



2025 3rd Quarter CDPHP Region 1	CDPHP Platinum PPO plan 131		CDPHP Gold EPO 227	CDPHP Gold HMO plan 224	CDPHP Silver EPO plan 326	CDPHP Silver HMO plan 324	CDPHP Bronze HDEPO plan 421	CDPHP Bronze HDHMO plan 428
Small Group (2 to 100) Plan comparison								
Benefits	In-Network	Out-of-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible								
Single	N/A	\$6,000	N/A	N/A	\$2,500	\$2,500	\$7,050	\$6,350
Family	N/a	\$12,000	N/A	N/A	\$5,000	\$5,000	\$14,100	\$12,700
Out of Pocket Maximum								
Single	\$6,000	\$12,000	\$8,700	\$8,700	\$6,500	\$6,500	\$7,050	\$7,200
Family	\$12,000	\$24,000	\$17,400	\$17,400	\$13,000	\$13,000	\$14,100	\$14,400
Coinsurance	50%	50%	N/A	N/A	N/A	N/A	N/A	
Office Visits								N/A
Primary Care Office Visit	\$15 copay	Deductible then 50%	\$0 EHP/\$50 copay	\$0 EHP/\$50 copay	Deductible then \$25 copay	Deductible then \$25 copay	Deductible then Covered in full	Deductible then 20% Coinsurance
Specialist Office Visit	\$30 copay	Deductible then 50%	\$50 copay	\$50 copay	Deductible then \$50 copay	Deductible then \$50 copay	Deductible then Covered in full	Deductible then 20% Coinsurance
Hospital Services								
In-patient Hospital	\$500 Copay	Deductible then 50%	\$1,500 Copay	\$1,500 Copay	Deductible then \$500 copay	Deductible then \$500 copay	Deductible then Covered in full	Deductible then 20% Coinsurance
Outpatient Surgery Facility	\$100 copay	Deductible then 50%	\$200 Copay	\$200 Copay	Deductible then \$200 copay	Deductible then \$200 copay	Deductible then Covered in full	Deductible then 20% Coinsurance
Outpatient Surgery - Surgeon's Service	\$50 copay	Deductible then 50%	\$100 Copay	\$100 Copay	Deductible then \$150 copay	Deductible then \$150 copay	Deductible then Covered in full	Deductible then 20% Coinsurance
Emergency Room Care	\$150 copay	Deductible then 50%	\$500 Copay	\$500 Copay	Deductible then \$300 copay	Deductible then \$300 copay	Deductible then Covered in full	Deductible then 20% Coinsurance
Urgent Care	\$75 copay	Deductible then 50%	\$100 copay	\$100 copay	Deductible then \$60 copay	Deductible then \$60 copay	Deductible then Covered in full	Deductible then 20% Coinsurance
Outpatient Lab & X-ray	\$30 copay	Deductible then 50%	\$50 copay	\$50 copay	Deductible then \$50 copay	Deductible then \$50 copay	Deductible then Covered in full	Deductible then 20% Coinsurance
Advanced Imaging	\$130 copay	Deductible then 50%	\$150 copay	\$150 copay	Deductible then \$150 copay	Deductible then \$150 copay	Deductible then Covered in full	Deductible then 20% Coinsurance
RX								
Deductible	n/a	Medical deductible applies	n/a	n/a	Medical deductible applies	Medical deductible applies	Medical deductible applies	Medical deductible applies
Tier 1	\$4 copay	Deductible then 50%	\$0 copay	\$0 copay	\$10 copay	\$10 copay	0% Coinsurance	20% Coinsurance
Tier 2	\$30 copay	Deductible then 50%	\$50 copay	\$50 copay	\$40 copay	\$40 copay	0% Coinsurance	20% Coinsurance
Tier 3	\$60 copay	Deductible then 50%	\$80 copay	\$80 copay	\$60 copay	\$60 copay	0% Coinsurance	20% Coinsurance
Rates								
Employee	\$1,373.12		\$1,123.43	\$1,020.56	\$955.37	\$862.04	\$820.59	\$735.24
Employee + Spouse	\$2,746.24		\$2,246.86	\$2,041.12	\$1,910.74	\$1,724.08	\$1,641.18	\$1,470.48
Employee + Child(ren)	\$2,334.30		\$1,909.83	\$1,734.95	\$1,624.13	\$1,465.47	\$1,395.00	\$1,249.91
Family	\$3,913.39		\$3,201.78	\$2,908.60	\$2,722.80	\$2,456.81	\$2,338.68	\$2,095.43