# New York Small Group 2026 Plans Quarter 3

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

*(MVP is not licensed to sell HMO plans in the counties listed in blue. MVP can only sell EPO/PPO plans to Associations in Allegany, Cattaraugus, and Chautauqua Counties.)*

**We're here to help!**
Call **1-800-TALK-MVP** (1-800-825-5687) or visit **mvphealthcare.com/plans** and select *Plan Options*, then *Employer-Sponsored*.

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 | 13 | 14 NEW! | 1 | 2 QHDHP | 10 | 13 | 14 NEW! |
| **Plan Deductible**[1] Individual/Family | $0/$0 | $0/$0 | $0/$0 | $0/$0 | $0/$0 | $850/$1,700 | $1,750/$3,500 AGG | $1,100/$2,200 | $0/$0 | $350/$700 | $4,000/$8,000 | $4,000/$8,000 | $0/$0 | $850/$1,700 | $1,750/$3,500 AGG | $900/$1,800 | $4,000/$8,000 | $0/$0 |
| **Out-of-Pocket Maximum**[1] Individual/Family | $2,450/$4,900 | $2,550/$5,100 | $3,550/$7,100 | $2,400/$4,800 | $2,000/$4,000 | $7,000/$14,000 | $5,000/$10,000 | $5,300/$10,600 | $6,750/$13,500 | $6,750/$13,500 | $8,000/$16,000 | $8,000/$16,000 | $8,000/$16,000 | $7,000/$14,000 | $5,000/$10,000 | $5,650/$11,300 | $8,000/$16,000 | $8,000/$16,000 |
| **HSA Eligible** | No | No | No | No | No | No | Yes | No | No | No | No | No | No | No | Yes | No | No | No |

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 2025 plan.

## 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, 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, then $30 NoDD/$50 NoDD | 3 PCP visits at $0, then $40 NoDD/$60 NoDD | $0 NoDD/ $0 NoDD | 5 PCP visits at $0, then $25/$50 | 3 PCP visits at $0, then $15 NoDD/$50 | $10/$20 | 3 PCP visits at $0 NoDD, then $25/$40 | $0 NoDD/ $0 NoDD | 5 PCP visits at $0, then $25/$50 |
| **Hospital Facility** Inpatient/Outpatient | $300/$100 | $250/$100 | $550/$300 | $300/$200 | $500/$100 | $500/$200 | $200/$200 | $800/$175 | $750/$300 | $1,000/$300 | 20%/20% | 20%/$1,000 | $1,200/$200 | $500/$200 | $200/$200 | $1,000/$150 | 20%/$1,000 | $1,200/$200 |
| **Urgent Care/Emergency Room** | $45/$100 | $50/$150 | $25/$200 | $35/$200 | $35/$100 | $50 NoDD/ $300 NoDD | $20/$75 | $40/$300 | $60/$500 | $50 NoDD/ $100 NoDD | $60 NoDD/ $300 NoDD | $0 NoDD/$500 | $100/$450 | $50 NoDD/ $300 NoDD | $20/$75 | $40/$300 | $0 NoDD/$500 | $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 NoDD[2] | $0[2] | $0 NoDD[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 NoDD | $50/$50 | $50/$50 NoDD | $20/$20 | $40/$40 | $50/$50 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 | $0 NoDD/ $0 NoDD | $25/$0 | $15 NoDD/ $0 NoDD | $10/$0 NoDD | $25/$0 NoDD | $0 NoDD/ $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 NoDD/ 20%/50% | $25/20%/50% | $25 NoDD/ 20%/50% | $25/20%/50% | $25 NoDD/ 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% | $0 NoDD/20% | $50/50% | $50/50% | $20/50% | $40/50% | $0 NoDD/20% | $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 | $250/$500 (Brand Name Only) | $0/$0 | $200/$400 (Brand Name Only) | Integrated with Medical | $0/$0 | $250/$500 (Brand Name Only) | $0/$0 |
| **Prescription Cost-Share** Tier1/Tier2/Tier 3 | $5/20%/30% | $5/$25/$40 | $10/$40/$60 | $5/$30/$50 | $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 NoDD/ $40/$80 | $0/50%/50% | $10 NoDD/ $35/$70 | $10/$30/$50 (Preventive Drugs NoDD) | $15 NoDD/ $50 NoDD/ $90 NoDD | $0 NoDD/ $40/$80 | $0/50%/50% |

## Premium Monthly Rates

Rates effective July 1, 2026–September 30, 2026.

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Employee** | $1,920.66 | $1,920.90 | $1,927.59 | $1,546.94 | $1,552.47 | $1,683.07 | $1,619.99 | $1,643.46 | $1,707.57 | $1,703.79 | $1,611.20 | $1,592.55 | $1,586.05 | $1,346.81 | $1,296.34 | $1,335.08 | $1,269.18 | $1,274.38 |
| **Employee + Spouse** | $3,841.32 | $3,841.80 | $3,855.18 | $3,093.88 | $3,104.94 | $3,366.14 | $3,239.98 | $3,286.92 | $3,415.14 | $3,407.58 | $3,222.40 | $3,185.10 | $3,172.10 | $2,693.62 | $2,592.68 | $2,670.16 | $2,538.36 | $2,548.76 |
| **Employee + Child(ren)** | $3,265.12 | $3,265.53 | $3,276.90 | $2,629.80 | $2,639.20 | $2,861.22 | $2,753.98 | $2,793.88 | $2,902.87 | $2,896.44 | $2,739.04 | $2,707.34 | $2,696.29 | $2,289.58 | $2,203.78 | $2,269.64 | $2,157.61 | $2,166.45 |
| **Employee + Spouse + Child(ren)** | $5,473.88 | $5,474.57 | $5,493.63 | $4,408.78 | $4,424.54 | $4,796.75 | $4,616.97 | $4,683.86 | $4,866.57 | $4,855.80 | $4,591.92 | $4,538.77 | $4,520.24 | $3,838.41 | $3,694.57 | $3,804.98 | $3,617.16 | $3,631.98 |

