

2025 Certified Health Insurance Plan Options



Get access to more top-quality doctors, hospitals and pharmacies in Buffalo and Rochester



Get up to \$200 or \$400 a year in Reward Cash with VitalizeSM in partnership with Personify Health

Need help choosing the right plan for you?
Contact your broker or call our dedicated representatives at 1-888-588-1447.



We have a plan for everyone.

Everyone Deserves Access to Quality, Affordable Health Care Coverage

We have got you covered with free or low cost New York State sponsored insurance plans such as Medicaid, Child Health Plus, and the Essential Plan, as well as individual and family plans from the name you have known and trusted for over four decades.

Most individual and family plans vary in price and have eligibility guidelines based on your household income and where you live, determined by New York State. Call us to get personalized help for your unique health care situation.



Plan Benefits & Features	STANDARD					
	LOW COST Base (Catastrophic) Must be under age 30 or qualify for a hardship exemption	Bronze Standard HSA (HSA** qualified)	Bronze Standard	Silver Standard	Gold Standard	Platinum Standard
Tax Credit Available (On-Exchange Only)	Not Applicable	Yes	Yes	Yes	Yes	Yes
Deductible (Single/Family)	\$9,200 / \$18,400	\$5,500 / \$11,000	\$3,800 / \$7,600	\$2,100 / \$4,200	\$600 / \$1,200	\$0 / \$0
Out-of-Pocket Maximum (Single/Family)	\$9,200 / \$18,400	\$8,050 / \$16,100	\$9,200 / \$18,400	\$9,200 / \$18,400	\$7,900 / \$15,800	\$2,000 / \$4,000
Aggregation Type	Individual	Individual	Individual	Individual	Individual	Individual
Coinsurance	You pay 0%	You pay 50%	You pay 50%	You pay 0%*	You pay 0%*	You pay 0%*
Preventive Care (Immunizations, screenings)	\$0 for most preventive services NSD	\$0 for most preventive services NSD	\$0 for most preventive services NSD	\$0 for most preventive services NSD	\$0 for most preventive services NSD	\$0 for most preventive services NSD
Primary Care Office Visit (PCP)	0%. First 3 visits NSD.	50%	\$50 PCP / \$75 SPC. First 3 visits NSD.	\$30. First visit NSD.	\$25	\$15
Specialist Office Visit (SPC)	0%		\$65. First visit NSD.	\$40	\$35	
Hospital Services			\$1,500	\$1,500	\$1,000	\$500
Outpatient Services			\$150	\$150	\$100	\$100
Emergency Room			\$500	\$500	\$150	\$100
Urgent Care			\$75	\$70	\$60	\$55
Lab Work			\$50	\$50	\$40	\$35
Basic X-Ray			\$75	\$75	\$40	\$35
Prescription Drugs		\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3	\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3	\$15 for Tier 1 \$40 for Tier 2 \$75 for Tier 3 NSD	\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3 NSD	\$10 for Tier 1 \$30 for Tier 2 \$60 for Tier 3
Telemedicine	\$0. First 3 qualifying visits NSD.	\$0	\$0. First 3 qualifying visits NSD.	\$0. First visit NSD.	\$0	\$0
Pediatric Vision* and Dental	Covered	Covered	Covered	Covered	Covered	Covered
The amounts listed above are the copays or coinsurance after the deductible is met, unless otherwise noted as not subject to deductible (NSD).						
Rates shown cover Dependents through age 26 and plans meet ACA pediatric dental compliance. (Additional rates available upon request.)						
Single	\$351.59	\$635.02	\$635.02	\$829.98	\$1,067.98	\$1,241.86
Single + Spouse	\$703.19	\$1,270.04	\$1,270.04	\$1,659.96	\$2,135.96	\$2,483.73
Single + Child(ren)	\$597.71	\$1,079.54	\$1,079.54	\$1,410.97	\$1,815.57	\$2,111.17
Single + Spouse + Child(ren)	\$1,002.04	\$1,809.80	\$1,809.80	\$2,365.45	\$3,043.75	\$3,539.31
Child Only	NA	\$261.62	\$261.62	\$341.95	\$440.01	\$511.64

Standard plans are required by New York State. The benefits and out-of-pocket costs for the Standard plans will be the same for all health insurance companies. Provider networks will differ by insurance company.

Part of the Affordable Care Act is intended to improve dental coverage for children, including preventive, routine and some major dental coverage. Individuals purchasing medical coverage outside of the NY State of Health Marketplace, are required to purchase a medical plan with pediatric dental included, or a qualified stand-alone plan. By purchasing a medical plan with dental included, you can be sure your children will receive comprehensive coverage overseen by our staff of medical management experts, and both medical and pediatric dental services will count towards your out of pocket maximums.
 Any one person insured on a family plan will not pay more than \$9,200 in compliance with the Affordable Care Act.
 *Some benefits, such as pediatric vision and durable medical equipment may have different coinsurance amounts.
 **An HSA or Health Savings Account is a tax-free funding account owned by you that helps you pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses, chiropractor visits and more. Certain subsidized health plans may not be eligible for health savings accounts.
 Note to diabetic drug and supply users: In accordance with the contract language/benefit mandates provided by New York State, if your plan includes a deductible, diabetic drugs and supplies – excluding insulin – are subject to the deductible amount.

