



Summary of Essential Plan Costs and Benefits

	Essential Plan 1 Annual individual income: \$18,091-\$24,120	Essential Plan 2 Annual individual income: \$ 16644-\$18090	Essential Plan 3 Annual individual income: \$ 12,060-\$16,643	Essential Plan 4 Annual individual income: Below \$12,060
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	\$24,361-\$32,480	\$22,412-\$24,360	\$ 16,241-\$22,411	Below \$16,240
Family of 3	\$30,631 - \$40,840	\$28,181 - \$30,630	\$20,421 - \$28,180	Below \$20,420
Family of 4	\$36,901 - \$49,200	\$33,949 - \$36,900	\$24,601 - \$33,948	Below \$24,600

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](#)