

New York Small Group Plans

Syracuse Region | Quarter 3 Rates 2019



| Plan Deductible† | Platinum EPO Plans | | | Platinum HMO Plans | | Gold EPO & PPO Plans | | | | | | | | Gold HMO Plans | | | | | |
|-------------------|--------------------|---------|---------|--------------------|---------|----------------------|---------------------|---------------|---------|-------------|---------------------|-----------------|---------------|---------------------|---------------|---------------------|---------------|------------------|--|
| | 1 | 3 | 5 | 2 | 6 | 1 | 2 HDHP | 3 | 4 | 6 | 7 HDHP | 8 | PPO | | 1 | 2 HDHP | 10 | | |
| | National Network | | | Regional Network | | National Network | | | | | | | | In Network | | Out-of-Network | | Regional Network | |
| Individual/Family | \$0/\$0 | \$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 | \$700/\$1,400 | \$4,000/\$8,000 AGG | \$850/\$1,700 | \$1,600/\$3,200 AGG | \$600/\$1,200 | | |

Out-of-Pocket Maximum(OOPM)†

| | | | | | | | | | | | | | | | | | |
|-------------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|-----------------|-----------------|------------------|------------------|-----------------|-------------------------|------------------|----------------------|------------------|-----------------|-----------------|
| Individual/Family | \$2,450/\$4,900 | \$2,800/\$5,600 | \$3,550/\$7,100 | \$2,400/\$4,800 | \$2,000/\$4,000 | \$6,550/\$13,100 | \$4,500/\$9,000 | \$4,400/\$8,800 | \$6,750/\$13,500 | \$6,550/\$13,100 | \$2,700/\$5,400 | \$7,900/\$15,800 | \$7,150/\$14,300 | \$8,000/\$16,000 AGG | \$6,550/\$13,100 | \$4,500/\$9,000 | \$4,000/\$8,000 |
|-------------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|-----------------|-----------------|------------------|------------------|-----------------|-------------------------|------------------|----------------------|------------------|-----------------|-----------------|

Medical Visit Costs

| | | | | | | | | | | | | | | | | | |
|--|--------------------------------|-------------|-------------|-------------|-------------|---------------------------------------|---------------|---------------|-------------|----------------------|-----------|----------------------|---------------------|--------------|---------------------------------------|---------------|-----------------|
| Primary Care/Specialist | 3 visits at \$0, then \$5/\$45 | \$30/\$40 | \$15/\$25 | \$10/\$35 | \$15/\$35 | 3 visits at \$0, then \$15 NoDD/\$50* | \$10*/\$20* | \$10*/\$40* | \$40/\$60 | \$30 NoDD/\$50 NoDD | 15%*/15%* | \$30 NoDD/\$50 NoDD | \$40 NoDD/\$60 NoDD | 20%*/20%* | 3 visits at \$0, then \$15 NoDD/\$50* | \$10*/\$20* | \$25*/\$40* |
| Hospital Facility-Inpatient/Outpatient | \$300/\$100 | \$150/\$100 | \$550/\$300 | \$300/\$200 | \$500/\$100 | \$500*/\$200* | \$200*/\$100* | \$800*/\$100* | \$750/\$300 | \$1,000*/\$300* | 15%*/15%* | 20%*/20%* | \$500*/\$300* | 20%*/20%* | \$500*/\$200* | \$200*/\$100* | \$1,000*/\$100* |
| Urgent Care/Emergency Room | \$45/\$100 | \$40/\$200 | \$25/\$200 | \$35/\$200 | \$55/\$100 | \$50 NoDD/\$300 NoDD | \$20*/\$75* | \$40*/\$300* | \$60/\$500 | \$50 NoDD/\$100 NoDD | 15%*/15%* | \$50 NoDD/\$300 NoDD | \$60*/\$300* | \$60*/\$300* | \$50 NoDD/\$300 NoDD | \$20*/\$75* | \$60*/\$150* |
| myVisitNow® (Telemedicine) | \$5 | \$30 | \$15 | \$10 | \$15 | \$15 NoDD | \$10* | \$10* | \$40 | \$30 NoDD | 15%* | \$30 NoDD | \$40 NoDD | Not covered | \$15 NoDD | \$10* | \$25* |