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

[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.

**Aggregate vs. Embedded** **Aggregate (AGG) Deductible:** All family plan individuals pay together toward one deductible amount before the plan will make payments. **Embedded (EMB) Deductible:** Each family plan 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 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).

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**

**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 |
| **Plan Deductible**[2] Individual/Family | $4,300/$8,600 | $2,700/$5,400 AGG | $2,950/$5,900 | $3,100/$6,200 | $4,850/$9,700 | $2,700/$5,400 AGG | $3,000/$6,000 | $3,500/$7,000 | $6,150/$12,300 | $6,500/$13,000 | $7,200/$14,400 | $6,350/$12,700 | $10,150/$20,300 | $6,150/$12,300 | $6,250/$12,500 | $10,150/$20,300 |
| **Out-of-Pocket Maximum**[2] Individual/Family | $8,100/$16,200 | $7,000/$14,000 | $9,300/$18,600 | $8,700/$17,400 | $7,700/$15,400 | $7,000/$14,000 | $8,900/$17,800 | $9,200/$18,400 | $8,900/$17,800 | $7,250/$14,500 | $7,200/$14,400 | $7,250/$14,500 | $10,150/$20,300 | $8,900/$17,800 | $7,250/$14,500 | $10,150/$20,300 |
| **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, then $35 NoDD/$60 | $25/$50 | 3 PCP visits at $0 NoDD, then $25/$50 | 3 PCP visits at $0, 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 | $500/$250 | $800/$250 | $750/$300 | $0/$0 | $500/$250 | $1,500/$375 | $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/$300 | $50/$300 | $50 NoDD/$250 | $0/$0 | $50/$300 | $50/$250 | $50 NoDD/$275 | $60/$350 | 50%/$100 | 0%/0% | 40%/40% | 0%/0% | $60/$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 | $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 | Integrated with Medical | Integrated with Medical | Integrated with Medical | Integrated with Medical | Integrated with Medical | Integrated with Medical | Integrated with Medical | Integrated with Medical | Integrated with Medical |
| **Prescription Cost-Share** Tier1/Tier2/Tier 3 | $10/$45/$90 | $15/$40/$60 (Preventive Drugs NoDD) | $15 NoDD/ $40 NoDD/ 50% NoDD | $15 NoDD/ 30% NoDD/ 50% NoDD | $20/$50/$75 (Preventive Drugs NoDD) | $15/$40/$60 (Preventive Drugs NoDD) | $10 NoDD/ $35 NoDD/ $70 NoDD | $5 NoDD/ $45/$90 | $10/$40/$60 | $5/$30/50% (Preventive Drugs NoDD) | 0%/0%/0% (Preventive Drugs NoDD) | $10/$40/$60 (Preventive Drugs NoDD) | 0% NoDD/0%/0% | $10/$40/$60 | $10/$35/$70 (Preventive Drugs NoDD) | 0% NoDD/0%/0% |

## Premium Monthly Rates

Rates effective July 1, 2026–September 30, 2026.

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Employee** | $1,389.68 | $1,420.25 | $1,400.27 | $1,413.06 | $1,379.89 | $1,136.53 | $1,127.73 | $1,131.56 | $1,207.68 | $1,184.21 | $1,280.81 | $1,221.83 | $1,166.16 | $966.42 | $974.80 | $956.48 |
| **Employee + Spouse** | $2,779.36 | $2,840.50 | $2,800.54 | $2,826.12 | $2,759.78 | $2,273.06 | $2,255.46 | $2,263.12 | $2,415.36 | $2,368.42 | $2,561.62 | $2,443.66 | $2,332.32 | $1,932.84 | $1,949.60 | $1,912.96 |
| **Employee + Child(ren)** | $2,362.46 | $2,414.43 | $2,380.46 | $2,402.20 | $2,345.81 | $1,932.10 | $1,917.14 | $1,923.65 | $2,053.06 | $2,013.16 | $2,177.38 | $2,077.11 | $1,982.47 | $1,642.91 | $1,657.16 | $1,626.02 |
| **Employee + Spouse + Child(ren)** | $3,960.59 | $4,047.71 | $3,990.77 | $4,027.22 | $3,932.69 | $3,239.11 | $3,214.03 | $3,224.95 | $3,441.89 | $3,375.00 | $3,650.31 | $3,482.22 | $3,323.56 | $2,754.30 | $2,778.18 | $2,725.97 |

[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 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.

**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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All MVP NY Small Group plans pass for Medicare Creditable Coverage.

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