New York Small Group 2027 Plans Quarter 1

BUFFALO REGION Genesee, Orleans, Wyoming, Erie, Niagara, Allegany, Cattaraugus, Chautauqua Counties

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MVP HEALTH CARE

See other side for Silver and Bronze plans.

	Platinum EPO National Network			Platinum HMO Regional Network		Gold EPO National Network							Gold HMO Regional Network			
	1	3	5	2	6	1	2 QHDHP	3	4	6	8	14	1	2 QHDHP	10	14
Cost-share amounts below are the co-pay or co-insurance after deductible is met, unless otherwise noted as not subject to deductible (NoDD). All plans include dependent care coverage until the end of the month the dependent turns 26. **Cost-shares in red** indicate a change from the 2026 plan.																
Plan Deductible[1] Individual/Family	$0/$0	$0/$0	$0/$0	$0/$0	$0/$0	$900/$1,800	$1,850/$3,700 AGG	$1,350/$2,700	$0/$0	$500/$1,000	$4,000/$8,000	$0/$0	$900/$1,800	$1,850/$3,700 AGG	$1,100/$2,200	$0/$0
Out-of-Pocket Maximum[1] Individual/Family	$3,100/$6,200	$3,200/$6,400	$3,850/$7,700	$3,200/$6,400	$3,400/$6,800	$7,100/$14,200	$5,250/$10,500	$5,600/$11,200	$6,900/$13,800	$6,900/$13,800	$8,000/$16,000	$9,000/$18,000	$7,100/$14,200	$5,250/$10,500	$5,700/$11,400	$9,000/$18,000
HSA Eligible	No	No	No	No	No	No	Yes	No	No	No	No	No	No	Yes	No	No
Medical																
Primary Care/Specialist Visit	3 PCP visits at $0 then $5/$45	3 PCP visits at $0 then $30/$50	3 PCP visits at $0 then $15/$25	3 PCP visits at $0 then $10/$35	3 PCP visits at $0 then $15/$35	3 PCP visits at $0 NoDD then $15 NoDD/$50	$10/$20	3 PCP visits at $0 NoDD then $20/$40	3 PCP visits at $0 then $30/$60	3 PCP visits at $0 NoDD then $30 NoDD/$50 NoDD	3 PCP visits at $0 NoDD then $40 NoDD/$60 NoDD	5 PCP visits at $0 then $25/$50	3 PCP visits at $0 NoDD then $15 NoDD/$50	$10/$20	3 PCP visits at $0 NoDD then $25/$40	5 PCP visits at $0 then $25/$50
Hospital Facility Inpatient/Outpatient	$300/$100	$250/$100	$550/$300	$350/$300	$500/$200	$500/$200	$300/$250	$800/$250	$750/$300	$1,000/$300	20%/20%	$1,200/$200	$500/$200	$300/$250	$1,000/$250	$1,200/$200
Urgent Care/Emergency Room	$45/$150	$50/$150	$25/$275	$35/$250	$35/$150	$50 NoDD/$300	$20/$150	$40 NoDD/$300	$60/$500	$50 NoDD/$250	$60 NoDD/ $300 NoDD	$100/$450	$50 NoDD/$300	$20/$150	$40 NoDD/$300	$100/$450
Gia® Virtual Care Services	$0[2]	$0[2]	$0[2]	$0[2]	$0[2]	$0 NoDD[2]	$0 NoDD[2]	$0 NoDD[2]	$0[2]	$0 NoDD[2]	$0 NoDD[2]	$0[2]	$0 NoDD[2]	$0 NoDD[2]	$0 NoDD[2]	$0[2]
Diagnostic Radiology/Laboratory Outpatient	$45/$45	$50/$50	$25/$25	$35/$35	$35/$35	$50/$50 NoDD	$20/$20	$40/$40	$60/$60	$50 NoDD/ $50 NoDD	$60 NoDD/$60 NoDD	$50/$50	$50/$50 NoDD	$20/$20	$40/$40 NoDD	$50/$50
Diabetic Supplies/Insulin	$5/$0	$30/$0	$15/$0	$10/$0	$15/$0	$15 NoDD/$0 NoDD	$10/$0 NoDD	$20/$0 NoDD	$30/$0	$30 NoDD/$0 NoDD	$40 NoDD/$0 NoDD	$25/$0	$15 NoDD/$0 NoDD	$10/$0 NoDD	$25/$0 NoDD	$25/$0
Pediatric Dental and Vision for Dependents to Age 19																
Pediatric Dental Class 1/Class 2/Class 3 and Orthodontia Two Dental Exams per Year	$25/20%/50%	$25/20%/50%	$25/20%/50%	$25/20%/50%	$25/20%/50%	$25 NoDD/ 20%/50%	$25/20%/50%	$25 NoDD/ 20%/50%	$25/20%/50%	$25 NoDD/ 20%/50%	$25 NoDD/ 20%/50%	$25/20%/50%	$25 NoDD/ 20%/50%	$25/20%/50%	$25 NoDD/ 20%/50%	$25/20%/50%
Pediatric Vision Annual Eye Exam/Set of Eyewear	$45/50%	$50/50%	$25/50%	$35/50%	$35/50%	$50/50%	$20/50%	$40/50%	$60/50%	$50 NoDD/50%	$60 NoDD/50%	$50/50%	$50/50%	$20/50%	$40/50%	$50/50%
Pharmacy																
Prescription Deductible Individual/Family	$0/$0	$0/$0	$0/$0	$0/$0	$0/$0	$200/$400 (Brand Name Only)	Integrated with Medical	$0/$0	$0/$0	$0/$0	$0/$0	$0/$0	$200/$400 (Brand Name Only)	Integrated with Medical	$0/$0	$0/$0
Prescription Cost-Share Tier1/Tier2/Tier 3	$5/20%/30%	$5/$25/$40	$10/$40/$60	$5/$30/$60	$10/$30/$60	$10 NoDD/ $35/$70	$10/$30/$50 Preventive Drugs NoDD	$15 NoDD/ $35 NoDD/ 50% NoDD	$10/30%/50%	$10 NoDD/ 20% NoDD/ 30% NoDD	$10 NoDD/ $40 NoDD/ $60 NoDD	0%/50%/50%	$10 NoDD/ $35/$70	$10/$30/$50 Preventive Drugs NoDD	$15 NoDD/ $50 NoDD/$90 NoDD	0%/50%/50%
Premium Monthly Rates Rates effective January 1, 2027–March 31, 2027.																
Employee	$1,922.56	$1,926.41	$1,936.39	$1,625.61	$1,625.80	$1,694.09	$1,626.57	$1,636.58	$1,718.16	$1,709.43	$1,622.74	$1,593.98	$1,423.71	$1,366.96	$1,398.47	$1,339.57
Employee + Spouse	$3,845.12	$3,852.82	$3,872.78	$3,251.22	$3,251.60	$3,388.18	$3,253.14	$3,273.16	$3,436.32	$3,418.86	$3,245.48	$3,187.96	$2,847.42	$2,733.92	$2,796.94	$2,679.14
Employee + Child(ren)	$3,268.35	$3,274.90	$3,291.86	$2,763.54	$2,763.86	$2,879.95	$2,765.17	$2,782.19	$2,920.87	$2,906.03	$2,758.66	$2,709.77	$2,420.31	$2,323.83	$2,377.40	$2,277.27
Employee + Spouse + Child(ren)	$5,479.30	$5,490.27	$5,518.71	$4,632.99	$4,633.53	$4,828.16	$4,635.72	$4,664.25	$4,896.76	$4,871.88	$4,624.81	$4,542.84	$4,057.57	$3,895.84	$3,985.64	$3,817.77

