New York Individual Marketplace 2026 Premier & Premier Plus Plans

UTICA/WATERTOWN REGION Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, Otsego, and St. Lawrence



Individual Direct plans.	No			Plans (Non-Standa hat enhance the value o	rd) of the benchmark benefi	MVP Premier Plans (Standard) Standard plans are based on what the state dictates must be included in benefit details.							
	Gold		Silver		Bro	nze	Platinum	Gold	Silver	Bronze		MVP Secure	
	1	2 QHDHP	3 QHDHP	13	2	3 QHDHP	1	1	1	1 QHDHP	2	1	
Cost-share amounts below are the	co-pay or co-insura	nce after the deductil	ble is met, unless no	ted as not subject to d	leductible (NoDD). All I	olans include depende	ent care coverage unti	l the end of the mont	h the dependent turns	26. Cost-shares in r	ed indicate a change	e from the 2025 plan	
Plan Deductible ¹ Individual/Family	\$1,200/\$2,400	\$1,750/\$3,500 AGG	\$2,650/\$5,300 AGG	\$2,900/\$5,800	\$6,400/\$12,800	\$6,000/\$12,000	\$0/\$0	\$775/\$1,550	\$2,450/\$4,900	\$5,500/\$11,000	\$4,125/\$8,250	\$10,600/\$21,200	
Out-of-Pocket Maximum ¹ Individual/Family	\$5,900/\$11,800	\$6,900/\$13,800	\$6,900/\$13,800	\$9,400/\$18,800	\$8,900/\$17,800	\$7,500/\$15,000	\$2,000/\$4,000	\$10,150/\$20,300	\$10,150/\$20,300	\$8,050/\$16,100	\$10,150/\$20,300	\$10,600/\$21,200	
HSA Eligible	No	Yes	Yes	No	Yes	Yes	No	No	No	Yes	Yes	Yes	
Medical			'										
Primary Care/Specialist Visit	3 PCP visits at \$0 NoDD, then \$15 NoDD/\$50	\$5/\$25	\$30/\$60	3 PCP visits at \$0 NoDD, then \$35/\$50	3 PCP visits at 0% NoDD, then 40%/40%	\$30/\$50	\$15/\$35	\$25/\$40	1 combined visit at \$30 NoDD/\$65 NoDD ² , then \$30/\$65	50%/50%	3 combined visits at \$50 NoDD/\$75 NoDD, then \$50/\$75	3 PCP visits at 0% NoDD, then 0%/0%	
Hospital Facility Inpatient/Outpatient	\$500/\$200	\$400/\$100	\$500/\$250	\$500/\$350	40%/40%	30%/\$100	\$500/\$100	\$1,000/\$100	\$1,500/\$150	50%/50%	\$1,500/\$150	0%/0%	
Urgent Care/Emergency Room	\$50 NoDD/\$350 NoDD	\$25/\$75	\$60/\$325	\$50/\$300	40%/40%	\$50/\$500	\$55/\$100	\$60/\$150	\$70/\$500	50%/50%	\$75/\$500	0%/0%	
Gia [®] Virtual Care Services	\$0 NoDD ³	\$0 NoDD ³	\$0 NoDD ³	\$0 NoDD ³	0% NoDD³	0% NoDD ³	\$0³	\$0 NoDD ³	\$0 NoDD ³	0% NoDD ³	\$0 NoDD ³	\$0 NoDD ³	
Diagnostic Radiology/Laboratory Outpatient	\$50/\$50 NoDD	\$25/\$25	\$60/\$60	\$50/\$50	40%/40%	\$50/\$50	\$35/\$35	\$40/\$40	\$75/\$50	50%/50%	\$75/\$50	0%/0%	
Diabetic Supplies/Insulin	\$15 NoDD/\$0 NoDD	\$5/\$0 NoDD	\$30/\$0 NoDD	\$35/\$0 NoDD	40%/\$0 NoDD	\$30/\$0 NoDD	\$15/\$0	\$25/\$0 NoDD	\$30/\$0 NoDD	50%/\$0 NoDD	\$50/\$0 NoDD	0%/0%	
Pediatric Dental and Vision f	or 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%	\$25/20%/50%	\$25 NoDD/20%/50%	\$25 NoDD/20%/50%	\$25/20%/50%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
Pediatric Vision Annual Exam/Set of Eyewear	\$50/50%	\$25/50%	\$60/50%	\$50/50%	40%/40%	\$50/50%	\$15/10%	\$25/20%	\$30/30%	50%/50%	\$50/50%	0%/0%	
Pharmacy													
Prescription Deductible Individual/Family	\$100/\$200 (Brand Name Only)	Integrated with Medical	Integrated with Medical	\$0/\$0	Integrated with Medical	Integrated with Medical	\$0/\$0	\$0/\$0	\$0/\$0	Integrated with Medical	Integrated with Medical	Integrated with Medical	
Prescription Cost-Share Tier1/Tier2/Tier3	\$10 NoDD/20%/40%	\$5/\$15/\$25 (Preventative Drugs NoDD)	\$10/\$45/\$90 (Preventative Drugs NoDD)	\$0 NoDD/\$20 NoDD/\$65 NoDD	\$5/\$60/\$80	\$10/\$45/\$90 (Preventative Drugs NoDD)	\$10/\$30/\$60	\$10 NoDD/\$35 NoDD/\$70 NoDD	\$15 NoDD/\$40 NoDD/\$75 NoDD	\$10/\$35/\$70	\$10/\$35/\$70	0%/0%/0%	
Premium Monthly Rates	Rates effective Janu	ary 1, 2026-Decemb	oer 31, 2026.										
Single	\$1,200.90	\$1,176.45	\$999.45	\$995.89	\$753.97	\$785.37	\$1,502.86	\$1,226.32	\$1,005.32	\$757.99	\$792.73	\$436.70	
Single + Spouse	\$2,401.80	\$2,352.90	\$1,998.90	\$1,991.78	\$1,507.94	\$1,570.74	\$3,005.72	\$2,452.64	\$2,010.64	\$1,515.98	\$1,585.46	\$873.40	
Single + Child(ren)	\$2,041.53	\$1,999.97	\$1,699.07	\$1,693.01	\$1,281.75	\$1,335.13	\$2,554.86	\$2,084.74	\$1,709.04	\$1,288.58	\$1,347.64	\$742.39	
Single + Spouse + Child(ren)	\$3,422.57	\$3,352.88	\$2,848.43	\$2,838.29	\$2,148.81	\$2,238.30	\$4,283.15	\$3,495.01	\$2,865.16	\$2,160.27	\$2,259.28	\$1,244.60	

