2027 MVP HEALTH CARE - Small Businesses ALL PLANS INCLUDE DEPENDENT CARE TO AGE 26. Items in red indicate CHANGE for 2027

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 Outpatient	DIABETIC SUPPLIES / INSULIN	PRESCRIPTION DRUGS Indiv/Family
PLATINUM	PLATINUM EPO 1 National Network	Individual Empl/Spouse Parent/Child(ren) Family	$1,445.16 $2,890.32 $2,456.77 $4,118.71	Embedded	$0/$0	$3,100/$6,200	3 PCP visits at $0 then $5	$45	$300	$100	$45/$150	$45/$45	$5/$0	Ded $0/$0 Cost Share Tier1 $5/Tier 2 20%/Tier 3 30%
PLATINUM	PLATINUM EPO 3 National Network	Individual Empl/Spouse Parent/Child(ren) Family	$1,448.06 $2,896.12 $2,461.70 $4,126.97	Embedded	$0/$0	$3,200/$6,500	3 PCP Visits at $0, then $30	$50	$250	$100	$50/$150	$50/$50	$30/$0	Ded $0/$0 Cost Share Tier1 $5/Tier 2 $25/Tier 3 $40
PLATINUM	PLATINUM HMO 2 Regional Network	Individual Empl/Spouse Parent/Child(ren) Family	$1,446.00 $2,892.00 $2,458.20 $4,121.10	Embedded	$0/$0	$3,200/$6,400	3 PCP visits at $0 then $10	$35	$350	$300	$35/$250	$35/$35	$10/$0	Ded $0/$0 Cost Share Tier 1 $5/Tier 2 $30/Tier 3 $60
GOLD	MVP GOLD 1 EPO National Network	Individual Empl/Spouse Parent/Child(ren) Family	$1,273.43 $2,546.86 $2,164.83 $3,629.28	Embedded	$900/$1,800	$7,100/$14,200	3 PCP Visits @$0, then $15 No DD	$50	$500	$200	$50 NoDD; $300	$50/ $50 NoDD	$15 NoDD / $0 NoDD	$200/$400 (name brand only); Cost share $10/$35/$70
GOLD	MVP GOLD 2 EPO QHDHP National Network	Individual Empl/Spouse Parent/Child(ren) Family	$1,222.68 $2,445.36 $2,078.56 $3,484.64	Agg/Emb	$1,850/$3,700 AGG	$5,250/$10,500	$10	$20	$300	$250	$20 /$150	$20/$20	$10 NoDD / $0 NoDD	Ded. Integrated w/Medical; $10/$30/$50 (preventive drugs NoDD)
GOLD	MVP GOLD 3 EPO National Network	Individual Empl/Spouse Parent/Child(ren) Family	$1,230.20 $2,460.40 $2,091.34 $3,506.07	Embedded	$1,350/$2,700	$5,600/$11,200	3 PCP visits at $0 NoDD, then $20	$40	$800	$250	$40 NoDD/$300	$40/$40	$20 / $0 NoDD	Ded $0/$0; Copayment $10/$35/50% NoDD
GOLD	MVP GOLD 4 EPO National Network	Individual Empl/Spouse Parent/Child(ren) Family	$1,291.52 $2,583.04 $2,195.58 $3,680.83	Embedded	$0/$0	$6,900/$13,800	3 PCP visits at $0, then $30	$60	$750	$300	$60/$500	$60/$60	$30 / $0	Deductible $0/$0; Cost Share $10/30%/50%
GOLD	MVP GOLD 6 EPO National Network	Individual Empl/Spouse Parent/Child(ren) Family	$1,284.96 $2,569.92 $2,184.43 $3,662.14	Embedded	$500/$1000	$6,900/$13,800	3 PCP visits at $0 NoDD, then $30 NoDD	$50 NoDD	$1,000	$300	$50 NoDD / $250 NoDD	$50 NoDD/ $50 NoDD	$30 NoDD / $0 NoDD	Deductible $0/$0; Copayment NoDD $10/20%/30%
GOLD	MVP Gold 8 EPO National Network	Individual Empl/Spouse Parent/Child(ren) Family	$1,219.79 $2,439.58 $2,073.64 $3,476.40	Embedded	$4,000/$8,000	$8,00/$16,000	3 PCP visits at $0 NoDD, then $40 NoDD	$60 NoDD	20%	20%	$60 NoDD/$300 NoDD	$60 NoDD/$60 NoDD	$40 NoDD/$0 NoDD	Ded. $0/$0; $10 NoDD/$40 NoDD/$60 NoDD
GOLD	MVP GOLD 14 EPO National Network	Individual Empl/Spouse Parent/Child(ren) Family	$1,198.18 $2,396.36 $2,036.91 $3,414.81	Embedded	$0/$0	$9,000/$18,000	5 PCP Visits at $0, then $25	$50	$1,200	$200	$100/$450	$50/$50	$25/$0	Deductible, $0/$0; copayment 0%/50%/50%
GOLD	MVP GOLD 14 HMO Regional Network	Individual Empl/Spouse Parent/Child(ren) Family	$1,191.57 $2,383.14 $2,025.67 $3,395.97	Embedded	$0/$0	$9,000/$18,000	5 PCP Visits at $0, then $25	$50	$1,200	$200	$100/$450	$50/$50	$25/$0	Deductible, $0/$0; copayment 0%/50%/50%

