New York Individual Marketplace 2026 Premier® & Premier Plus® Plans

ALBANY REGION Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington Counties *(MVP can only sell the MVP Secure plan in the counties listed in blue)*

MVP HEALTH CARE

See other side for New York Individual Direct plans.

Cost-share amounts below are the co-pay or co-insurance after the deductible is met, unless noted as not subject to deductible (NoDD). All plans include dependent care coverage until the end of the year the dependent turns 26. Cost-shares in red indicate a change from the 2025 plan.

	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	Bronze		MVP Secure
	1	2 QHDHP	3 QHDHP	13	2	3 QHDHP	1	1	1	1 QHDHP	2	1
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% NoDD[3]	0% NoDD[3]	$0[3]	$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 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%	$25/20%/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 January 1, 2026–December 31, 2026.

	Gold 1	Gold 2 QHDHP	Silver 3 QHDHP	Silver 13	Bronze 2	Bronze 3 QHDHP	Platinum 1	Gold 1	Silver 1	Bronze 1 QHDHP	Bronze 2	MVP Secure 1
Single	$1,103.90	$1,081.42	$918.72	$915.44	$693.07	$721.93	$1,381.47	$1,127.26	$924.11	$696.76	$728.70	$401.43
Single + Spouse	$2,207.80	$2,162.84	$1,837.44	$1,830.88	$1,386.14	$1,443.86	$2,762.94	$2,254.52	$1,848.22	$1,393.52	$1,457.40	$802.86
Single + Child(ren)	$1,876.63	$1,838.41	$1,561.82	$1,556.25	$1,178.22	$1,227.28	$2,348.50	$1,916.34	$1,570.99	$1,184.49	$1,238.79	$682.43
Single + Spouse + Child(ren)	$3,146.12	$3,082.05	$2,618.35	$2,609.00	$1,975.25	$2,057.50	$3,937.19	$3,212.69	$2,633.71	$1,985.77	$2,076.80	$1,144.08

[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.

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

Premium rates include a 2% broker commission.

All MVP NY Individual plans pass for 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).

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**.

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.

New York Individual Direct 2026 Premier® & Premier Plus® Plans

ALBANY REGION Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington Counties *(MVP can only sell the MVP Secure plan in the counties listed in blue)*

MVP HEALTH CARE

See other side for New York Individual Marketplace plans.

Cost-share amounts below are the co-pay or co-insurance after the deductible is met, unless noted as not subject to deductible (NoDD). All plans include dependent care coverage until the end of the year the dependent turns 26. Cost-shares in red indicate a change from the 2025 plan.

MVP Premier Plus Plans (Non-Standard)

Non-Standard plans contain unique features that enhance the value of the benchmark benefits.

	Gold 1	Gold 2 QHDHP	Gold 4	Gold 13	Gold 14 (NEW!)	Silver 3 QHDHP	Silver 12	Silver 13	Bronze 2	Bronze 3 QHDHP	Bronze 6 QHDHP	Bronze 7
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
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
HSA Eligible	No	Yes	No	No	No	Yes	No	No	Yes	Yes	Yes	No
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%
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%
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%
Gia® Virtual Care Services	$0 NoDD[3]	$0 NoDD[3]	$0[3]	$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]
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%
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
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%	$25/20%/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%
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%
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
Prescription Cost-Share Tier1/Tier2/Tier 3	$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%
Premium Monthly Rates Rates effective January 1, 2026–December 31, 2026.												
Single	$1,103.90	$1,081.42	$1,138.53	$1,067.85	$1,136.84	$918.72	$938.64	$915.44	$693.07	$721.93	$751.83	$684.67
Single + Spouse	$2,207.80	$2,162.84	$2,277.06	$2,135.70	$2,273.68	$1,837.44	$1,877.28	$1,830.88	$1,386.14	$1,443.86	$1,503.66	$1,369.34
Single + Child(ren)	$1,876.63	$1,838.41	$1,935.50	$1,815.35	$1,932.63	$1,561.82	$1,595.69	$1,556.25	$1,178.22	$1,227.28	$1,278.11	$1,163.94
Single + Spouse + Child(ren)	$3,146.12	$3,082.05	$3,244.81	$3,043.37	$3,239.99	$2,618.35	$2,675.12	$2,609.00	$1,975.25	$2,057.50	$2,142.72	$1,951.31

MVP Premier Plans (Standard)

Standard plans are based on what the state dictates must be included in benefit details.

	Platinum 1	Gold 1	Silver 1	Bronze 1 QHDHP	Bronze 2
Plan Deductible[1] Individual/Family	$0/$0	$775/$1,550	$2,450/$4,900	$5,500/$11,000	$4,125/$8,250
Out-of-Pocket Maximum[1] Individual/Family	$2,000/$4,000	$10,150/$20,300	$10,150/$20,300	$8,050/$16,100	$10,150/$20,300
HSA Eligible	No	No	No	Yes	Yes
Medical					
Primary Care/Specialist Visit	$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/$100	$1,000/$100	$1,500/$150	50%/50%	$1,500/$150
Urgent Care/Emergency Room	$55/$100	$60/$150	$70/$500	50%/50%	$75/$500
Gia® Virtual Care Services	$0[3]	$0 NoDD[3]	$0 NoDD[3]	0% NoDD[3]	$0 NoDD[3]
Diagnostic Radiology/Laboratory Outpatient	$35/$35	$40/$40	$75/$50	50%/50%	$75/$50
Diabetic Supplies/Insulin	$15/$0	$25/$0 NoDD	$30/$0 NoDD	50%/$0 NoDD	$50/$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	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Vision Annual Exam/Set of Eyewear	$15/10%	$25/20%	$30/30%	50%/50%	$50/50%
Pharmacy					
Prescription Deductible Individual/Family	$0/$0	$0/$0	$0/$0	Integrated with Medical	Integrated with Medical
Prescription Cost-Share Tier1/Tier2/Tier 3	$10/$30/$60	$10 NoDD/$35 NoDD/$70 NoDD	$15 NoDD/$40 NoDD/$75 NoDD	$10/$35/$70	$10/$35/$70
Premium Monthly Rates					
Single	$1,381.47	$1,127.26	$924.11	$696.76	$728.70
Single + Spouse	$2,762.94	$2,254.52	$1,848.22	$1,393.52	$1,457.40
Single + Child(ren)	$2,348.50	$1,916.34	$1,570.99	$1,184.49	$1,238.79
Single + Spouse + Child(ren)	$3,937.19	$3,212.69	$2,633.71	$1,985.77	$2,076.80

[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.

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

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 pass for Medicare Creditable Coverage.

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.

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).

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**.

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.