2027 certified health insurance plan options

Standard Plans				
Plan benefits & features	**Bronze Standard** (HSA[1] qualified)	**Silver Standard**	**Gold Standard**	**Platinum Standard**
The amounts listed below are the copays or coinsurance after the deductible (DED) is met, unless otherwise noted as DED waived.				
Deductible Single / Family	$5,025 / $10,050	$3,750 / $7,500	$1,200 / $2,400	No deductible
Coinsurance Percentage of costs you pay after deductible, where applicable	N/A[2]	N/A[2]	N/A[2]	N/A[2]
Out-of-pocket maximum Single / Family	$12,000 / $24,000	$12,000 / $24,000	$12,000 / $24,000	$4,000 / $8,000
Aggregation type	Individual	Individual	Individual	Individual
Medical, dental & vision				
Preventive care[3]	$0 (DED waived)	$0 (DED waived)	$0 (DED waived)	$0
Number of visits DED waived[4]	3 visits	1 visit	0 visits	No deductible
Primary care / specialist	$50 / $75	$30 / $65	$25 / $40	$15 / $35
Virtual care Urgent care, behavioral health, physical therapy	$0 (DED waived)	$0 (DED waived)	$0 (DED waived)	$0
Virtual care Dermatology	$75 (DED waived)	$65 (DED waived)	$40 (DED waived)	$35
Urgent care / emergency room	$75 / $500	$70 / $500	$60 / $150	$55 / $100
Lab / diagnostic x-ray	$50 / $75	$50 / $75	$40 / $40	$35 / $35
Outpatient mental health[4] Including substance use disorder	$50	$30	$25	$15
Physical, occupational and speech therapy	$50	$30	$30	$25
Hospital facility Inpatient / Outpatient	$1500 / $150	$1500 / $150	$1,000 / $100	$500 / $100
Acupuncture (up to 10 visits) **/ chiropractor**[4]	Not covered / $75	Not covered / $65	Not covered / $40	Not covered / $35
Adult vision and dental Preventive & routine exams	Not covered	Not covered	Not covered	Not covered
Adult eyewear Reimbursement per benefit year, DED waived	Not covered	Not covered	Not covered	Not covered
Pediatric vision[2] **and dental**	Included	Included	Included	Included
Pharmacy				
Prescription drugs Tier 1 / Tier 2 / Tier 3 (GLP-1 drug coverage may vary)	$10 / $35 / $70	$15 / $40 / $75 (DED waived[5])	$10 / $35 / $70 (DED waived[5])	$10 / $30 / $60
Rates shown cover dependents through age 26 and plans meet ACA pediatric dental compliance. Additional rates available upon request. Tax credits are available on the NY State of Health marketplace to those who qualify.				
Single	$939.16	$1,219.37	$1,579.11	$1,907.16
Single + spouse	$1,878.32	$2,438.74	$3,158.21	$3,814.31
Single + child(ren)	$1,596.57	$2,072.93	$2,684.48	$3,242.17
Single + spouse + child(ren)	$2,676.61	$3,475.21	$4,500.46	$5,435.40
Child only	$386.93	$502.39	$650.60	$785.75

Standard plans are required by New York state. The benefits and out-of-pocket costs for the Standard plans will be the same for all health insurance companies. Provider networks will differ by insurance company.

Part of the Affordable Care Act is intended to improve dental coverage for children, including preventive, routine and some major dental coverage. Individuals purchasing medical coverage outside of the NY State of Health Marketplace, are required to purchase a medical plan with pediatric dental included, or a qualified stand-alone plan.
By purchasing a medical plan with dental included, you can be sure your children will receive comprehensive coverage overseen by our staff of medical management experts, and both medical and pediatric dental services will count towards your out-of-pocket maximums.
Any one person insured on a family plan will not pay more than $12,000 in compliance with the Affordable Care Act.
1 An HSA or Health Savings Account is a tax-free funding account owned by you that helps you pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses, chiropractor visits and more. Certain subsidized health plans may not be eligible for health savings accounts.
2 Coinsurance N/A: Some benefits, such as pediatric vision and durable medical equipment may have different coinsurance amounts.
3 Preventive Care covered at 100% before deductible: Eligible in-network preventive services, including recommended screenings, immunizations, annual wellness visits and preventive counseling, are covered at no cost when provided in accordance with ACA preventive care guidelines.
4 Visits ahead of deductible: Combination of Primary Care Provider, Specialist, allergy testing and treatment, chiropractic services, second opinions, Applied Behavior Analysis treatment or outpatient mental health or substance use disorder.
5 Note to diabetic drug and supply users: In accordance with the contract language / benefit mandates provided by New York state, if your plan includes a deductible, diabetic drugs and supplies – excluding insulin – are subject to the deductible amount.
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Livingston, Monroe, Ontario, Seneca, Wayne and Yates Counties



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Need help choosing the right plan for you?

Contact your broker or call our dedicated representatives at **1-866-613-8506** (TTY 711).

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Excellus BlueCross BlueShield

Healthier tomorrows start today.



