

NEW YORK LIBERTY PLANS AT A GLANCE

SMALL GROUP OFF-EXCHANGE with premiums for the Albany Region

NOW AVAILABLE TO SMALL GROUPS 2-100!



Access to our National Network.

Affordable pharmacy. PLUS ADDED SAVINGS FOR MEMBERS

NEW! MVP WellLife Rewards: All MVP Liberty Plans include up to \$200, per subscriber, per calendar year, for completing health-related activities. AND each plan includes a \$125 reimbursement, per subscriber, per calendar year, for kids sports, weight management and gym membership. **That's \$325!**

PLAN FEATURE	NEW!		NEW!		NEW!		NEW!		NEW!		NEW!		NEW!		NEW!		NEW!		NEW!		NEW!		NEW!		
	PLATINUM 1 EMBEDDED	PLATINUM 3 EMBEDDED	PLATINUM 4 EMBEDDED	PLATINUM 5 EMBEDDED	GOLD 1 EMBEDDED	GOLD 2 HDHP AGG/EMB [†]	GOLD 3 EMBEDDED	GOLD 4 EMBEDDED	GOLD 5 EMBEDDED	GOLD 6 EMBEDDED	GOLD PPO		SILVER 1 EMBEDDED	SILV. 3 HDHP AGG/EMB [†]	SILV. 4 HRA [†] EMBEDDED	SILVER 7 EMBEDDED	SILV. 8 HDHP AGG/EMB ^{††}	SILVER PPO HDHP		BRONZE 1 EMBEDDED	BRONZE 2 EMBEDDED	BRZ. 3 HDHP EMBEDDED	BRZ. 5 HDHP EMBEDDED	BRZ. 6 HDHP EMBEDDED	
											IN NET. EMB	OUT/NET. AGG						IN NETWORK ^(††)	OUT/NET. AGG						
Plan Deductible—Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$850/\$1,700	\$1,400/\$2,800 AGG	\$600/\$1,200	\$0/\$0	\$1,000/\$2,000	\$250/\$500	\$500/\$1,000	\$4,000/\$8,000	\$1,900/\$3,800	\$2,000/\$4,000 AGG	\$2,500/\$5,000	\$2,500/\$5,000	\$3,500/\$7,000 AGG	\$1,700/\$3,400 AGG	\$4,000/\$8,000	\$3,500/\$7,000	\$4,800/\$9,600	\$5,400/\$10,800	\$4,500/\$9,000	\$6,450/\$12,900	\$6,450/\$12,900
Out-of-Pocket Maximum	\$3,000/\$6,000	\$4,400/\$8,800	\$1,400/\$2,800	\$6,600/\$13,200	\$6,350/\$12,700	\$6,350/\$12,700 EMB	\$4,000/\$8,000	\$6,450/\$12,900	\$4,500/\$9,000	\$6,350/\$12,700	\$6,850/\$13,700	\$8,000/\$16,000	\$6,350/\$12,700	\$4,500/\$9,000 EMB	\$6,350/\$12,700	\$6,600/\$13,200	\$5,500/\$11,000 EMB	\$6,450/\$12,900 EMB	\$8,000/\$16,000	\$6,850/\$13,700	\$6,850/\$13,700	\$6,450/\$12,900	\$6,450/\$12,900	\$6,450/\$12,900	\$6,450/\$12,900

MEDICAL

Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care	3 visits at \$0, then \$5	\$30	\$40	\$15	3 visits at \$0, then \$15 NoDD	\$5*	\$10*	\$40	\$30 NoDD	\$30 NoDD	\$40 NoDD	20%*	\$30 NoDD	\$25*	\$20*	\$25 NoDD	\$0*	20%*	40%*	\$35*	\$35*	\$30*	\$5*	\$0*
Specialist Visit	\$40	\$40	\$60	\$25	\$45*	\$15*	\$40*	\$50	\$50 NoDD	\$50 NoDD	\$60 NoDD	20%*	\$50*	\$50*	\$50*	\$40*	\$0*	20%*	40%*	\$80*	\$60*	\$50*	50%*	\$0*
Hospital Facility Visit: Inpatient	\$300	\$150	\$500	\$500	\$500*	\$200*	\$800*	\$500	20%*	\$1,000*	\$500*	20%*	20%*	\$500*	\$800*	\$500*	\$0*	20%*	40%*	50%*	30%*	30%*	50%*	\$0*
Hospital Facility Visit: Outpatient	\$100	\$50	\$250	\$300	\$200*	\$100*	\$100*	\$300	20%*	\$300*	\$300*	20%*	\$300*	\$200*	\$200*	\$100*	\$0*	20%*	40%*	\$300*	\$300*	\$100*	50%*	\$0*
Urgent Care	\$40	\$40	\$60	\$25	\$45 NoDD	\$15*	\$40*	\$50	\$50 NoDD	\$50 NoDD	\$60*	\$60*	\$50*	\$50*	\$50*	\$40*	\$0*	20%*	20%*	\$80*	\$60*	\$50*	50%*	\$0*
Emergency Room Visit	\$100	\$100	\$250	\$100	\$300 NoDD	\$75*	\$250*	\$500	\$300 NoDD	\$100 NoDD	\$300*	\$300*	\$350*	\$300*	\$300*	\$50*	\$0*	20%*	20%*	50%*	\$350*	\$300*	\$100*	\$0*

