2027 MVP HEALTH CARE - STANDARD PLANS FOR INDIVIDUALS

Other than rates, Items in Red are changes for 2027

METAL TIER		PRODUCT	TIER	MONTHLY RATE	DEDUCTIBLE (SINGLE/FAMILY)	OOP MAX (SINGLE/FAMILY)	OFFICE VISIT	SPECIALIST VISIT	INPATIENT HOSPITAL	OUTPATIENT SURGERY	URGENT CARE	ER	DIAGNOSTIC RADIOLOGY / LAB	DIABETIC SUPPLIES / INSULIN	PRESCRIPTION DRUGS
PLATINUM	Standard Plan	PREMIER PLATINUM 1 EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	$1,493.93 $2,987.86 $2,539.68 $4,257.70	$0/$0	$4,000/$8,000	$15	$35	$500	$100	$55	$100	$35/$35	$15 / $0	$0 Deductible; Copayment $10/$30/$60
GOLD	Standard Plan	PREMIER GOLD 1 EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	$1,199.27 $2,398.54 $2,038.76 $3,417.92	$1,200/$2,400	$12,000/$24,000	$25	$40	$1,000	$100	$60	$150	$40/$40	$25 /$0 NoDD	$0 Deductible; Copayment $10/$35/$70
SILVER	Standard Plan	PREMIER SILVER 1 EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	$1,010.61 $2,021.22 $1,718.04 $2,880.24	$3,750/$7,500	$12,000/$24,000	1 Combined (see #1 below) visit at $30 NoDD/$65 NoDD then $30/$65		$1,500	$150	$70	$500	$75/$50	$30 / $0 NoDD	$0 Deductible; Copayment $15/$40/$75
BRONZE	Standard Plan	PREMIER BRONZE 2 EMBEDDED (HSA Eligible)	Individual Indiv/Spouse Parent/Child(ren) Family	$772.00 $1,544.00$1,312.40 $2,200.20	$5,025/$10,050	$12,000/$24,000	3 Combined (see #1 below) visits at $50 NoDD/$75 NoDD then $50/$75		$1,500	$150	$75	$500	$75/$50	$50 / $0 NoDD	Ded. Integrated w/Medical; Copayment $10/$35/$70

NoDD: Not subject to Deductible * 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.

#1 - Combined visit(s) may be any combination of primary care, specialist, outpatient mental health care or outpatient substance use services.

WELLBEING REWARDS - Earn up to $600 per contract, per calendar year.

VIRTUAL CARE: GIA virtual care services are $0 on all plans except qualified high-deductible plans. 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.

