

Commercial Product Highlights & Changes



New for 2026!

- **New York Small Group Gold 14 HMO and EPO and New York Gold 14 Individual HMO** cover more of the essential care and prescriptions members need, including:
 - ➔ \$0 deductible
 - ➔ \$0 primary care and/or mental health visits (5 combined visits)
 - ➔ \$0 Tier 1 drugs
- **Individual Premier Plus[®] (Non-Standard) plans** include the embedded ACA pediatric dental benefit.
- **The Large Group product portfolio** now includes a plan with a \$9,500 deductible and a \$19,000 out-of-pocket maximum, as well as a plan that offers \$0 primary care, specialist, and urgent care co-pays, and \$0 Tier 1 drugs.
- **All EPO/PPO non-grandfathered plans include:**
 - ➔ \$0 primary care visits and Tier 1 drugs to anyone under the age of 19
 - ➔ Acupuncture benefits at the specialist cost-share¹
- **\$0 Gia[®] virtual care services**—including 24/7 primary and urgent care, nutrition, and some behavioral health services—are available on all New York Commercial plans.²
- **Empowering the Well-Being of Women**
MVP supports clinical programs across the full life journey with women at the center—now including a complete maternity care experience from fertility to first steps, menopause and hormonal transition care, and ongoing coaching support.
 - ➔ Members can also receive a \$1,500 reimbursement per contract, per year, for support services from a certified and/or trained doula upon 2026 plan renewal.³

Comprehensive Coverage. Seamless Experience.



Top doctors, regionally and nationwide, with our Cigna alliance³



Integrated Health Reimbursement Arrangements for employers



\$600 Well-Being Reimbursement for eligible well-being expenses⁴

Flexible Benefits That Work for Everyone

MVP offers simple, easy-to-manage spending account options that help members save money and take control of their health care:

- Health Savings Accounts
- Flexible Spending Accounts
- Health Reimbursement Arrangements
- Lifestyle Spending Accounts
- Medical Expense Reimbursement Plans

Plus, MVP offers supplemental options including COBRA Administration, Dental Plans, and Vision Plans, Powered by EyeMed¹

See reverse side for more information



¹Available on Large Group EPO plans only (unless customized or grandfathered in)

²\$0 Gia virtual care services are available on all New York Commercial plans, including qualified high-deductible health plans beginning January 1, 2026. Some specialty virtual care providers included in Gia, in-person visits, and referrals may be subject to the plan's applicable co-pay/cost-share. Estimated visit costs will be listed in Gia at the time of service.

³Available on select plans.

⁴\$600 reimbursement, per contract, per calendar year for eligible expenses. Available on select plans.

2026 New Plans and Discontinuances

New Individual and Small Group Plans

- New York Individual Gold 14 HMO
- New York Small Group Gold 14 EPO
- New York Small Group Gold 14 HMO

New Large Group Plans

The Large Group product portfolio now includes:

- A plan with a \$9,500 deductible and a \$19,000 out-of-pocket maximum
- A plan that offers \$0 primary care, specialist, and urgent care visit co-pays, as well as \$0 Tier 1 drugs

Individual and Small Group Plan Discontinuances

- New York Individual Gold 12 HMO
- New York Small Group Gold 12 EPO
- New York Small Group Gold 12 HMO

Large Group Plan Discontinuances

- All EPO plans will include integrated Rx coverage, and standalone Rx riders will no longer be available
- Plans with no current membership will be discontinued

2026 Federal Regulatory Updates

- Beginning January 1, 2026, federal law permanently extends the **telemedicine safe harbor**, allowing High-Deductible Health Plans (HDHPs) to cover virtual care services before the deductible is met—without affecting HSA eligibility.
- Beginning January 1, 2026, group health plans and insurers will be required to expand coverage for **breast cancer screening**. As part of this change, pathology evaluations—lab analysis of tissue samples (e.g., from biopsies)—must now be covered without cost-sharing when medically necessary. This is a new benefit

under MVP plans and is considered part of the screening process, ensuring members receive comprehensive diagnostic follow-up.

- Beginning January 1, 2026, **Individual Marketplace Bronze Non-HDHPs and the MVP Secure Plan** are now HSA compatible.
- Beginning January 1, 2026, new IRS rules make it easier to use **Health Savings Accounts (HSAs) with Direct Primary Care (DPC)** arrangements. DPC is no longer considered a second health plan, allowing individuals enrolled in DPC to contribute to an HSA without disqualification. Members may also use HSA funds to pay DPC membership fees, provided the arrangement offers only primary care services, is delivered by primary care practitioners, and charges a fixed monthly fee capped at \$150 for individuals and \$300 for families.

2026 New York Regulatory Updates

- Beginning January 1, 2026, upon plan renewal, insurers are required to cover **scalp cooling systems** used in connection with chemotherapy for cancer. A scalp cooling system refers to a device designed to cool the scalp during chemotherapy to help prevent or reduce hair loss. To qualify, the device must be intended for repeated use and serve primarily medical purpose.
- Beginning January 1, 2026, New York law requires coverage for **medically necessary EpiPens** for the emergency treatment of life-threatening allergic reactions. Out-of-pocket costs for these devices are capped at \$100 annually, regardless of the member's deductible, co-payment, or co-insurance. This cap does not apply to HDHPs until the minimum deductible is met, to maintain HSA eligibility under federal law.



Visit mvphealthcare.com/newthisyear or contact your MVP Account Representative.