PHARMACY

Prescription Deductible Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$100/\$200 (name brand only)	Integrated w/Medical	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	Not covered	\$100/\$200 (name brand only)	Integrated w/Medical	\$0/\$0	\$0/\$0	Integrated w/Medical	Integrated w/Medical	Not covered	\$200/\$400	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical
Prescription Copayment	\$5/\$30/\$50	\$5/\$15/\$25	\$5/\$45/\$90	\$10/\$40/\$60	\$5/\$35/\$70*	\$5/\$15/\$25* (preventive drugs NoDD)	\$10/\$35/50%	\$10/\$40/\$60	\$5/\$30/\$50	\$10/\$40/\$60	\$10/\$40/\$60	Not covered	\$8/\$35/\$70*	\$10/\$40/\$60* (preventive drugs NoDD)	\$10/\$35/50%	\$10/\$40/\$60	\$10/\$40/\$60* (preventive drugs NoDD)	\$10/\$40/\$60* (preventive drugs NoDD)	Not covered	\$10/\$40/50%*	\$10/\$40/\$60*	\$10/\$40/\$60* (preventive drugs NoDD)	\$5/\$30/50%* (preventive drugs NoDD)	\$0/\$0/\$0* (preventive drugs NoDD)

RATES EFFECTIVE 7/1/2016 – 9/30/2016 Rates do not include pediatric dental coverage.

Single	\$667.42	\$665.67	\$659.75	\$662.86	\$566.22	\$547.71	\$568.43	\$592.58	\$567.27	\$590.86	\$591.66	\$501.34	\$472.96	\$465.87	\$493.52	\$445.09	\$491.76	\$407.12	\$378.90	\$389.98	\$381.34	\$372.35
Single + spouse	\$1,334.84	\$1,331.34	\$1,319.50	\$1,325.72	\$1,132.44	\$1,095.42	\$1,136.86	\$1,185.16	\$1,134.54	\$1,181.72	\$1,183.32	\$1,002.68	\$945.92	\$931.74	\$987.04	\$890.18	\$983.52	\$814.24	\$757.80	\$779.96	\$762.68	\$744.70
Single + child(ren)	\$1,134.61	\$1,131.64	\$1,121.58	\$1,126.86	\$962.57	\$931.11	\$966.33	\$1,007.39	\$964.36	\$1,004.46	\$1,005.82	\$852.28	\$804.03	\$791.98	\$838.98	\$756.65	\$835.99	\$692.10	\$644.13	\$662.97	\$648.28	\$633.00
Single + spouse + child(ren)	\$1,902.15	\$1,897.16	\$1,880.29	\$1,889.15	\$1,613.73	\$1,560.97	\$1,620.03	\$1,688.85	\$1,616.72	\$1,683.95	\$1,686.23	\$1,428.82	\$1,347.94	\$1,327.73	\$1,406.53	\$1,268.51	\$1,401.52	\$1,160.29	\$1,079.87	\$1,111.44	\$1,086.82	\$1,061.20

ALL PLANS INCLUDE DEPENDENT CARE TO AGE 26.

NOTE: benefits that are listed in red represent a plan change from 2015 to 2016.

NoDD: NOT SUBJECT TO DEDUCTIBLE

[†]Silver 4 Health Reimbursement Arrangement (HRA) comes with an Embedded HRA plan and requires an employer contribution of \$85.

^{††}This plan features an Aggregate deductible and an Embedded out-of-pocket maximum.

*Member amount after deductible is met.

THE DIFFERENCE BETWEEN AN AGGREGATE PLAN AND AN EMBEDDED PLAN.

AGGREGATE: For any policy with two or more members, the deductible and/or out-of-pocket maximum (OOPM) must be met by any one or any combination of members before the plan will make payments.

EMBEDDED: Each member must meet their individual deductible and/or OOPM before the plan will make any payments. The individual deductible and/or OOPM also applies to the family deductible and/or OOPM level. Once the family deductible and/or OOPM has been met, the plan will begin payment of services for all members on the contract.

