900/\$13,800	\$0*	\$0*	\$0*	\$0*	\$0*/\$0*	\$0*/\$0*	\$0	Ded. Integrated w/Medical; \$0*/\$0*/\$0* (preventive drugs NoDD)

* Member amount after deductible is met.

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

BENEFITS SHOWN IN RED ARE A CHANGE FROM THE 2021 PLAN.

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.

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.