[1]Unless otherwise noted, all plan deductibles and/or out-of-pocket maximums are embedded.

[2]Gia virtual care services generally start at $0, but a member cost-share may apply for specialty providers, in-person visits, and referrals. Refer to Gia for estimated costs at the time of service. Eligibility, covered services, and age limits may apply. For serious or life-threatening emergencies call 911.

Aggregate vs. Embedded **Aggregate (AGG):** For a family plan with an aggregate deductible, all individuals on the plan pay together toward one deductible amount before the plan will make payments. **Embedded (EMB):** For a family plan with an embedded deductible, each member pays their own, individual deductible. Once an individual has met their deductible, no further deductible is required of them for that plan year. Other family members continue to pay toward their individual deductibles until the family deductible is met. An embedded out-of-pocket maximum works the same way.

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QHDHP: Qualified High-Deductible Health Plan **NoDD:** Not subject to deductible

All MVP NY Small Group plans are pending Medicare Creditable Coverage.

These plan overviews are intended to provide a general outline of coverage. For comprehensive benefit details, please review your Certificate of Coverage (COC), Schedule of Benefits, Summary of Benefits and Coverage (SBC), and any applicable Rider(s). Your COC, SBC, and Rider(s) will be controlling. These documents can be found in your MVP online account, or are available by request. For details, call 1-800-TALK-MVP (1-800-825-5687).