This plan overview is intended to provide a general outline of coverage. In the event of any conflict between this document and your Certificate of Coverage, Schedule and any applicable Rider(s), your Certificate of Coverage, Schedule and Rider(s) will be controlling. For plan details, call 1-800-TALK-MVP (825-5687) or visit DiscoverMVP.com.

NEW YORK LIBERTY PLANS

SMALL GROUP OFF-EXCHANGE



QUALITY BENEFITS FROM A NAME YOU KNOW AND TRUST

In addition to quality coverage, MVP will continue to provide top-rated customer service, unique wellness options and innovative tools to all of our members.

TOOLS TO MANAGE YOUR ACCOUNT

myMVP mobile app

With myMVP, you'll always have access to your important health plan information—no matter where you go. myMVP allows you to:

- View, email or fax your Member ID card.
- Find a nearby doctor.
- Search your claim details and payment status.
- Access your Explanations of Benefits...right from your smartphone.

Visit the App Store or Google Play to **DOWNLOAD** the myMVP app **FOR FREE** on your mobile device.

(MSG&DATA rates may apply.)



Treatment Cost Calculator

MVP makes it easy for members to explore a wide range of health care options with the new Treatment Cost Calculator, available to members at mvphealthcare.com. With the MVP Treatment Cost Calculator, members can:



- **SEARCH** for a medical treatment, service or condition.
- **REVIEW** an estimate of their costs (based on health plan benefits).
- **IDENTIFY** doctors, hospitals and clinics nearby.
- **COMPARE** those doctors by cost and location.

NEW MVP DENTAL OPTIONS FOR 2016

To ensure you have access to pediatric dental care as required by the ACA, as well as receive the most comprehensive oral care, MVP has partnered with Healthplex to offer MVP Dental for Kids. MVP also offers MVP Dental PPO – a plan for adults and families.



For more information on dental plan options, visit DiscoverMVP.com.

WELLNESS BENEFITS

ALL MVP LIBERTY PLANS include **WellLife Rewards** – members can earn up to \$200 (per subscriber, per calendar year) for completing a Personal Health Assessment (PHA), submitting a *Health Risk Screening Form*, completing self-guided health education courses online, and meeting recommended health guidelines. Plans also include up to \$125 (per subscriber, per calendar year) in reimbursement for gym and fitness club memberships, youth sports and fitness fees or healthy weight support programs.

PERSONALIZED GUIDANCE and support through MVP's Health Management Programs, 24/7 Nurse Advice Line and full suite of online wellness tools and resources, including a Personal Health Assessment and online health improvement classes.

EXCLUSIVE MEMBER DISCOUNTS on a wide range of health and wellness services, from fitness clubs and vitamins to acupuncture and massage therapy.



MAKE THE MOST OF DiscoverMVP.com

Visit DiscoverMVP.com for a variety of resources to help you make the best health insurance decisions:

- Get more information on MVP's New York plans – including the ability to compare plans, or find a plan based on specific search criteria.
- Information on how to purchase a plan.
- Ability to download and print Summary of Benefits and Coverage (SBC) for each plan.
- Comprehensive Health Care Reform center with Infographics, FAQs, Insurance Terms Glossary, Blog posts and more.
- Stay informed with the *Health Care Business Review* newsletter.



MVP RX MEMBERS SAVE AT CVS

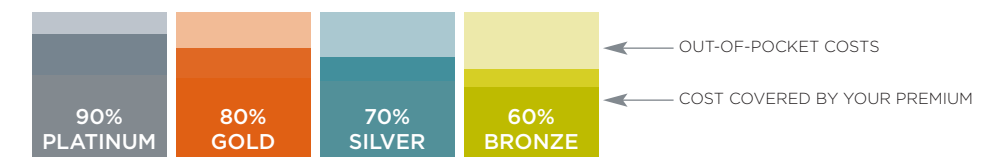
If you have prescription benefits from MVP in 2016, you can **SAVE 20%** on more than 2,200 CVS-branded health care items with the *MVP-CVS ExtraCare Health Card*.

- Includes over-the-counter medications, contact lens solution, first aid and oral hygiene products...literally thousands of items.
- Use your discount at any CVS store nationwide or online at cvs.com.



LEVELS OF COVERAGE

All health plans on the Exchange will be offered in a tiered format based on four metal levels that match the percentage of costs covered. As the metal level goes down, the monthly premium goes down while the member's out-of-pocket cost share goes up.



ALBANY REGION

Counties include:

- Albany
- Columbia
- Fulton
- Greene
- Montgomery
- Rensselaer
- Saratoga
- Schenectady
- Schoharie
- Warren
- Washington

