



2027 SPANY / BCPA Plan Offerings · MAPD

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							