



Summary of Essential Plan Costs and Benefits

	Essential Plan 1 Annual individual income: \$17,656 - \$23,540	Essential Plan 2 Annual individual income: \$16,245 - \$17,655	Essential Plan 3 Annual individual income: \$11,770 - \$16,244	Essential Plan 4 Annual individual income: Below \$11,770
Premium (per month)	\$20	\$0	\$0	\$0
Deductible (per year)	\$0	\$0	\$0	\$0
Maximum Out-of-Pocket Limit	\$2,000	\$200	\$200	\$0
Cost Sharing				
Preventive Care	\$0	\$0	\$0	\$0
Primary Care Physician	\$15	\$0	\$0	\$0
Specialist	\$25	\$0	\$0	\$0
Inpatient Facility (including behavioral health)	\$150 per admission	\$0 per admission	\$0 per admission	\$0 per admission
Outpatient behavioral health	\$15	\$0	\$0	\$0
Outpatient Facility	\$50	\$0	\$0	\$0
Emergency Room	\$75	\$0	\$0	\$0
Ambulance	\$75	\$0	\$0	\$0
Urgent Care	\$25	\$0	\$0	\$0
Surgeon	\$50	\$0	\$0	\$0
Physical Therapy, Occupational Therapy, Speech Therapy	\$15	\$0	\$0	\$0
Durable Medical Equipment and Supplies	5% Coinsurance	\$0	\$0	\$0
Hearing Aids	5% Coinsurance	\$0	\$0	\$0
Non-emergency transportation	Not covered	Not covered	\$0	\$0
Adult Dental* (preventive, routine and major dental care)	\$15	\$0	\$0	\$0
Vision Care – Exams*	\$15	\$0	\$0	\$0
Vision Care – Lenses and Frames*	10% Coinsurance	\$0	\$0	\$0
Vision Care – Contact Lenses*	10% Coinsurance	\$0	\$0	\$0
Non-prescription drugs	Not covered	Not covered	\$1	\$0
Prescription Drugs				
Tier 1	\$6	\$1	\$1	\$0
Tier 2	\$15	\$3	\$3	\$0
Tier 3	\$30	\$3	\$3	\$0

(Note that copays for mail order prescription drugs are 2.5 times retail copays above for 90-day supply)

*Where dental and vision benefits are available for Essential Plan 1 & 2 members, enrollees pay extra for the benefits. All essential Plan 3 & 4 enrollees have these benefits included.

Essential Plan Eligibility for families:

	Essential Plan 1	Essential Plan 2	Essential Plan 3	Essential Plan 4
Family of 2	\$23,896 - \$31,860	\$21,983 - \$23,895	\$15,930 - \$21,982	Below \$15,930
Family of 3	\$30,135 - \$40,180	\$27,724 - \$30,134	\$20,090 - \$27,723	Below \$20,090
Family of 4	\$36,375 - \$48,500	\$33,465 - \$36,374	\$24,250 - \$33,464	Below \$24,250

To estimate eligibility for larger families, go to the View Plans Now tool on the NY State of Health website: <https://nystateofhealth.ny.gov/individual>

A full list of Essential Plan benefits and cost sharing is available [here](#)