2027 MVP HEALTH CARE - NON-STANDARD PLANS FOR INDIVIDUALS

Other than rates, Items in Red are changes for 2027

METAL TIER		PRODUCT	TIER	MONTHLY RATE	DEDUCTIBLE (SINGLE/FAMILY)	OOP MAX (SINGLE/FAMILY)	OFFICE VISIT	SPECIALIST VISIT	INPATIENT HOSPITAL	OUTPATIENT SURGERY	URGENT CARE	ER	DIAGNOSTIC RADIOLOGY/LAB	DIABETIC SUPPLIES / INSULIN	PRESCRIPTION DRUGS
GOLD	Non-Standard Plan	PREMIER PLUS GOLD 1 EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	$1,204.18 $2,408.36 $2,047.11 $3,431.91	$1,200/$2,400	$5,900/$11,800	3 PCP visits @$0 NoDD Then $15 NoDD	$50	$500	$200	$50 NoDD	$350 NoDD	$50 /$50 NoDD	$15 NoDD / $0 NoDD	$100/$200 Deductible (Name brand only); Copayment $10 NoDD/20%/40%
	Non-Standard Plan	PREMIER PLUS GOLD 2 QHDHP Aggregate-Embedded	Individual Indiv/Spouse Parent/Child(ren Family	$1,176.20 $2,352.40 $1,999.54 $3,352.17	$1,850/$3,700 AGG	$6,900/$13,800	$5	$25	$400	$150	$25	$150	$25/$25	$5	Ded. Integrated w/Medical; Copayment $5/$15/$25 (preventive drugs NoDD)
	Non-Standard Plan	PREMIER PLUS GOLD 4 Embedded	Individual Indiv/Spouse Parent/Child(ren Family	$1,239.94 $2,479.88 $2,107.90 $3,533.83	$0/$0	$8,200/$16,400	3 PCP Visits at $0, then $40	$50	$1,000	$400	$50	$500	$50/$50	$40 / $0	Ded. $0/$0 $10/30%/50%
	Non-Standard Plan	PREMIER PLUS GOLD 14	Individual Indiv/Spouse Parent/Child(ren) Family	$1,232.48 $2,464.96 $2,095.22 $3,512.57	$0/$0	$9,000/$18,000	5 PCP Visits at $0 then $25	$50	$1,200	$200	$100	$450	$50/$50	$25 / $0	$0/50%/50%
SILVER	Non-Standard Plan	PREMIER PLUS SILVER 3 QHDHP AGGREGATE / EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	$999.79 $1,999.58 $1,699.64 $2,849.40	$3,200/$6,400 AGG	$7,800/$15,600	$30	$60	$500	$250	$60	$375	$60/$60	$30 / $0 NoDD	Ded. Integrated with Medical $10/$45/$90 (preventive drugs NoDD)
	Non-Standard Plan	PREMIER PLUS SILVER 12 EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	$1,019.54 $2,039.08 $1,733.22 $2,905.69	$3,500/$7,000	$9,700/$19,400	$0 NoDD	$50	$1,000	$400	$50 NoDD	$500	$150/$75 NoDD	$0 Nodd /$0 NoDD	Tier 2&3 Integrated with Medical. $10 NoDD / $45/$90
	Non-Standard Plan	PREMIER PLUS SILVER 13 EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	$986.10 $1,972.20 $1,676.37 $2,810.39	$3,350/$6,700	$9,950/$19,900	3 PCP visits at $0 NoDD, then $35	$50	$500	$350	$50 NoDD	$300	$50/$50 NoDD	$35 / $0 NoDD	$50/$100 Brand Name only; $10 NoDD/$20/$65
BRONZE	Non-Standard Plan	PREMIER PLUS BRONZE 2 EMBEDDED (HSA Eligible)	Individual Empl/Spouse Parent/Child(ren) Family	$751.26 $1,502.52 $1,277.14 $2,141.09	$6,400/$12,800	$9,500/$19,000	3 PCP visits @$0 NoDD, then 40%	40%	40%	40%	40% NoDD	40%	40%*/40%*	40% / $0 NoDD	Ded. Integrated w/Medical; $5/$60/$80
	Non-Standard Plan	PREMIER PLUS BRONZE 3 QHDHP EMBEDDED (HSA Eligible)	Individual Empl/Spouse Parent/Child(ren) Family	$777.82 $1,555.64 $1,322.29 $2,216.79	$6,150/$12,300	$8,400/$16,800	$30	$50	30%	$250	$50	$500	$50*/$50*	$30 * / $0 NoDD	Ded. Integrated w/Medical: Copayment $10/$45/$90 (preventive drugs NoDD)
	Non-Standard Plan	PREMIER PLUS BRONZE 7 EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	$746.20 $1,492.40 $1,268.54 $2,126.67	$10,500/$21,000	$10,500/$21,000	3 PCP Visits at $0 NoDD, then 0%	0%	0%	0%	0%	0%	0%/0%	0% / 0% NoDD	Tier 2&3 Integrated w/Medical; $5 NoDD/0%/0%

NoDD: Not subject to Deductible * 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.

WELLBEING REWARDS - Earn up to $600 per contract, per calendar year.

VIRTUAL CARE: GIA virtual care services are $0 on all plans except qualified high-deductible plans. 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.