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$600 Well-Being Reimbursement
Get reimbursed up to $600 per contract, per calendar year for well-being items, programs, and activities.

nystateofhealth The Official Health Plan Marketplace

To learn more about applying for health insurance, including Medicaid, Child Health Plus, Essential Plan, and Qualified Health Plans through NY State of Health, The Official Health Plan Marketplace, visit www.nystateofhealth.ny.gov or call 1-855-355-5777.

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MVP HEALTH CARE

See other side for Platinum and Gold plans.

	Silver EPO National Network					Silver HMO Regional Network			Bronze EPO National Network					Bronze HMO Regional Network		
	2	3 QHDHP	4 HRA[1]	7	8 QHDHP	3 QHDHP	12	13	2	5 QHDHP	6 QHDHP	7 QHDHP	11	2	9 QHDHP	10
Cost-share amounts below are the co-pay or co-insurance after deductible is met, unless otherwise noted as not subject to deductible (NoDD). All plans include dependent care coverage until the end of the month the dependent turns 26. **Cost-shares in red** indicate a change from the 2026 plan.																
Plan Deductible[2] Individual/Family	$4,300/$8,600	$2,900/$5,800 AGG	$3,400/$6,800	$3,250/$6,500	$5,300/$10,600	$2,900/$5,800 AGG	$3,500/$7,000	$4,000/$8,000	$6,200/$12,400	$6,500/$13,000	$7,800/$15,600	$6,500/$13,000	$10,500/$21,000	$6,200/$12,400	$6,500/$13,000	$10,500/$21,000
Out-of-Pocket Maximum[2] Individual/Family	$8,100/$16,200	$8,000/$16,000	$10,000/$20,000	$9,400/$18,800	$7,700/$15,400	$8,000/$16,000	$9,500/$19,000	$9,650/$19,300	$9,500/$19,000	$8,100/$16,200	$7,800/$15,600	$8,050/$16,100	$10,500/$21,000	$9,500/$19,000	$8,000/$16,000	$10,500/$21,000
HSA Eligible	No	Yes	No	No	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	Yes	No
Medical																
Primary Care/Specialist Visit	3 PCP visits at $0 NoDD then $35 NoDD/$60	$25/$50	3 PCP visits at $0 NoDD then $25/$50	3 PCP visits at $0 NoDD then $35 NoDD/$50	$0/$0	$25/$50	3 PCP visits at $0 NoDD then $30/$50	$0 NoDD/$50	3 PCP visits at $0 NoDD then $35/$60	$0/50%	0%/0%	40%/40%	3 PCP visits at 0% NoDD then 0%/0%	3 PCP visits at $0 NoDD then $35/$60	50%/50%	3 PCP visits at $0 NoDD then $0/$0
Hospital Facility Inpatient/Outpatient	30%/$300	$750/$350	$800/$400	$750/$400	$0/$0	$750/$350	$1,500/$500	$1,000/$300	30%/$300	50%/50%	0%/0%	40%/40%	0%/0%	30%/$300	50%/50%	$0/$0
Urgent Care/Emergency Room	$60 NoDD/$350	$50/$350	$50 NoDD/$350	$50 NoDD/$350	$0/$0	$50/$350	$50 NoDD/$350	$50 NoDD/$275	$60 NoDD/$350	50%/$100	0%/0%	40%/40%	0%/0%	$60 NoDD/$350	50%/50%	$0/$0
Gia® Virtual Care Services	$0 NoDD[3]	$0 NoDD[3]	$0 NoDD[3]	$0 NoDD[3]	$0 NoDD[3]	$0 NoDD[3]	$0 NoDD[3]	$0 NoDD[3]	$0 NoDD[3]	0% NoDD[3]	0% NoDD[3]	0% NoDD[3]	0% NoDD[3]	$0 NoDD[3]	0% NoDD[3]	$0 NoDD[3]
Diagnostic Radiology/Laboratory Outpatient	$60/$60 NoDD	$50/$50	$100/$50	$50/$50 NoDD	$0/$0	$50/$50	$50/$50 NoDD	$150/$50 NoDD	$60/$60	50%/50%	0%/0%	40%/40%	0%/0%	$60/$60	50%/50%	$0/$0
