

Qualified Health Plan At a Glance



CONTACT US:

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

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WHAT'S COVERED?

- Free preventive care
- Inpatient care
- Outpatient services
- Maternity and newborn care
- Emergency services
- Lab and imaging
- Rehabilitative and habilitative services
- Prescription drugs
- 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.

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

GREAT NEWS!

CONTINUED COST SAVINGS AVAILABLE FOR ELIGIBLE QHP ENROLLEES IN 2026:

- Individuals with income below \$54,775 are eligible for lower cost sharing through “Silver Supreme” and individuals with income below \$62,600 are eligible for lower cost sharing through “Silver Enhanced.”
- \$0 out-of-pocket costs for most services for diabetes. This applies to non-hospital-based preventive diabetes-related services, supplies and prescription drugs.
- \$0 out-of-pocket costs for most prenatal and postpartum services. This applies to prescription drugs, mental health/substance use benefits, primary care and some specialist visits.

More information on the cost savings for 2026 can be found at:
<https://info.nystateofhealth.ny.gov/costsavings>

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

MONTHLY PREMIUMS: The price you pay each month will depend on the plan you pick. Most people are eligible for tax credits that lower your monthly cost. Tax credits are calculated based on your income, household size, and where you live.

COST SHARING: The amount you pay when you access services. Most people are eligible to get help paying for these costs, based on income. Below are examples of the QHP cost-sharing for standard plans offered in four tiers. Other available plans have different cost sharing and more covered services.

COST SHARING FOR HEALTH CARE SERVICES	PLATINUM	GOLD	SILVER	SILVER ENHANCED**	SILVER SUPREME***	BRONZE
Annual Deductible	\$0	\$775	\$2,450	\$2,160	\$450	\$4,125
Preventive Care	Free	Free	Free	Free	Free	Free
Primary Care Physician Visit*	\$15	\$25	\$30	\$30	\$15	\$50
Specialist Visit*	\$35	\$40	\$65	\$65	\$35	\$75
Inpatient Hospital Stay per admission	\$500	\$1,000	\$1,500	\$1,500	\$250	\$1,500
Behavioral Health Outpatient Visit*	\$15	\$25	\$30	\$30	\$15	\$50
Behavioral Health Inpatient Visit per admission	\$500	\$1,000	\$1,500	\$1,500	\$250	\$1,500
Emergency Room	\$100	\$150	\$500	\$275	\$75	\$500
Urgent Care	\$55	\$60	\$70	\$70	\$50	\$75
Physical Therapy, Speech Therapy, Occupational Therapy	\$25	\$30	\$30	\$30	\$25	\$50

COST SHARING FOR PRESCRIPTION DRUGS	PLATINUM	GOLD	SILVER	SILVER ENHANCED	SILVER SUPREME	BRONZE
Generic	\$10	\$10	\$15	\$15	\$9	\$10
Preferred Brand	\$30	\$35	\$40	\$40	\$20	\$35
Non-Preferred Brand	\$60	\$70	\$75	\$75	\$40	\$70

* All Standard Silver plans allow one visit to a primary care provider (PCP) or specialist that are not subject to the deductible; co-payments are applicable for these visits. This includes outpatient behavioral health visits.

* All Standard Bronze products will include three (3) visits subject to co-payments, but not subject to the deductible. Catastrophic products include three (3) primary care visits per calendar year that are not subject to the deductible and with no copayment. The three visits covered in Standard Bronze and Catastrophic products can be either primary care OR specialist including mental health and substance use disorder visits.

** Silver Enhanced – Individuals with income between \$54,775 to \$62,600, or a family of four with income between \$112,525 to \$128,600 are eligible to enroll in these plans.

*** Silver Supreme – Individuals with income up to \$54,775, or a family of four with income up to \$112,525 are eligible to enroll in these plans.