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

² Visit(s) may be any combination of Primary Care, Specialist, Outpatient Mental Health Care, or Outpatient Substance Use Services.

³Gia virtual care services include 24/7 primary and urgent care, nutrition, and some behavioral health services. Beginning January 1, 2026, Gia virtual care services are \$0 before the deductible on qualified high-deductible health plans. Some specialty virtual care providers included in Gia, in-person visits, and referrals may be subject to the plan's applicable co-pay/cost-share. Estimated visit costs will be listed in Gia at the time of service.

Premium rates include a 2% broker commission.

See other side for New York

 $All\,\mathsf{MVP}\,\mathsf{NYIndividual}\,\mathsf{plans}\,\mathsf{are}\,\mathsf{pending}\,\mathsf{Medicare}\,\mathsf{Creditable}\,\mathsf{Coverage}\,\mathsf{determination}\,\mathsf{review}.$

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 1-800-1ALK-MVP (1-800-825-5687).

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.

QHDHP: Qualified High-Deductible Health Plan **NoDD:** Not subject to deductible (only applies to plans with a deductible)
Health benefit plans are issued and administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

\$600 Well-Being Reimbursement

Included on all MVP NY Individual plans!

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

Questions? We're here to help!

Call **1-800-TALK-MVP** (1-800-825-5687) or visit **mvphealthcare.com/shop**.



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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.

New York Individual Direct 2026 Premier & Premier Plus Plans

UTICA/WATERTOWN REGION Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, Otsego, and St. Lawrence