Pharmacy

| | | | | | | | | | | | | | | | | | |
|---|---------------|---------------|----------------|---------------|----------------|-------------------------------|--|---------------|----------------|----------------|--|-----------------------|----------------|-------------|-------------------------------|--|----------------|
| Prescription Deductible Individual/Family | \$0/\$0 | \$0/\$0 | \$0/\$0 | \$0/\$0 | \$0/\$0 | \$100/\$200 (Brand Name Only) | Integrated w/ Medical | \$0/\$0 | \$0/\$0 | \$0/\$0 | Integrated w/ Medical | \$0/\$0 | \$0/\$0 | Not covered | \$100/\$200 (Brand Name Only) | Integrated w/ Medical | \$0/\$0 |
| Prescription Co-Payment | \$5/\$30/\$50 | \$5/\$15/\$25 | \$10/\$40/\$60 | \$5/\$30/\$50 | \$10/\$30/\$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/\$40/\$60 | \$10/\$40/\$60 | Not covered | \$5/\$35*/\$70* | \$5*/\$15*/\$25* (Preventive Drugs NoDD) | \$10/\$35/\$70 |

Pediatric Dental Included in all MVP NY Small Group Plans

| | | | |
|------------|--|--|---|
| Preventive | \$25 co-pay, deductible applies to HDHP plans | All MVP New York Small Group plans 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. |
| Routine | 20% co-insurance* | | |
| Major | 50% co-insurance*, including medically necessary orthodontia | | |

Rates (Effective July 1, 2019–September 30, 2019)

| | | | | | | | | | | | | | | | | |
|--------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Employee | \$953.08 | \$947.82 | \$944.67 | \$887.47 | \$892.38 | \$808.22 | \$764.79 | \$789.47 | \$831.92 | \$840.81 | \$769.72 | \$763.80 | \$843.61 | \$754.25 | \$713.72 | \$762.55 |
| Employee + Spouse | \$1,906.16 | \$1,895.64 | \$1,889.34 | \$1,774.94 | \$1,784.76 | \$1,616.44 | \$1,529.58 | \$1,578.94 | \$1,663.84 | \$1,681.62 | \$1,539.44 | \$1,527.60 | \$1,687.22 | \$1,508.50 | \$1,427.44 | \$1,525.10 |
| Employee + Child(ren) | \$1,620.24 | \$1,611.29 | \$1,605.94 | \$1,508.70 | \$1,517.05 | \$1,373.97 | \$1,300.14 | \$1,342.10 | \$1,414.26 | \$1,429.38 | \$1,308.52 | \$1,298.46 | \$1,434.14 | \$1,282.23 | \$1,213.32 | \$1,296.34 |
| Employee + Spouse + Child(ren) | \$2,716.28 | \$2,701.29 | \$2,692.31 | \$2,529.29 | \$2,543.28 | \$2,303.43 | \$2,179.65 | \$2,249.99 | \$2,370.97 | \$2,396.31 | \$2,193.70 | \$2,176.83 | \$2,404.29 | \$2,149.61 | \$2,034.10 | \$2,173.27 |

All plans include dependent care to age 26. NOTE: Benefits shown in red represent a change from the 2018 plan.

Questions? We're here to help! Call 1-800-TALK-MVP (825-5687) or visit mvphealthcare.com.

† Unless otherwise noted in the chart above, all plan deductibles and/or out-of-pocket maximums (OOPMs) are embedded.

* Member amount after the deductible is met.

NoDD: Not subject to deductible.

The Difference Between an Aggregate and Embedded Plan

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: Each member pays toward, but never exceeds, their individual deductible and/or OOPM until the larger family deductible and/or OOPM is met. Once the family deductible and/or OOPM are met, the plan makes payments for all services of all members on the contract, regardless of the status of any remaining individual deductible and/or OOPM levels.

More About Our Plans

All MVP New York Small Group HDHPs are HSA-qualified.

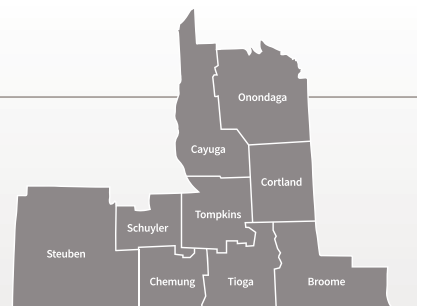
All MVP NY Small Group plans pass for Medicare Creditable Coverage except Bronze 6, Bronze 8, and Bronze 10. In order to qualify, each of these plans must meet their minimum Health Reimbursement Arrangement (HRA) requirement. The HRA requirement is \$100 for Bronze 6, \$1,500 for Bronze 8, and \$1,400 for Bronze 10.

