

NY Small Group EPO/PPO

MVP Health Care® Liberty Plans

Utica/Watertown Region Quarter 4 Rates

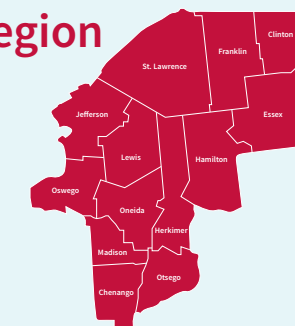


Plan Feature	Platinum 1 Embedded	Platinum 3 Embedded	Platinum 4 Embedded	Platinum 5 Embedded	Gold 1 Embedded	Gold 2 HDHP Agg/Emb ¹	Gold 3 Embedded	Gold 4 Embedded	Gold 6 Embedded	Gold 7 HDHP Agg/Emb ¹	NEW Gold 8 Embedded	NEW Gold 9 Embedded	Gold PPO	
													In Net. Emb	Out Net. Agg
Plan Deductible														
Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$850/\$1,700	\$1,600/\$3,200 Agg	\$800/\$1,600	\$0/\$0	\$350/\$700	\$1,350/\$2,700 Agg	\$4,000/\$8,000	\$4,000/\$8,000	\$700/\$1,400	\$4,000/\$8,000
Out-of-Pocket Maximum														
Individual/Family	\$2,450/\$4,900	\$2,800/\$5,600	\$1,500/\$3,000	\$3,550/\$7,100	\$6,550/\$13,100	\$4,500/\$9,000 Emb	\$4,400/\$8,800	\$6,750/\$13,500	\$6,550/\$13,100	\$2,700/\$5,400 Emb	\$7,150/\$14,300	\$4,000/\$8,000	\$7,150/\$14,300	\$8,000/\$16,000
Medical														
Preventive Care	\$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	\$10*	\$10*	\$40	\$30 NoDD	15%*	\$30 NoDD	\$30 NoDD	\$40 NoDD	20%*
Specialist Visit	\$45	\$40	\$60	\$25	\$50*	\$20*	\$40*	\$60	\$50 NoDD	15%*	\$50 NoDD	\$0*	\$60 NoDD	20%*
Hospital Facility Visit-Inpatient/Outpatient	\$300/\$100	\$150/\$100	\$500/\$250	\$550/\$300	\$500*/\$200*	\$200*/\$100*	\$800*/\$100*	\$750/\$300	\$1,000*/\$300*	15%*/15%*	20%*/20%*	\$0*/\$0*	\$500*/\$300*	20%*/20%*
Urgent Care	\$45	\$40	\$60	\$25	\$50 NoDD	\$20*	\$40*	\$60	\$50 NoDD	15%*	\$50 NoDD	\$0*	\$60*	\$60*
Emergency Room Visit	\$100	\$200	\$350	\$200	\$300 NoDD	\$75*	\$300*	\$500	\$100 NoDD	15%*	\$150 NoDD	\$0*	\$300*	\$300*
myVisitNow (Telemedicine)	\$5	\$30	\$40	\$15	\$15 NoDD	\$10*	\$10*	\$40	\$30 NoDD	15%*	\$30 NoDD	\$30 NoDD	\$40 NoDD	Not covered
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	Integrated w/ Medical	\$0/\$0	\$0/\$0	\$0/\$0	Not covered
Prescription Co-payment	\$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	\$10/\$40/\$60	\$5*/\$35*/\$70* (Preventive Drugs NoDD)	\$10/\$35/\$70	\$10/\$40/\$60	\$10/\$40/\$60	Not covered

Utica/Watertown Region

Counties include:

- Chenango
- Clinton
- Essex
- Franklin
- Hamilton
- Herkimer
- Jefferson
- Lewis
- Madison
- Oneida
- Oswego
- Otsego
- St. Lawrence



New for 2018: Preferred Provider Facilities

All MVP Liberty plans include preferred provider facilities* to help reduce out-of-pocket costs for **laboratory, radiology, and ambulatory services**. After meeting the plan deductible (if applicable) services at a preferred provider facility will be covered in full. Members can still access the full network of providers—they'll simply pay less if they choose to seek care at a preferred facility. Visit mvphealthcare.com, select *Find a Doctor*, and choose *Find a Facility*.

