



Qualified Health Plan At a Glance

WHO IS ELIGIBLE?

INDIVIDUALS WHO ARE:

- New York State residents
- Lawfully present in the U.S.
- Not eligible for Medicaid, Essential Plan or Child Health Plus

NY State of Health complies with applicable Federal civil rights laws and state laws, and does not discriminate on the basis of race, color, national origin, creed/religion, sex, age, marital/family status, arrest record, criminal conviction(s), gender identity, sexual orientation, predisposing genetic characteristics, military status, domestic violence victim status and/or retaliation.

WHAT'S COVERED?

- Free preventive care
- Inpatient care
- Outpatient services
- Maternity and newborn care
- Emergency services
- Lab and imaging
- Prescription drugs
- Rehabilitative and habilitative services
- Mental health and substance use disorder services
- Wellness and chronic disease management services
- Dental and vision for children

Adult dental and other benefits may also be covered by some plans.

CONTACT US:

nystateofhealth.ny.gov | 1-855-355-5777 or TTY 1-800-662-1220

Si usted habla un idioma diferente al inglés, **los servicios de asistencia de idioma están disponibles gratis para usted. Llame al 1-855-355-5777 (TTY: 1-800-662-1220).**

如果您使用的語言不是英語，您可以使用我們的免費語言支援服務。請致電 1-855-355-5777 (TTY: 1-800-662-1220)。

HOW MUCH DOES A QUALIFIED HEALTH PLAN (QHP) COST?

MONTHLY PREMIUMS: The price you pay each month will depend on the plan you pick. Many people are eligible for tax credits which lower your monthly cost. Individuals earning up to \$49,960 a year and a family of 4 earning up to \$103,000 may be eligible for tax credits.

COST SHARING: Cost sharing is the amount you pay when you get a health care service. Some people are also eligible to get help paying for these costs, based on their income. Below are examples of the QHP cost sharing level for standard plans offered at four levels. Other plans are available with different cost sharing and additional covered services.

| COST SHARING FOR HEALTH CARE SERVICES | PLATINUM | GOLD | SILVER | BRONZE |
|--------------------------------------------------------|----------|---------|---------|-----------------------------------------------|
| Annual Deductible | \$0 | \$600 | \$1,300 | \$4,425 |
| Preventive Care | Free | Free | Free | Free |
| Primary Care Physician Visit | \$15 | \$25 | \$30 | First 3 Visits Free; then 50% cost sharing |
| Specialist Visit | \$35 | \$40 | \$50 | 50% cost sharing |
| Inpatient Hospital Stay per admission | \$500 | \$1,000 | \$1,500 | 50% cost sharing |
| Behavioral Health Outpatient Visit | \$15 | \$25 | \$30 | 50% cost sharing |
| Behavioral Health Inpatient Visit per admission | \$500 | \$1,000 | \$1,500 | 50% cost sharing |
| Emergency Room | \$100 | \$150 | \$250 | 50% cost sharing |
| Urgent Care | \$55 | \$60 | \$70 | 50% cost sharing |
| Physical Therapy, Speech Therapy, Occupational Therapy | \$25 | \$30 | \$30 | 50% cost sharing |

| COST SHARING FOR PRESCRIPTION DRUGS | PLATINUM | GOLD | SILVER | BRONZE |
|-------------------------------------|----------|------|--------|--------|
| Generic | \$10 | \$10 | \$10 | \$10 |
| Preferred Brand | \$30 | \$35 | \$35 | \$35 |
| Non-Preferred Brand | \$60 | \$70 | \$70 | \$70 |