For a full listing of plans, visit mvphealthcare.com and select *Employers*, then *Forms*.

See reverse side for Silver and Bronze plan information. >

Syracuse Region Counties include:

Broome
Cayuga
Chemung*
Cortland
Onondaga
Schuyler*
Steuben
Tioga
Tompkins



*MVP is not licensed to sell HMO plans in this county.

New York Small Group Plans

Syracuse Region | Quarter 3 Rates 2019



| Plan Deductible [†] | Silver EPO Plans | | | | | | Silver HMO Plans | | Bronze EPO Plans | | | | | | Bronze HMO Plans | | | |
|------------------------------|------------------|-----------------|---------------------|--------------------|-----------------|-----------------|---------------------|-----------------|------------------|------------------|------------------|------------------|-----------------|------------------|------------------|------------------|------------------|------------------|
| | 1 | 2 | 3 HDHP | 4 HRA [‡] | 7 | 8 HDHP | 3 HDHP | 12 | 2 | 3 HDHP | 5 HDHP | 6 HDHP | 7 HDHP | 8 | 1 | 2 | 9 HDHP | 10 [#] |
| | National Network | | | | | | Regional Network | | National Network | | | | | | Regional Network | | | |
| Individual/Family | \$2,100/\$4,200 | \$3,700/\$7,400 | \$2,200/\$4,400 AGG | \$2,500/\$5,000 | \$3,100/\$6,200 | \$3,700/\$7,400 | \$2,200/\$4,400 AGG | \$1,700/\$3,400 | \$5,000/\$10,000 | \$5,900/\$11,800 | \$5,350/\$10,700 | \$6,550/\$13,100 | \$4,800/\$9,600 | \$7,350/\$14,700 | \$4,550/\$9,100 | \$5,000/\$10,000 | \$5,500/\$11,000 | \$7,900/\$15,800 |

| Out-of-Pocket Maximum(OOPM) [†] | | | | | | | | | | | | | | | | | | | |
|--|------------------|------------------|-----------------|------------------|------------------|------------------|-----------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Individual/Family | \$6,550/\$13,100 | \$7,900/\$15,800 | \$4,800/\$9,600 | \$6,350/\$12,700 | \$7,700/\$15,400 | \$5,500/\$11,000 | \$4,800/\$9,600 | \$7,500/\$15,000 | \$7,150/\$14,300 | \$6,550/\$13,100 | \$6,550/\$13,100 | \$6,550/\$13,100 | \$6,550/\$13,100 | \$6,550/\$13,100 | \$7,350/\$14,700 | \$7,900/\$15,800 | \$7,150/\$14,300 | \$6,550/\$13,100 | \$7,900/\$15,800 |

| Medical Visit Costs | | | | | | | | | | | | | | | | | | |
|--|-----------------|---------------------------------------|---------------|---------------|-----------------|-----------|---------------|-----------------|--------------------------------|--------------|-------------|-----------|-----------|---------------|-------------|-----------------------------------|-----------|-----------|
| Primary Care/Specialist | \$30 NoDD/\$50* | 3 visits at \$0, then \$40 NoDD/\$70* | \$25*/\$50* | \$20*/\$50* | \$30 NoDD/\$40* | \$0*/\$0* | \$25*/\$50* | \$30*/\$50* | 3 visits \$0, then \$35*/\$60* | \$30*/\$50* | \$5*/\$50* | \$0*/\$0* | 40%*/40%* | \$30 NoDD/0%* | \$35*/\$80* | 3 visits at \$0, then \$35*/\$60* | 50%*/50%* | \$0*/\$0* |
| Hospital Facility-Inpatient/Outpatient | 20%*/\$300* | 20%*/\$200* | \$500*/\$200* | \$800*/\$200* | \$500*/\$150* | \$0*/\$0* | \$500*/\$200* | \$1,500*/\$100* | 30%*/\$300* | 30%*/\$100* | 50%*/50%* | \$0*/\$0* | 40%*/40%* | 0%*/0%* | 50%*/\$300* | 30%*/\$300* | 50%*/50%* | \$0*/\$0* |
| Urgent Care/Emergency Room | \$50*/\$350* | \$70 NoDD/\$500 NoDD | \$50*/\$300* | \$50*/\$300* | \$40*/\$200* | \$0*/\$0* | \$50*/\$300* | \$70*/\$250* | \$60*/\$350* | \$50*/\$300* | 50%*/\$100* | \$0*/\$0* | 40%*/40%* | 0%*/0%* | \$80*/50%* | \$60*/\$350* | 50%*/50%* | \$0*/\$0* |
| myVisitNow [®] (Telemedicine) | \$30 NoDD | \$40 NoDD | \$25* | \$20* | \$30 NoDD | \$0* | \$25* | \$30* | \$35* | \$30* | \$5* | \$0* | 40%* | \$30 NoDD | \$35* | \$35* | 50%* | \$0* |