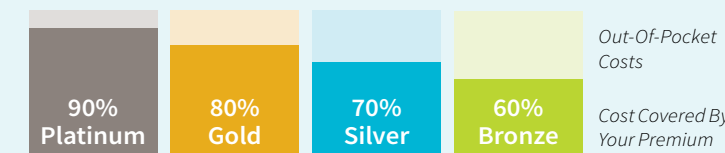
*Preferred provider facilities are not available in all counties.

New for 2018: Get More Upfront for Your Premium Dollar

We want your employees to get the services they need and use most, at a lower cost, and before meeting their plan deductible. That's why we've added new plans for 2018—Gold 9, Silver 10, and Bronze 8—that feature unlimited "first dollar coverage" for primary care physician (PCP) visits and prescription drugs. **Note:** on the Bronze 8 plan, generic drugs are "first dollar" and brand drugs are subject to the deductible. See plan details.

Levels of Coverage

Health plans are 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.



Pediatric Dental Included in all MVP Liberty Plans

Preventive	\$25 co-pay, deductible applies to HDHP plans	Routine	20% co-insurance*	Major	50% co-insurance*, including medically necessary orthodontia
All MVP Liberty plans now include pediatric dental benefits, as required by the Affordable Care Act (ACA). Covered dependents, up to age 19, have access to preventive, routine, and major services—from any licensed provider, giving members the freedom to choose any dentist they like! MVP members simply use their MVP Member ID card to obtain these dental services. Dental services are subject to the medical deductible and out-of-pocket maximum (Preventive services are subject to the deductible only in HDHP plans). See plan details for more information.					

Rates (Effective 10/1/2018 - 12/31/2018)

	Platinum 1	Platinum 3	Platinum 4	Platinum 5	Gold 1	Gold 2	Gold 3	Gold 4	Gold 6	Gold 7	NEW Gold 8	NEW Gold 9	Gold PPO In Net. Emb	Gold PPO Out Net. Agg
Single	\$817.87	\$813.62	\$807.68	\$811.08	\$700.81	\$665.71	\$685.66	\$720.76	\$727.94	\$675.29	\$672.90	\$652.15	\$730.23	
Single + Spouse	\$1,635.74	\$1,627.24	\$1,615.36	\$1,622.16	\$1,401.62	\$1,331.42	\$1,371.32	\$1,441.52	\$1,455.88	\$1,350.58	\$1,345.80	\$1,304.30	\$1,460.46	
Single + Child(ren)	\$1,390.38	\$1,383.15	\$1,373.06	\$1,378.84	\$1,191.38	\$1,131.71	\$1,165.62	\$1,225.29	\$1,237.50	\$1,147.99	\$1,143.93	\$1,108.66	\$1,241.39	
Single + Spouse + Child(ren)	\$2,330.93	\$2,318.82	\$2,301.89	\$2,311.58	\$1,997.31	\$1,897.27	\$1,954.13	\$2,054.17	\$2,074.63	\$1,924.58	\$1,917.77	\$1,858.63	\$2,081.16	

All plans include dependent care to age 26. **NOTE: Benefits that are listed in red represent a plan change from 2017-2018.**

NoDD: Not subject to deductible. ¹This plan features an Aggregate deductible and an Embedded out-of-pocket maximum.
*Member amount after deductible is met.
All MVP Liberty high deductible health plans (HDHPs) are HSA-qualified.
All MVP Liberty plans, except Bronze 8, pass for Medicare Creditable Coverage. For more information on Medicare Creditable Coverage plans, visit mvphealthcare.com and choose *Employers*, then *Forms*.
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For plan details, call **1-800-TALK-MVP (825-5687)** or visit mvphealthcare.com.

See reverse side for Silver and Bronze plans.