2027 MVP HEALTH CARE - Small Businesses ALL PLANS INCLUDE DEPENDENT CARE TO AGE 26. Items in red indicate CHANGE for 2027

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 Outpatient	DIABETIC SUPPLIES / INSULIN	PRESCRIPTION DRUGS Indiv/Family
SILVER	MVP SILVER 2 EPO National Network	Individual Empl/Spouse Parent/Child(ren) Family	$1,056.38 $2,112.76 $1,795.85 $3,010.68	Embedded	$4,300 / $8,600	$8,100 / $16,200	3 PCP Visits at $0 NoDD, then $35 NoDD	$60	30%	$300	$60 NoDD / $350	$60 /$60 NoDD	$35 NoDD / $0 NoDD	Ded. Integrated w/Medical; Cost Share $10/$45/$90
SILVER	MVP SILVER 3 EPO QHDHP National Network	Individual Empl/Spouse Parent/Child(ren) Family	$1,065.39 $2,130.78 $1,811.16 $3,036.36	Aggregate	$2,900/$5,800 AGG	$8,000/$16,000	$25	$50	$750	$350	$50/$350	$50/$50	$25/$0 NoDD	Ded. Integrated w/Medical; $15/$45/$70 (preventive drugs NoDD)
SILVER	MVP SILVER 7 EPO	Individual Empl/Spouse Parent/Child(ren) Family	$1,062.03 $2,124.06 $1,805.45 $3,026.79	Embedded	$3,250/$6,500	$9,400/$18,800	3 PCP visits at $0 NoDD, then $35 NoDD	$50	$750	$400	$50 NoDD / Ded then $350	Deductible then $50/$50 NoDD	$35 NoDD / $0 NoDD	Ded. $0/$0; Cost Share $15 NoDD/30% NoDD/50% NoDD.
SILVER	MVP SILVER HMO 3 QHDHP Regional Network	Individual Empl/Spouse Parent/Child(ren) Family	$1,059.51 $2,119.02 $1,801.17 $3,019.60	Aggregate	$2,900/$5,800 AGG	$8,000/$16,000	$25	$50	$750	$350	$50 / $350	$50/$50	$25/$0 NoDD	Ded. Integrated with Medical; Cost Share $15/$45/$70 Preventive Drugs NoDD
BRONZE	MVP BRONZE 2 EPO National Network	Individual Empl/Spouse Parent/Child(ren) Family	$919.97 $1,839.94 $1,563.95 $2,621.91	Embedded	$6,200/$12,400	$9,500/$19,000	3 visits at $0 NoDD, then Ded. Then $35	$60	30%	$300	$60 NoDD / $350	Deductible then $60/ Deductible then $60	Deductible then $35 / $0 NoDD	Tier 2 & 3 Integrated with Medical; $25 NoDD / $40/$60
BRONZE	MVP BRONZE 6 EPO QHDHP EMBEDDED National Network	Individual Empl/Spouse Parent/Child(ren) Family	$956.29 $1,912.58 $1,625.69 $2,725.43	Embedded	$7,800/$15,600	$7,800/$15,600	Ded then $0	Ded Then $0	Ded then $0	Ded then $0	Ded then $0/Ded then 0%	Ded then $0 / Ded then 0%	0% / 0% NoDD	Ded. Integrated w/Medical; $0/$0/$0(preventive drugs NoDD)
BRONZE	MVP BRONZE 7 EPO QHDHP EMBEDDED National Network	Individual Empl/Spouse Parent/Child(ren) Family	$907.22 $1,814.44 $1,542.27 $2,585.58	Embedded	$6,500/$13,000	$8,050/$16,100	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%/Ded then 40%	Ded then 40%/Ded then 40%	40% / $0 NoDD	Ded. Integrated w/Medical; $0/$40/$60 (preventive drugs NoDD)
BRONZE	MVP BRONZE 2 HMO Regional Network	Individual Empl/Spouse Parent/Child(ren) Family	$914.90 $1,829.80 $1,555.33 $2,607.47	Embedded	$6,200/$12,400	$9,500/$19,000	3 PCP Visits at $0 NoDD then $35	Ded then $60	Ded then 30%	Ded then $300	$60 NoDD / $350	Ded then 50/Ded then $60	Ded then $35/ $0 NoDD	Tier 2 & 3 integrated with medical; $25 NoDD/$40/$60

* 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.

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.

VIRTUAL CARE SERVICES: GIA virtual care services generally start at $0 but a member cost share may apply for specialty providers, in person visits and referrals. The IRS 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.