Child-Only Plans 2026

Utica/Watertown Region

Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, Otsego, and St. Lawrence Counties.

Child-only rates for children up to age 21 are available with the MVP Premier® Plans listed below.

	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**
	Cost-share amounts are the co-pay or co-insurance after the deductible is met, unless otherwise noted as not subject to deductible (NoDD). Cost-shares in red indicate a change from the 2025 plan.				
Plan Deductible					
1 Child/2+ Children	**$0/$0**	**$775/$1,550**	**$2,450/$4,900**	**$5,500/$11,000**	**$4,125/$8,250**
Out-of-Pocket Maximum					
1 Child/2+ Children	**$2,000/$4,000**	**$10,150/$20,300**	**$10,150/$20,300**	**$8,050/$16,100**	**$10,150/$20,300**
Medical					
Preventive Care	**$0**	**$0 NoDD**	**$0 NoDD**	**$0 NoDD**	**$0 NoDD**
Primary Care	**$15**	**$25**	**1 combined visit at $30 NoDD[1], then $30**	**50%**	**3 combined visits at $50 NoDD[1], then $50**
Specialist Visit	**$35**	**$40**	**1 combined visit at $65 NoDD[1], then $65**	**50%**	**3 combined visits at $75 NoDD[1], then $75**
Hospital Facility Visit-Inpatient	**$500**	**$1,000**	**$1,500**	**50%**	**$1,500**
Hospital Facility Visit-Outpatient	**$100**	**$100**	**$150**	**50%**	**$150**
Urgent Care	**$55**	**$60**	**$70**	**50%**	**$75**
Emergency Care	**$100**	**$150**	**$500**	**50%**	**$500**
Pediatric Vision Exam	**$15**	**$25**	**$30**	**50%**	**$50**
Gia® Virtual Care Services	**$0[2]**	**$0 NoDD[2]**	**$0 NoDD[2]**	**0% NoDD[2]**	**$0 NoDD[2]**
Pharmacy					
Prescription Deductible	**$0/$0**	**$0/$0**	**$0/$0**	**Integrated with Medical**	**Integrated with Medical**
Prescription Cost-Share Tier 1/Tier 2/Tier 3	**$10/$30/$60**	**$10 NoDD/ $35 NoDD/ $70 NoDD**	**$15 NoDD/ $40 NoDD/ $75 NoDD**	**$10/$35/$70**	**$10/$35/$70**
Monthly Premium Rates[3]	**Rates effective January 1, 2026-December 31, 2026.**				
1 Child	**$619.18**	**$505.24**	**$414.19**	**$312.29**	**$326.61**
2 Children	**$1,238.36**	**$1,010.48**	**$828.38**	**$624.58**	**$653.22**
3+ Children	**$1,857.54**	**$1,515.72**	**$1,242.57**	**$936.87**	**$979.83**

[1] Visits may be any combination of Primary Care, Specialist, Outpatient Mental Health Care, or Outpatient Substance Use Services.

[2] 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.

[3] Rates do not include pediatric dental coverage.

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

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