Aggregate (Agg) For any policy with two or more members, the deductible must be met by any one or any combination of members before the plan will make payments.
Embedded (Emb) Each member will pay toward, but never exceed, their individual deductible and/or OOPM until the larger Family deductible and/or OOPM is met. Once the Family deductible and/or OOPM has been met, the plan will begin payment of services for all members on the contract, regardless of the status of any remaining individual deductible and/or OOPM levels.

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Plan Feature	Silver 1	Silver 2	Silver 3	Silver 4	Silver 7	Silver 8	NEW	Silver PPO HDHP		Bronze 1	Bronze 2	Bronze 3	Bronze 5	Bronze 6	Bronze 7	NEW
	Embedded	Embedded	HDHP Agg/Emb [†]	HRA Embedded ^{††}	Embedded	HDHP Embedded	Silver 10 Embedded	In Net. Agg/Emb [†]	Out Net. Aggregate	Embedded	Embedded	HDHP Embedded	HDHP Embedded	HDHP Embedded	HDHP Embedded	Bronze 8 Embedded
Plan Deductible																
Individual/Family	\$2,100/ \$4,200	\$3,400/ \$6,800	\$2,200/ \$4,400 Agg	\$2,500/ \$5,000	\$3,000/ \$6,000	\$3,700/ \$7,400	\$6,550/ \$13,100	\$1,950/ \$3,900 Agg	\$4,000/ \$8,000	\$4,150/ \$8,300	\$5,000/ \$10,000	\$5,900/ \$11,800	\$5,350/ \$10,700	\$6,550/ \$13,100	\$4,800/ \$9,600	\$7,350/ \$14,700
Out-of-Pocket Maximum																
Individual/Family	\$6,550/ \$13,100	\$7,150/ \$14,300	\$4,800/ \$9,600 Emb	\$6,350/ \$12,700	\$7,350/ \$14,700	\$5,500/ \$11,000	\$6,550/ \$13,100	\$6,550/ \$13,100 Emb	\$8,000/ \$16,000	\$7,350/ \$14,700	\$7,150/ \$14,300	\$6,550/ \$13,100	\$6,550/ \$13,100	\$6,550/ \$13,100	\$6,550/ \$13,100	\$7,350/ \$14,700
Medical																
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care	\$30 NoDD	3 visits at \$0, then \$40 NoDD	\$25*	\$20*	\$30 NoDD	\$0*	\$30 NoDD	20%*	40%*	\$35*	3 visits at \$0, then \$35*	\$30*	\$5*	\$0*	40%*	\$30 NoDD
Specialist Visit	\$50*	\$70*	\$50*	\$50*	\$40*	\$0*	\$0*	20%*	40%*	\$80*	\$60*	\$50*	50%*	\$0*	40%*	\$0*
Hospital Facility Visit-Inpatient/Outpatient	20%*/\$300*	20%*/\$200*	\$500*/200*	\$800*/200*	\$500*/150*	\$0*/\$0*	\$0*/\$0*	20%*/20%*	40%*/40%*	50%*/\$300*	30%*/\$300*	30%*/\$100*	50%*/50%*	\$0*/\$0*	40%*/40%*	\$0*/\$0*
Urgent Care	\$50*	\$70 NoDD	\$50*	\$50*	\$40*	\$0*	\$0*	20%*	20%*	\$80*	\$60*	\$50*	50%*	\$0*	40%*	\$0*
Emergency Room Visit	\$350*	\$500 NoDD	\$300*	\$300*	\$200*	\$0*	\$0*	20%*	20%*	50%*	\$350*	\$300*	\$100*	\$0*	40%*	\$0*
myVisitNow (Telemedicine)	\$30 NoDD	\$40 NoDD	\$25*	\$20*	\$30 NoDD	\$0*	\$30 NoDD	20%*	Not covered	\$35*	\$35*	\$30*	\$5*	\$0*	40%*	\$30 NoDD
Pharmacy																
Prescription Deductible Individual/Family	\$100/\$200 (Name Brand Only)	Integrated w/ Medical	Integrated w/ Medical	\$0/\$0	\$0/\$0	Integrated w/ Medical	\$0/\$0	Integrated w/ Medical	Not covered	\$200/\$400	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical (Name Brand Only)
Prescription Co-payment	\$8/\$35*/\$70*	\$15*/\$40*/\$70*	\$10*/\$40*/\$60* (Preventive Drugs NoDD)	\$10/\$35/50%	\$10/\$40/\$60	\$10*/\$40*/\$60* (Preventive Drugs NoDD)	\$10/\$40/\$60	\$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)	\$10*/\$40*/\$60* (Preventive Drugs NoDD)	\$25/0%*/0%*