Western New York Region
Allegany, Cattaraugus, Chautauqua,
Erie, Genesee, Niagara, Orleans and Wyoming Counties.

Plan Benefits & Features	NON-STANDARD				
	POPULAR Bronze Secure Plus 3 LOW COST	POPULAR Bronze Select (HSA** qualified)	POPULAR Silver Select (HSA** qualified)	Gold Select	Platinum Select
Tax Credit Available (On-Exchange Only)	Yes	Yes	Yes	Yes	Yes
Deductible (Single/Family)	\$9,200 / \$18,400	\$5,500 / \$11,000	\$3,200 / \$6,400	\$1,050 / \$2,100	\$0 / \$0
Out-of-Pocket Maximum (Single/Family)	\$9,200 / \$18,400	\$7,500 / \$15,000	\$7,500 / \$15,000	\$8,750 / \$17,500	\$6,350 / \$12,700
Aggregation Type	Individual	Family	Family	Individual	Individual
Coinsurance	You pay 0%	You pay 50%	You pay 20%*	You pay 0%*	You pay 0%*
Preventive Care (Immunizations, screenings)	\$0 for most preventive services NSD		\$0 for most preventive services NSD	\$0 for most preventive services NSD	\$0 for most preventive services NSD
Primary Care Office Visit (PCP)	0%. First 3 visits NSD.	50%	20%	\$25. First 3 visits NSD.	\$15
Specialist Office Visit (SPC)	0%			\$40	\$25
Acupuncture Visit (up to 10)				\$25	\$15
Physical, Occupational and Speech Therapy				\$25	\$15
Hospital Services				\$1,000	\$750
Outpatient Services				\$500	\$150
Emergency Room				\$500	\$150
Urgent Care				\$40	\$25
Lab Work				\$40	\$25
Basic X-Ray				\$40	\$15
Prescription Drugs		\$10 for Tier 1 40% for Tier 2 50% for Tier 3 Preventative Rx NSD	\$10 for Tier 1 \$45 for Tier 2 \$90 for Tier 3 Preventative Rx NSD	\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3 NSD	\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3
Telemedicine	0%. First 3 qualifying visits NSD.	0%	0%	\$0	\$0
Adult Vision Exams and Dental (Preventive & Routine)	\$0	50%	20%	\$25	\$15
Adult Eyewear	\$100	\$100	\$100	\$100	\$100
Pediatric Vision* and Dental	Covered		Covered	Covered	Covered

The amounts listed above are the copays or coinsurance after the deductible is met, unless otherwise noted as not subject to deductible (NSD).

Rates shown cover Dependents through age 26 and plans meet ACA pediatric dental compliance. (Additional rates available upon request.)

	POPULAR Bronze Secure Plus 3	POPULAR Bronze Select (HSA** qualified)	POPULAR Silver Select (HSA** qualified)	Gold Select	Platinum Select
Single	\$606.86	\$629.73	\$823.07	\$1,025.89	\$1,230.82
Single + Spouse	\$1,213.72	\$1,259.47	\$1,646.14	\$2,051.78	\$2,461.65
Single + Child(ren)	\$1,031.66	\$1,070.55	\$1,399.22	\$1,744.02	\$2,092.40
Single + Spouse + Child(ren)	\$1,729.56	\$1,794.74	\$2,345.75	\$2,923.80	\$3,507.85
Child Only	NA	NA	NA	NA	NA

Part of the Affordable Care Act is intended to improve dental coverage for children, including preventive, routine and some major dental coverage. Individuals purchasing medical coverage outside of the NY State of Health Marketplace, are required to purchase a medical plan with pediatric dental included, or a qualified stand-alone plan. By purchasing a medical plan with dental included, you can be sure your children will receive comprehensive coverage overseen by our staff of medical management experts, and both medical and pediatric dental services will count towards your out of pocket maximums.

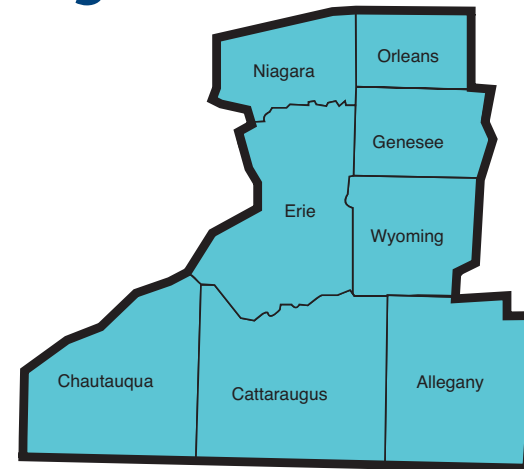
*Some benefits, such as pediatric vision and durable medical equipment may have different coinsurance amounts.