Everybody deserves to live a healthy life

We have got you covered with free or low cost New York state sponsored insurance plans such as Medicaid, Child Health Plus, and the Essential Plan, as well as individual and family plans from the name you have known and trusted for over 90 years.

Most individual and family plans vary in price and have eligibility guidelines based on your household income and where you live, determined by New York state. Call us to get personalized help for your unique health care situation.

Medicaid

With Medicaid, you and your family will have access to a wide network of quality doctors and specialists, hospitals and urgent care centers.

Child Health Plus

Just need coverage for your kids? Child Health Plus is a New York state sponsored health insurance program for kids under 19 years old. Almost all children qualify, and many families qualify for free coverage.

The Essential Plan

Premiums are $0 a month for eligible individuals, with coverage widely accepted by doctors, hospitals and pharmacies. Individuals under age 65 may be eligible based on New York state household size and income guidelines.

Individual and family Qualified Health Plans

Get the benefits you and your family need with our Bronze, Silver, Gold and Platinum plans with coverage accepted by a large network of hospitals and doctors. Many New Yorkers qualify for reduced monthly premiums.

Dental plans

When it comes to maintaining overall health and wellbeing, taking care of your teeth is just as important as taking care of the rest of your body. You can now save on dental care with individual and family dental plans.

Non-Standard Plans

Plan benefits & features	POPULAR Bronze Secure Plus 3 (HSA[1] qualified) LOW COST	POPULAR Bronze Select (HSA[1] qualified)	Silver Select 2 (HSA[1] qualified)	POPULAR Silver Select (HSA[1] qualified)	Gold Select	Platinum Select
The amounts listed below are the copays or coinsurance after the deductible (DED) is met, unless otherwise noted as DED waived.						
Deductible Single / Family	$12,000 / $24,000	$6,500 / $13,000	$4,500 / $9,000	$3,600 / $7,200	$1,500 / $3,000	No deductible
Coinsurance Percentage of costs you pay after deductible, where applicable	You pay 0%	You pay 50%	You pay 20%		N/A[2]	N/A[2]
Out-of-pocket maximum Single / Family	$12,000 / $24,000	$8,500 / $17,000	$8,000 / $16,000	$8,600 / $17,200	$9,500 / $19,000	$6,500 / $13,000
Aggregation type	Individual	Family	Family		Individual	Individual
Medical, dental & vision						
Preventive care[3]	$0 (DED waived)		$0 (DED waived)		$0 (DED waived)	$0
Number of visits DED waived[4]	3 visits	0 visits	0 visits		3 visits	No deductible
Primary care / specialist	0% / 0%	50% / 50%	20% / 20%		$25 / $40	$15 / $35
Virtual care Urgent care, behavioral health, physical therapy	$0 (DED waived)		$0 (DED waived)		$0 (DED waived)	$0
Virtual care Dermatology	0% (DED Waived)	50% (DED waived)	20% (DED waived)		$40 (DED waived)	$35
Urgent care / emergency room	0%	50%	20%		$40 / $500	$35 / $250
Lab / diagnostic x-ray					$40 / $40	$35 / $15
Outpatient mental health[4] Including substance use disorder					$25	$15
Physical, occupational and speech therapy					$25	$15
Hospital facility Inpatient / Outpatient					$1,000 / $500	$750 / $250
Acupuncture (up to 10 visits) **/ chiropractor**[4]					$25 / $25	$15 / $15
Adult vision and dental Preventive & routine exams					$25	$15
Adult eyewear Reimbursement per benefit year, DED waived	$100		$100		$100	$100
Pediatric vision[2] **and dental**	Included		Included		Included	Included
Pharmacy						
Prescription drugs Tier 1 / Tier 2 / Tier 3 (GLP-1 drug coverage may vary)	0% / 0% / 0%	$10 / 40% / 50% (Preventive Rx: DED waived)	$10 / $45 / $90 (Preventive Rx: DED waived)		$10 / $35 / $70 (DED waived[5])	$10 / $35 / $70
Rates shown cover dependents through age 26 and plans meet ACA pediatric dental compliance. Additional rates available upon request. Tax credits are available on the NY State of Health marketplace to those who qualify.						
Single	$887.01	$962.16	$1,170.56	$1,249.43	$1,569.58	$1,896.76
Single + spouse	$1,774.01	$1,924.32	$2,341.13	$2,498.86	$3,139.15	$3,793.53
Single + child(ren)	$1,507.91	$1,635.67	$1,989.96	$2,124.03	$2,668.28	$3,224.50
Single + spouse + child(ren)	$2,527.96	$2,742.15	$3,336.11	$3,560.87	$4,473.30	$5,405.78
Child only	N/A	N/A	N/A	N/A	N/A	N/A

New for 2027:

- Save time and travel with the convenience of **virtual care** — including medical, behavioral health, dermatology and physical therapy — no longer subject to the deductible on applicable plans.
- Get 24/7 support for reproductive health, family planning, pregnancy, parenthood and menopause transition — all through **Ovia Health by Labcorp**. (Subject to final contract terms.)