Pediatric Dental Included in all MVP Liberty Plans

Preventive	\$25 co-pay, deductible applies to HDHP plans	Routine	20% co-insurance*	Major	50% co-insurance*, including medically necessary orthodontia
All MVP Liberty plans now include pediatric dental benefits, as required by the Affordable Care Act (ACA). Covered dependents, up to age 19, have access to preventive, routine, and major services—from any licensed provider, giving members the freedom to choose any dentist they like! MVP members simply use their MVP Member ID card to obtain these dental services. Dental services are subject to the medical deductible and out-of-pocket maximum (Preventive services are subject to the deductible only in HDHP plans). See plan details for more information.					

Rates (Effective 10/1/2018 - 12/31/2018)

Single	\$609.73	\$564.85	\$586.90	\$574.73	\$605.92	\$569.41	\$569.41	\$606.87	\$495.13	\$481.83	\$489.23	\$488.47	\$505.47	\$483.31	\$524.68
Single + Spouse	\$1,219.46	\$1,129.70	\$1,173.80	\$1,149.46	\$1,211.84	\$1,138.82	\$1,138.82	\$1,213.74	\$990.26	\$963.66	\$978.46	\$976.94	\$1,010.94	\$966.62	\$1,049.36
Single + Child(ren)	\$1,036.54	\$960.25	\$997.73	\$977.04	\$1,030.06	\$968.00	\$968.00	\$1,031.68	\$841.72	\$819.11	\$831.69	\$830.40	\$859.30	\$821.63	\$891.96
Single + Spouse + Child(ren)	\$1,737.73	\$1,609.82	\$1,672.67	\$1,637.98	\$1,726.87	\$1,622.82	\$1,622.82	\$1,729.58	\$1,411.12	\$1,373.22	\$1,394.31	\$1,392.14	\$1,440.59	\$1,377.43	\$1,495.34

All plans include dependent care to age 26. NOTE: Benefits that are listed in red represent a plan change from 2017-2018.

NoDD: Not subject to deductible.

[†]This plan features an Aggregate deductible and an Embedded out-of-pocket maximum.

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

*Member amount after deductible is met.

All MVP Liberty high deductible health plans (HDHPs) are HSA-qualified.

myVisitNowSM—24/7 Online Doctor Visits

With myVisitNow from MVP, you can access urgent care providers via video, 24 hours a day, 365 days a year. You also have access to convenient self-scheduling with behavioral health specialists, nutritionists, dietitians, and lactation consultants—all from the comfort of your own home, or nearly anywhere in the U.S.!

Register an account today at myvisitnow.com and download the myVisitNow mobile app.

myVisitNow from MVP Health Care is powered by American Well. Regulatory restrictions may apply.

Get up to \$325 in 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, gym membership, massage therapy, and tobacco cessation courses. **That's \$325!**

MVP Rx Members Save at CVS

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.

Get the care you need...when and where you need it!

All MVP Liberty plans have access to the Cigna HealthCare network—providing members full national coverage by allowing them access to providers outside the MVP regional network. Our complete network is composed of more than 500,000 providers nationally with more than 5,000 facilities. To search MVP's complete network of providers, visit mvphealthcare.com.

Acupuncture and Adult Vision Benefits at a Glance

Don't forget, with every MVP Liberty plan, members have access to:

- Twelve acupuncture visits per year; see plan details for specific cost-share.
- One adult vision exam every two plan years and a \$60 allowance toward the price of one pair of eyeglasses or contact lenses every two plan years.

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.

Health benefit plans are issued to administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and countries.



For plan details, call **1-800-TALK-MVP (825-5687)** or visit mvphealthcare.com.



See reverse side for **Platinum and Gold plans.**