Diabetic Supplies/Insulin	$35 NoDD/ $0 NoDD	$25/$0 NoDD	$25/$0 NoDD	$35 NoDD/ $0 NoDD	$0/$0 NoDD	$25/$0 NoDD	$30/$0 NoDD	$0 NoDD/ $0 NoDD	$35/$0 NoDD	$0/$0 NoDD	0%/$0 NoDD	40%/ $0 NoDD	0%/ $0 NoDD	$35/ $0 NoDD	50%/$0 NoDD	$0/$0 NoDD
Pediatric Dental and Vision for Dependents to Age 19																
Pediatric Dental Class 1/Class 2/Class 3 and Orthodontia Two Dental Exams per Year	$25 NoDD/ 20%/50%	$25/20%/50%	$25 NoDD/ 20%/50%	$25 NoDD/ 20%/50%	$25/20%/50%	$25/20%/50%	$25 NoDD/ 20%/50%	$25 NoDD/ 20%/50%	$25 NoDD/ 20%/50%	$25/20%/50%	0%/0%/0%	$25/20%/50%	0% NoDD/ 0%/0%	$25 NoDD/ 20%/50%	$25/20%/50%	$0 NoDD/ 0%/0%
Pediatric Vision Annual Eye Exam/Set of Eyewear	$60/50%	$50/50%	$50/50%	$50/50%	$0/$0	$50/50%	$50/50%	$50/50%	$60/50%	50%/50%	0%/0%	40%/40%	0%/0%	$60/50%	50%/50%	$0/0%
Pharmacy																
Prescription Deductible Individual/Family	Integrated with Medical	Integrated with Medical	$0/$0	$0/$0	Integrated with Medical	Integrated with Medical	$0/$0	Tier 2 & 3 Integrated with Medical	Tier 2 & 3 Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Tier 2 & 3 Integrated with Medical	Tier 2 & 3 Integrated with Medical	Integrated with Medical	Tier 2 & 3 Integrated with Medical
Prescription Cost-Share Tier1/Tier2/Tier 3	$10/$45/$90	$15/$45/$70 Preventive Drugs NoDD	$15 NoDD/ $40 NoDD/ 50% NoDD	$15 NoDD/ 30% NoDD/ 50% NoDD	$20/$50/$75 Preventive Drugs NoDD	$15/$45/$70 Preventive Drugs NoDD	$10 NoDD/ $40 NoDD/ $70 NoDD	$10 NoDD/ $50/$90	$25 NoDD/ $40/$60	$0/$30/50% Preventive Drugs NoDD	0%/0%/0% Preventive Drugs NoDD	$0/$40/$60 Preventive Drugs NoDD	0% NoDD/ 0%/0%	$25 NoDD/ $40/$60	$10/$35/$70 Preventive Drugs NoDD	$0 NoDD/ $0/$0
Premium Monthly Rates Rates effective January 1, 2027–March 31, 2027.																
Employee	$1,405.34	$1,417.33	$1,387.67	$1,412.86	$1,376.90	$1,191.12	$1,171.48	$1,182.41	$1,223.87	$1,143.60	$1,272.19	$1,206.91	$1,174.76	$1,028.54	$1,012.46	$1,011.80
Employee + Spouse	$2,810.68	$2,834.66	$2,775.34	$2,825.72	$2,753.80	$2,382.24	$2,342.96	$2,364.82	$2,447.74	$2,287.20	$2,544.38	$2,413.82	$2,349.52	$2,057.08	$2,024.92	$2,023.60
Employee + Child(ren)	$2,389.08	$2,409.46	$2,359.04	$2,401.86	$2,340.73	$2,024.90	$1,991.52	$2,010.10	$2,080.58	$1,944.12	$2,162.72	$2,051.75	$1,997.09	$1,748.52	$1,721.18	$1,720.06
Employee + Spouse + Child(ren)	$4,005.22	$4,039.39	$3,954.86	$4,026.65	$3,924.17	$3,394.69	$3,338.72	$3,369.87	$3,488.03	$3,259.26	$3,625.74	$3,439.69	$3,348.07	$2,931.34	$2,885.51	$2,883.63

[1]Silver 4 Health Reimbursement Arrangement (HRA) comes with an Embedded HRA plan and requires a $50 employer contribution.
[2]Unless otherwise noted, all plan deductibles and/or out-of-pocket maximums are embedded.
[3]Gia virtual care services generally start at $0, but a member cost-share may apply for specialty providers, in-person visits, and referrals. Refer to Gia for estimated costs at the time of service. Eligibility, covered services, and age limits may apply. For serious or life-threatening emergencies call 911.

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