Need help choosing the right plan for you?

Contact your broker or call our dedicated representatives at **1-866-613-8506** (TTY 711).

Excellus BlueCross BlueShield

Part of the Affordable Care Act is intended to improve dental coverage for children, including preventive, routine and some major dental coverage. Individuals purchasing medical coverage outside of the NY State of Health Marketplace, are required to purchase a medical plan with pediatric dental included, or a qualified stand-alone plan. By purchasing a medical plan with dental included, you can be sure your children will receive comprehensive coverage overseen by our staff of medical management experts, and both medical and pediatric dental services will count towards your out-of-pocket maximums.

Any one person insured on a family plan will not pay more than $12,000 in compliance with the Affordable Care Act.

Ovia Health by Labcorp is an independent company offering digital women's health solutions to Excellus BlueCross BlueShield members.

Personify Health is a separate company and offers a digital wellbeing service on behalf of Excellus BCBS.

Virtual care services are offered through MD Live® for urgent care, behavioral health and dermatology. Vori Health provides virtual physical therapy and musculoskeletal treatment services.

MDLIVE Medical Group (DE), P.A. MDLIVE Medical Group, PA and other MD Live related independent professional entities provide the clinical services made available by MD Live. MD Live is an independent company providing virtual care services to Excellus BCBS members.

Vori Health is an independent company that offers virtual physical therapy and back, neck and joint health care for eligible Excellus BCBS members.

1 An HSA or Health Savings Account is a tax-free funding account owned by you that helps you pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses, chiropractor visits and more. Certain subsidized health plans may not be eligible for health savings accounts.

2 Coinsurance N/A: Some benefits, such as pediatric vision and durable medical equipment may have different coinsurance amounts.

3 Preventive Care covered at 100% before deductible: Eligible in-network preventive services, including recommended screenings, immunizations, annual wellness visits and preventive counseling, are covered at no cost when provided in accordance with ACA preventive care guidelines.

4 Visits ahead of deductible: Combination of Primary Care Provider, Specialist, allergy testing and treatment, chiropractic services, second opinions, Applied Behavior Analysis treatment or outpatient mental health or substance use disorder.

5 Note to diabetic drug and supply users: In accordance with the contract language / benefit mandates provided by New York state, if your plan includes a deductible, diabetic drugs and supplies – excluding insulin – are subject to the deductible amount.

The Essential Plan –

Available only through NY State of Health, with eligibility based on your household size, income and other criteria. **All plans include adult vision and dental coverage.** To find out if you qualify for the Essential Plan, contact your broker or call our dedicated representatives.

Annual income eligibility for the Essential Plan		
Household size	**Essential Plan 1 & 2** (139% – 200% FPL)	**Essential Plan 3 & 4** (under 100% – 138% FPL*)
1	**$22,026 – $31,920**	**$0 – $22,025**
2	**$29,864 – $43,280**	**$0 – $29,863**
3	**$37,703 – $54,640**	**$0 – $37,702**
4	**$45,541 – $66,000**	**$0 – $45,540**
5	**$53,379 – $77,360**	**$0 – $53,378**
6	**$61,218 – $88,720**	**$0 – $61,217**

The benefits and out of pocket costs for the Essential Plan will be the same for all health insurance companies.

Plan benefits & features	Essential Plan 1 (151% – 200% FPL)	Essential Plan 2 (139% – 150% FPL)	Essential Plan 3 (100% – 138% FPL*)	Essential Plan 4 (Below 100% FPL*)
Deductible	$0			
Coinsurance Percentage of costs you pay after deductible, where applicable	0%			
Out-of-pocket maximum	$360	$200	$200	$0
Medical, dental & vision				
Preventive care	$0			
Primary care / specialist	$15 / $25	$0 / $0		
Virtual care Urgent care and behavioral health	$0	$0		
Virtual care Dermatology	$25	$0		
Urgent care / emergency room	$25 / $75	$0		
Lab / diagnostic x-ray	$25 / $25	$0		
Outpatient mental health Including substance use disorder	$15	$0		
Physical, occupational and speech therapy	$15	$0		
Hospital facility Inpatient / Outpatient	$150 / $50	$0		
Chiropractic care	$25	$0		
Adult vision and dental Preventive & routine exams	$0			
Adult eyewear	$0			
Pharmacy				
Prescription drugs Tier 1 / Tier 2 / Tier 3 (GLP-1 drug coverage may vary)	$6 / $15 / $30	$1 / $3 / $3	$1 / $3 / $3 with an out-of-pocket maximum for covered drugs of $50 per calendar quarter	$0 / $0 / $0
Rates through NY State of Health				
Single	$0	$0	$0	$0

New York state has identified the fitness reward program as a required essential benefit that must be included for all plans, therefore the ThriveWell benefit cannot be removed from the plans.

* Must be a lawfully present immigrant. To see a full list of eligible immigration statuses, please visit www.healthcare.gov/immigrants/immigration-status/ or call NY State of Health at 1-855-355-5777.