



2025 3rd Quarter MVP Albany Region	MVP Platnium EPO Plan 3	MVP Gold EPO Plan 3	MVP Gold HMO Plan 2 QHDHP	MVP Silver EPO Plan 3 QHDHP	MVP Silver HMO Plan 3 QHDHP	MVP Bronze EPO Plan 5 QHDHP	CDPHP Bronze HMO Plan 9 QHDHP
Small Group (2 to 100) Plan comparison							
Benefits	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible							
Single	N/A	\$1,100	\$1,650	\$2,550	\$2,550	\$6,500	\$6,250
Family	N/A	\$2,200	\$3,300	\$5,100	\$5,100	\$13,000	\$12,500
Out of Pocket Maximum							
Single	\$2,550	\$5,300	\$5,000	\$6,350	\$6,350	\$7,250	\$7,100
Family	\$5,100	\$10,600	\$10,000	\$12,700	\$12,700	\$14,500	\$14,200
Coinsurance	N/A	50%	50%	50%	50%	50%	50%
Office Visits							
Primary Care Office Visit	\$30 copay	Deductible then \$20 copay	Deductible then \$10 copay	Deductible then \$25 copay	Deductible then \$25 copay	Deductible then \$0 copay	Deductible then 50% coinsurance
Specialist Office Visit	\$50 copay	Deductible then \$40 copay	Deductible then \$20 copay	Deductible then \$50 copay	Deductible then \$50 copay	Deductible 50% coinsurance	Deductible then 50% coinsurance
Hospital Services							
In-patient Hospital	\$250 copay	Deductible then \$800 copay	Deductible then \$200 copay	Deductible then \$500 copay	Deductible then \$500 copay	Deductible then 50% coinsurance	Deductible then 50% coinsurance
Outpatient Surgery Facility	\$100 copay	Deductible then \$100 copay	Deductible then \$200 copay	Deductible then \$250 copay	Deductible then \$250 copay	Deductible then 50% coinsurance	Deductible then 50% coinsurance
Outpatient Surgery - Surgeon's Service	\$100 copay	Deductible then \$100 copay	Deductible then \$200 copay	Deductible then \$250 copay	Deductible then \$250 copay	Deductible then 50% coinsurance	Deductible then 50% coinsurance
Emergency Room Care	\$150 copay	Deductible then \$300 copay	Deductible then \$75 copay	Deductible then \$300 copay	Deductible then \$300 copay	Deductible then \$100 copay	Deductible then 50% coinsurance
Urgent Care	\$50 copay	Deductible then \$40 copay	Deductible then \$20 copay	Deductible then \$50 copay	Deductible then \$50 copay	Deductible then 50% coinsurance	Deductible then 50% coinsurance
Outpatient Lab & X-ray	\$50 copay	Deductible then \$40 copay	Deductible then \$20 copay	Deductible then \$50 copay	Deductible then \$50 copay	Deductible then 50% coinsurance	Deductible then 50% coinsurance
Advanced Imaging	\$75 copay	Deductible then \$140 copay	Deductible then \$75 copay	Deductible then \$150 copay	Deductible then \$150 copay	Deductible then 50% coinsurance	Deductible then 50% coinsurance
RX							
Deductible	N/A	N/A	Medical deductible applies	Medical deductible applies	Medical deductible applies	Medical deductible applies	Medical deductible applies
Tier 1	\$5 copay	\$15 copay	Deductible then \$10 copay	Deductible then \$15 copay	Deductible then \$15 copay	Deductible then \$5 copay	Deductible then \$10 copay
Tier 2	\$25 copay	\$35 copay	Deductible then \$30 copay	Deductible then \$40 copay	Deductible then \$40 copay	Deductible then \$30 copay	Deductible then \$35 copay
Tier 3	\$40 copay	50% coinsurance	Deductible then \$50 copay	Deductible then \$60 copay	Deductible then \$60 copay	Deductible then 50% Coinsurance	Deductible then \$70 copay
Rates							
Employee	\$1,262.72	\$1,079.13	\$1,073.01	\$926.30	\$827.87	\$767.81	\$704.43
Employee + Spouse	\$2,525.44	\$2,194.96	\$2,146.02	\$1,852.60	\$1,655.74	\$1,535.62	\$1,408.86
Employee + Child(ren)	\$2,146.62	\$1,865.72	\$1,824.12	\$1,574.71	\$1,407.38	\$1,305.28	\$1,197.53
Family	\$3,598.75	\$3,127.82	\$3,058.08	\$2,639.96	\$2,359.43	\$2,188.26	\$2,007.63