See other side for New York Individual Marketplace plans.	MVP Premier Plus Plans (Non-Standard) Non-Standard plans contain unique features that enhance the value of the benchmark benefits.												MVP Premier Plans (Standard) Standard plans are based on what the state dictates must be included in benefit details.					
	Gold					Silver			Bronze				Platinum	Gold	Silver	Bro	onze	
	1	2 QHDHP	4	13	14 (NEW!)	3 QHDHP	12	13	2	3 QHDHP	6 QHDHP	7	1	1	1	1 QHDHP	2	
Cost-share amounts below are th	e co-pay or co-	insurance afte	r the deductibl	le is met, unless	noted as not s	ubject to dedu	ctible (NoDD).	All plans includ	e dependent ca	re coverage un	til the end of th	e month the de	endent turns 2	6. Cost-shares	<mark>in red</mark> indicate	a change from	ı the 2025 plar	
Plan Deductible ¹ Individual/Family	\$1,200/\$2,400	\$1,750/\$3,500 AGG	\$0/\$0	\$4,000/\$8,000	\$0/\$0	\$2,650/\$5,300 AGG	\$3,350/\$6,700	\$2,900/\$5,800	\$6,400/\$12,800	\$6,000/\$12,000	\$7,200/\$14,400	\$10,150/\$20,300	\$0/\$0	\$775/\$1,550	\$2,450/\$4,900	\$5,500/\$11,000	\$4,125/\$8,250	
Out-of-Pocket Maximum ¹ Individual/Family	\$5,900/\$11,800	\$6,900/\$13,800	\$8,200/\$16,400	\$8,000/\$16,000	\$8,000/\$16,000	\$6,900/\$13,800	\$9,200/\$18,400	\$9,400/\$18,800	\$8,900/\$17,800	\$7,500/\$15,000	\$7,200/\$14,400	\$10,150/\$20,300	\$2,000/\$4,000	\$10,150/\$20,300	\$10,150/\$20,300	\$8,050/\$16,100	\$10,150/\$20,300	
HSA Eligible	No	Yes	No	No	No	Yes	No	No	Yes	Yes	Yes	No	No	No	No	Yes	Yes	
Medical																		
Primary Care/Specialist Visit	3 PCP visits at \$0 NoDD, then \$15 NoDD/\$50	\$5/\$25	3 PCP visits at \$0 then \$40/\$50	\$0 NoDD/\$0 NoDD	5 PCP visits at \$0 then \$25/\$50	\$30/\$60	\$0 NoDD/\$50	3 PCP visits at \$0 NoDD, then \$35/\$50	3 PCP visits at 0% NoDD, then 40%/40%	\$30/\$50	\$0/\$0	3 PCP visits at \$0 NoDD, then 0%/0%	\$15/\$35	\$25/\$40	1 combined visit at \$30 NoDD/\$65 NoDD ² , then \$30/\$65	50%/50%	3 combined visits at \$50 NoDD/\$75 NoDD then \$50/\$75	
Hospital Facility Inpatient/Outpatient	\$500/\$200	\$400/\$100	\$1,000/\$350	20%/\$1,000	\$1,200/\$200	\$500/\$250	\$1,000/\$400	\$500/\$350	40%/40%	30%/\$100	\$0/\$0	0%/0%	\$500/\$100	\$1,000/\$100	\$1,500/\$150	50%/50%	\$1,500/\$150	
Urgent Care/Emergency Room	\$50 NoDD/\$350 NoDD	\$25/\$75	\$50/\$500	\$0 NoDD/\$500	\$100/\$450	\$60/\$325	\$50 NoDD/\$350	\$50/\$300	40%/40%	\$50/\$500	\$0/\$0	0%/0%	\$55/\$100	\$60/\$150	\$70/\$500	50%/50%	\$75/\$500	
Gia [®] Virtual Care Services	\$0 NoDD ³	\$0 NoDD ³	\$0³	\$0 NoDD ³	\$0 ³	\$0 NoDD ³	\$0 NoDD ³	\$0 NoDD ³	0% NoDD ³	\$0 NoDD ³	\$0 NoDD ³	0% NoDD ³	\$0³	\$0 NoDD ³	\$0 NoDD ³	0% NoDD ³	\$0 NoDD ³	
Diagnostic Radiology/Laboratory Outpatient	\$50/\$50 NoDD	\$25/\$25	\$50/\$50	\$50/\$50 NoDD	\$50/\$50	\$60/\$60	\$150/\$75 NoDD	\$50/\$50	40%/40%	\$50/\$50	\$0/\$0	0%/0%	\$35/\$35	\$40/\$40	\$75/\$50	50%/50%	\$75/\$50	
Diabetic Supplies/Insulin	\$15 NoDD/\$0 NoDD	\$5/\$0 NoDD	\$40/\$0	\$0 NoDD/\$0 NoDD	\$25/\$0	\$30/\$0 NoDD	\$0 NoDD/\$0 NoDD	\$35/\$0 NoDD	40%/\$0 NoDD	\$30/\$0 NoDD	\$0/\$0 NoDD	0%/\$0 NoDD	\$15/\$0	\$25/\$0 NoDD	\$30/\$0 NoDD	50%/\$0 NoDD	\$50/\$0 NoDD	
Pediatric Dental and Vision for	Dependents	to Age 19										'		1				
Pediatric Dental Class 1/Class 2/Class 3 and Orthodontia Two Dental Exams per Year	\$25 NoDD/ 20%/50%	\$25/20%/50%	\$25/20%/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%	\$0 NoDD/0%/0%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
Pediatric Vision Annual Exam/Set of Eyewear	\$50/50%	\$25/50%	\$50/50%	\$0 NoDD/20%	\$50/50%	\$60/50%	\$50/50%	\$50/50%	40%/40%	\$50/50%	\$0/0%	0%/0%	\$15/10%	\$25/20%	\$30/30%	50%/50%	\$50/50%	
Pharmacy																		
Prescription Deductible Individual/Family	\$100/\$200 (Brand Name Only)	Integrated with Medical	\$0/\$0	\$250/\$500 (Brand Name Only)	\$0/\$0	Integrated with Medical	Tier 2&3 Integrated with Medical	\$0/\$0	Integrated with Medical	Integrated with Medical	Integrated with Medical	Tier 2&3 Integrated with Medical	\$0/\$0	\$0/\$0	\$0/\$0	Integrated with Medical	Integrated with Medical	
Prescription Cost-Share Tier1/Tier2/Tier3	\$10 NoDD/20%/40%	\$5/\$15/\$25 (Preventative Drugs NoDD)	\$10/30%/50%	\$0 NoDD/\$40/\$80	\$0/50%/50%	\$10/\$45/\$90 (Preventative Drugs NoDD)	\$5 NoDD/\$45/\$90	\$0 NoDD/\$20 NoDD/\$65 NoDD	\$5/\$60/\$80	\$10/\$45/\$90 (Preventative Drugs NoDD)	\$0/\$0/\$0 (Preventative Drugs NoDD)	\$5 NoDD/ 0%/0%	\$10/\$30/\$60	\$10 NoDD/\$35 NoDD/\$70 NoDD	\$15 NoDD/\$40 NoDD/\$75 NoDD	\$10/\$35/\$70	\$10/\$35/\$70	
Premium Monthly Rates	Rates effective .	January 1, 2026	-December 31,	2026.														
Single	\$1,200.90	\$1,176.45	\$1,238.58	\$1,161.69	\$1,236.74	\$999.45	\$1,021.12	\$995.89	\$753.97	\$785.37	\$817.90	\$744.84	\$1,502.86	\$1,226.32	\$1,005.32	\$757.99	\$792.73	
Single + Spouse	\$2,401.80	\$2,352.90	\$2,477.16	\$2,323.38	\$2,473.48	\$1,998.90	\$2,042.24	\$1,991.78	\$1,507.94	\$1,570.74	\$1,635.80	\$1,489.68	\$3,005.72	\$2,452.64	\$2,010.64	\$1,515.98	\$1,585.46	
Single + Child(ren)	\$2,041.53	\$1,999.97	\$2,105.59	\$1,974.87	\$2,102.46	\$1,699.07	\$1,735.90	\$1,693.01	\$1,281.75	\$1,335.13	\$1,390.43	\$1,266.23	\$2,554.86	\$2,084.74	\$1,709.04	\$1,288.58	\$1,347.64	
Single + Spouse + Child(ren)	\$3,422.57	\$3,352.88	\$3,529.95	\$3,310.82	\$3,524.71	\$2,848.43	\$2,910.19	\$2,838.29	\$2,148.81	\$2,238.30	\$2,331.02	\$2,122.79	\$4,283.15	\$3,495.01	\$2,865.16	\$2,160.27	\$2,259.28	

