STATEWIDE PURCHASING ALLIANCE OF NEW YORK · BROOME COUNTY PURCHASING ALLIANCE

2027 SPANY / BCPA Plan Offerings · MA-Only

MEDICAL ONLY · PART D ARRANGED SEPARATELY

Effective January 1, 2027 · Excellus 31 County Footprint

BENEFIT	Plan 5	Plan 6	Plan 9	Plan 10	Plan 13 NEW	Plan 14 NEW
2027 MONTHLY PREMIUM PMPM	$264.65	$172.19	$208.01	$190.68	$170.39	$148.50
PROVIDER NETWORK	PASSIVE PPO	PASSIVE PPO	PASSIVE PPO	PASSIVE PPO	PASSIVE PPO	PASSIVE PPO
PLAN BASICS						
Medical copay · PCP and specialist	$0	$0	$15	$25	$20	$10
Annual medical deductible	None	None	None	None	None	None
Annual medical out-of-pocket maximum	$0	$0	$1,250	$1,250	$1,250	$1,250
Out-of-network benefits	Available	Available	Available	Available	Available	Available
HOSPITAL AND FACILITY						
Inpatient hospital stay	$0 / adm	$0 / adm	$0 / adm	$0 / adm	$100 / adm max 3 per year	$100 / adm max 3 per year
Skilled nursing facility	$0 · days 1 to 100	$0 · days 1 to 100	$0 · days 1 to 100	$0 · days 1 to 100	$0 days 1 to 20 $221 days 21 to 100	$0 days 1 to 20 $221 days 21 to 100
Outpatient surgical care	$0	$0	$0	$0	$50	$50
Ambulatory surgical center	$0	$0	$0	$0	$50	$50
Hospital observation stay	$0	$0	$0	$0	$50	$50
EMERGENCY AND URGENT CARE · COVERED WORLDWIDE						
Emergency room	$0	$0	$65	$65	$65	$65
Urgent care	$0	$0	$25	$25	$20	$10
Ambulance	$0	$0	$15	$25	$65	$65
DIAGNOSTIC AND OTHER SERVICES						
X-rays and radiation therapy	$0	$0	$0	$0	$20	$10
Advanced imaging · MRI, MRA, CT, PET	$0	$0	$0	$0	$20	$10
Medicare Part B drugs	$0	$0	$0	$0	20%	20%
Durable medical equipment	$0	$0	20%	20%	20%	20%
Rehabilitative therapy · PT, OT, speech	$0	$0	$15	$25	$20	$10
Outpatient mental health · unlimited visits	$0	$0	$15	$25	20%	20%
MDLIVE telehealth	$0	$0	$15	$25	$20	$10
Acupuncture · 20 visits plus 10 additional	$0	$0	$15	$25	$20	$10
VISION, HEARING AND DENTAL						
Routine vision exam	Covered in full	Covered in full	$15	$25	$20	$10
Eyewear allowance · per calendar year	**$300**	$100	$100	$100	$100	$100
Hearing aids · TruHearing, limit 2 per year	$299 Standard · $499 Advanced · $799 Premium on every plan · routine hearing exam covered in full in network, $75 allowance for non-TruHearing in-network providers					
Routine dental	**$500 allowance** Class I and II	Not included	Not included	Not included	Not included	Not included
PRESCRIPTION DRUG COVERAGE · MEDICAL ONLY DESIGN						
Medicare Part D coverage	**Not included on any MA-Only plan · prescription drug coverage is arranged separately by the employer group, and the plans above carry no Part D premium, tiers or out-of-pocket maximum**					
Diabetic supplies · meters and test strips	$0 / 30 days	$0 / 30 days	$0 / 30 days	$0 / 30 days	$0 / 30 days	$0 / 30 days
Insulin in a traditional insulin pump	$0	$0	$0	$0	$35	$35

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