

# 2026 MA ONLY PRICING



	MA Only Plan 5 Enhanced with Dental		MA Only Plan 6		MA Only Plan 9		MA Only Plan 10	
2026 Monthly Premiums (pmpm)	\$246.18		\$160.18		\$193.50		\$177.38	
Benefit Name	In Network Services	Out of Network Services	In Network Services	Out of Network Services	In Network Services	Out of Network Services	In Network Services	Out of Network Services
Annual Medical Deductible	None	None	None	None	None	None	None	None
Annual Medical Out-of-Pocket Maximum	\$0	\$0	\$0	\$0	\$1,250	\$1,250	\$1,250	\$1,250
Primary Care Physician Office	\$0	\$0	\$0	\$0	\$15	\$15	\$25	\$25
Specialist Office Visit	\$0	\$0	\$0	\$0	\$15	\$15	\$25	\$25
Inpatient Hospital Stay	\$0 Per Admit	\$0 Per Admit	\$0 Per Admit	\$0 Per Admit	\$0 Per Admit	\$0 Per Admit	\$0 Per Admit	\$0 Per Admit
Outpatient Hospital Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Ambulance Services	\$0	\$0	\$0	\$0	\$15	\$15	\$25	\$25
Emergency Room (includes Worldwide coverage)	\$0	\$0	\$0	\$0	\$65	\$65	\$65	\$65
Durable Medical Equipment	100%	100%	100%	100%	80%	80%	80%	80%
Skilled Nursing Facility	\$0 Copay (First 100 Days)	\$0 Copay (First 100 Days)	\$0 Copay (First 100 Days)	\$0 Copay (First 100 Days)	\$0 Copay (First 100 Days)	\$0 Copay (First 100 Days)	\$0 Copay (First 100 Days)	\$0 Copay (First 100 Days)
Urgent Care (Includes Worldwide Coverage)	\$0	\$0	\$0	\$0	\$25	\$25	\$25	\$25
Outpatient X-ray Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dental Allowance - Class I & II Services	\$500	\$500	N/A	N/A	N/A	N/A	N/A	N/A
Eyewear Allowance – Frames and Lenses	\$300	\$300	N/A	N/A	N/A	N/A	N/A	N/A