 $^{^1 \, {\}rm Unless} \, {\rm otherwise} \, {\rm noted}, \, {\rm all} \, {\rm plan} \, {\rm deductibles} \, {\rm and/or} \, {\rm out\text{-}of\text{-}pocket} \, {\rm maximums} \, {\rm are} \, {\rm embedded}.$ $^2 \textit{Visit(s)} \ may \ be \ any \ combination \ of \ Primary \ Care, \ Specialist, \ Outpatient \ Mental \ Health \ Care, \ or \ Special \ Speci$ Outpatient Substance Use Services.

QHDHP: Qualified High-Deductible Health Plan

NoDD: Not subject to deductible (only applies to plans with a deductible)

Premium rates include a 2% broker commission

All MVP NY Individual plans are pending Medicare Creditable Coverage determination review.

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.

³ Gia virtual care services include 24/7 primary and urgent care, nutrition, and some behavioral health services. Beginning January 1, 2026, Gia virtual care services are \$0 before the deductible on qualified high-deductible health plans. Some specialty virtual care providers included in Gia, in-person visits, and referrals may be subject to the plan's applicable co-pay/cost-share. Estimated Health benefit plans are issued and administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties

\$600 Well-Being Reimbursement

Included on all MVP NY Individual plans! Get reimbursed up to \$600 per contract,

per calendar year for well-being items, programs, and activities.



Call 1-800-TALK-MVP (1-800-825-5687) or visit mvphealthcare.com/shop.



 $To \, learn \, more \, about \, applying \, for \, health \, insurance, \, including \, Medicaid, \,$ 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.

visit costs will be listed in Gia at the time of service