**An HSA or Health Savings Account is a tax-free funding account owned by you that helps you pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses, chiropractor visits and more. Certain subsidized health plans may not be eligible for health savings accounts.

Note to diabetic drug and supply users: In accordance with the contract language / benefit mandates provided by New York State, if your plan includes a deductible, diabetic drugs and supplies – excluding insulin – are subject to the deductible amount. Personify Health is a separate company and offers a digital wellbeing service on behalf of Univera Healthcare.

Need help choosing the right plan for you?
Contact your broker or call our dedicated representatives at 1-888-588-1447.

Western New York Region



NEW FOR 2025:

Save on primary care copays with your first three visits **not subject to the deductible** on Gold Select.

Save on glasses and contacts with our increased **\$100 vision allowance** on our non-standard QHPs.

Cardiac and pulmonary rehabilitation is now **covered in full** on our non-standard QHPs (subject to the deductible where applicable).

Diabetic insulin is now **covered in full** and not subject to the deductible.

The single **deductible and out-of-pocket maximum have decreased** to a maximum of \$9,200 on our QHPs.



The Essential Plan –

Available only through NY State of Health, with eligibility based on your household size, income and other criteria. **All plans include adult vision and dental coverage.** To find out if you qualify for the Essential Plan, contact your broker or call our dedicated representatives.

Annual Income Eligibility for Essential Plan			
Household Size	Essential Plan 200-250 (201%-250% FPL)	Essential Plan 1 & 2 (139%-200% FPL)	Essential Plan 3 & 4 (under 100%-138% FPL***)
1 person	\$30,121 - \$37,650	\$20,784 - \$30,120	\$0 - \$20,783
2 people	\$40,881 - \$51,100	\$28,208 - \$40,880	\$0 - \$28,207
3 people	\$51,641 - \$64,550	\$35,633 - \$51,640	\$0 - \$35,632
4 people	\$62,401 - \$78,000	\$43,057 - \$62,400	\$0 - \$43,056
5 people	\$73,161 - \$91,450	\$50,481 - \$73,160	\$0 - \$50,480
6 people	\$83,921 - \$104,900	\$57,906 - \$83,920	\$0 - \$57,905

The benefits and out of pocket costs for the Essential Plan will be the same for all health insurance companies.

Plan Benefits & Features	Essential Plan 200-250 (201% - 250% FPL)	Essential Plan 1 (151% - 200% FPL)	Essential Plan 2 (139% - 150% FPL)	Essential Plan 3 (100% - 138% FPL)	Essential Plan 4 (Below 100% FPL)
Deductible	\$0	\$0	\$0	\$0	\$0
Coinsurance	0%	0%	0%	0%	0%
Out-of-Pocket Maximum	\$2,000	\$360	\$200	\$200	\$0
Preventive Care (Immunization, screenings)	\$0 for most preventive services				
Primary Care Office Visit (PCP)	\$15	\$15	\$0	\$0	\$0
Specialist Office Visit (PCP)	\$25	\$25	\$0	\$0	\$0
Hospital Services	\$150	\$150	\$0	\$0	\$0
Outpatient Services	\$50	\$50	\$0	\$0	\$0
Emergency Room	\$75	\$75	\$0	\$0	\$0
Urgent Care	\$25	\$25	\$0	\$0	\$0
Lab Work	\$25	\$25	\$0	\$0	\$0
Basic X-Ray	\$25	\$25	\$0	\$0	\$0
Adult Vision Exam	\$0	\$0	\$0	\$0	\$0
Glasses and Contact Lenses	\$0	\$0	\$0	\$0	\$0
Adult Dental	\$0	\$0	\$0	\$0	\$0
Telemedicine	\$0	\$0	\$0	\$0	\$0
Prescription Drugs	\$6 for Tier 1 \$15 for Tier 2 \$30 for Tier 3	\$6 for Tier 1 \$15 for Tier 2 \$30 for Tier 3	\$1 for Tier 1 \$3 for Tier 2 \$3 for Tier 3	\$1 for Tier 1 \$3 for Tier 2 \$3 for Tier 3 with an out-of-pocket maximum for covered drugs of \$50 per calendar quarter.	\$0 for all Tiers
Rates Through NY State of Health					
Single	\$0	\$0	\$0	\$0	\$0

New York State has identified the fitness reward program as a required essential benefit that must be included for all plans, therefore the Vitalize benefit cannot be removed from the plans.

***Must be a lawfully present immigrant ("Qualified non-citizen" immigration status without a waiting period; Humanitarian statuses or circumstances (including Temporary Protected Status, Special Juvenile Status, asylum applicants, Convention Against Torture, victims of trafficking); Valid non-immigration visas; Legal status conferred by other laws (temporary resident status, LIFE Act, Family Unity individuals)). To see a full list of eligible immigration statuses, please visit the web site at www.healthcare.gov/immigrants/immigration-status/ or call the NY State of Health at 1-855-355-5777.