STATEWIDE PURCHASING ALLIANCE OF NEW YORK · BROOME COUNTY PURCHASING ALLIANCE

2027 SPANY / BCPA Plan Offerings · MAPD

MEDICAL AND PRESCRIPTION COMBINED

Effective January 1, 2027 · Excellus 31 County Footprint

BENEFIT	Plan 1	Plan 2	Plan 3	Plan 4	Plan 7	Plan 8	Plan 11 NEW	Plan 12 NEW
2027 MONTHLY PREMIUM PMPM	$587.06	$477.27	$488.84	$627.51	$462.25	$439.13	$413.14	$391.26
PROVIDER NETWORK	PASSIVE PPO	PASSIVE PPO	PASSIVE PPO	PASSIVE PPO	PASSIVE PPO	PASSIVE PPO	PASSIVE PPO	PASSIVE PPO
PLAN BASICS								
Medical copay · PCP and specialist	$0	$10	$0	$0	$15	$25	$10	$20
Annual medical deductible	None	None	None	None	None	None	None	None
Annual medical out-of-pocket maximum	$0	$1,250	$0	$0	$1,250	$1,250	$1,250	$1,250
Out-of-network benefits	Available	Available	Available	Available	Available	Available	Available	Available
HOSPITAL AND FACILITY								
Inpatient hospital stay	$0 / adm	$0 / adm	$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 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	$0	$0	$50	$50
Ambulatory surgical center	$0	$0	$0	$0	$0	$0	$50	$50
Hospital observation stay	$0	$0	$0	$0	$0	$0	$50	$50
EMERGENCY AND URGENT CARE · COVERED WORLDWIDE								
Emergency room	$0	$50	$0	$0	$65	$65	$65	$65
Urgent care	$0	$25	$0	$0	$25	$25	$10	$20
Ambulance	$0	$10	$0	$0	$15	$25	$65	$65
DIAGNOSTIC AND OTHER SERVICES								
X-rays and radiation therapy	$0	$10	$0	$0	$0	$0	$10	$20
Advanced imaging · MRI, MRA, CT, PET	$0	$10	$0	$0	$0	$0	$10	$20
Medicare Part B drugs	$0	$0	$0	$0	$0	$0	20%	20%
Durable medical equipment	$0	20%	$0	$0	20%	20%	20%	20%
VISION, HEARING AND DENTAL								
Routine vision exam	Covered in full	$10	Covered in full	Covered in full	$15	$25	$10	$20
Eyewear allowance · per calendar year	$100	$100	$100	$300	$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							
Routine dental	Not included	Not included	Not included	$500 allowance Class I and II	Not included	Not included	Not included	Not included
PART D PRESCRIPTION DRUG COVERAGE								
Retail 30-day supply · Tier 1 / 2 / 3	$0 / $5 / $20	$0 / $10 / $20	$10 / $20 / $35	$0 / $1 / $1	$5 / $15 / $30	$5 / $20 / $40	$10 / $25 / $40	$10 / $25 / $40
90-day supply	1x copay	1x copay	2x copay	1x copay	1x copay	1x copay	1x copay	1x copay
Prescription deductible	$0	$0	$0	$0	$0	$0	$0	$0
Annual Part D out-of-pocket maximum	$2,400 on every plan for 2027 · the member pays $0 for covered Part D drugs for the remainder of the year once that amount is reached							

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