| Pharmacy | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------|-----------------------|---|---------------|----------------|---|---|----------------|-----------------------|---|---|--|---|-----------------------|---|-------------------|---|-----------------------|-----------------------|
| Prescription Deductible Individual/Family | \$100/\$200 (Brand Name Only) | Integrated w/ Medical | Integrated w/ Medical | \$0/\$0 | \$0/\$0 | Integrated w/ Medical | Integrated w/ Medical | \$0/\$0 | Integrated w/ Medical | Integrated w/ Medical | Integrated w/ Medical | Integrated w/ Medical | Integrated w/ Medical | Integrated w/ Medical | Integrated w/ Medical (Brand Name Only) | \$300/\$600 | Integrated w/ Medical | Integrated w/ Medical | Integrated w/ Medical |
| 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* (Preventive Drugs NoDD) | \$10/\$35/\$70 | \$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%* | \$10*/\$40*/50%* | \$10*/\$40*/\$60* | \$10*/\$35*/\$70* (Preventive Drugs NoDD) | \$0*/\$0*/\$0* | |

Pediatric Dental Included in all MVP NY Small Group Plans

| | | | |
|------------|--|--|---|
| Preventive | \$25 co-pay, deductible applies to HDHP plans | All MVP New York Small Group 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. |
| Routine | 20% co-insurance* | | |
| Major | 50% co-insurance*, including medically necessary orthodontia | | |

Rates (Effective July 1, 2019–September 30, 2019)

| | | | | | | | | | | | | | | | | | | |
|--------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Employee | \$694.57 | \$627.72 | \$666.31 | \$652.20 | \$687.04 | \$645.61 | \$621.83 | \$644.69 | \$537.23 | \$546.38 | \$545.46 | \$566.48 | \$535.41 | \$590.25 | \$504.79 | \$501.38 | \$491.99 | \$480.91 |
| Employee + Spouse | \$1,389.14 | \$1,255.44 | \$1,332.62 | \$1,304.40 | \$1,374.08 | \$1,291.22 | \$1,243.66 | \$1,289.38 | \$1,074.46 | \$1,092.76 | \$1,090.92 | \$1,132.96 | \$1,070.82 | \$1,180.50 | \$1,009.58 | \$1,002.76 | \$983.98 | \$961.82 |
| Employee + Child(ren) | \$1,180.77 | \$1,067.12 | \$1,132.73 | \$1,108.74 | \$1,167.97 | \$1,097.54 | \$1,057.11 | \$1,095.97 | \$913.29 | \$928.85 | \$927.28 | \$963.02 | \$910.20 | \$1,003.43 | \$858.14 | \$852.35 | \$836.38 | \$817.55 |
| Employee + Spouse + Child(ren) | \$1,979.52 | \$1,789.00 | \$1,898.98 | \$1,858.77 | \$1,958.06 | \$1,839.99 | \$1,772.22 | \$1,837.37 | \$1,531.11 | \$1,557.18 | \$1,554.56 | \$1,614.47 | \$1,525.92 | \$1,682.21 | \$1,438.65 | \$1,428.93 | \$1,402.17 | \$1,370.59 |

All plans include dependent care to age 26. NOTE: Benefits shown in red represent a change from the 2018 plan.

Questions? We're here to help! Call 1-800-TALK-MVP (825-5687) or visit mvphealthcare.com.

[†] Unless otherwise noted in the chart above, all plan deductibles and/or out-of-pocket maximums (OOPMs) are embedded.

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

* Bronze 10 does not meet the minimum actuarial value of 60%.

* Member amount after the deductible is met.

NoDD: Not subject to deductible.

These plan overviews are 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 or 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 counties. MVPCOMM0004 (Revised 04/05/2019) ©2019 MVP Health Care, Inc.

\$0 Preventive Care

With MVP plans, you can save on medical costs by paying \$0 for preventive care, per recommended age and gender guidelines.

Receive up to \$325 in WellBeing Rewards

Earn up to \$200 in rewards, per contract, per calendar year, for completing health related activities. Plus, each plan includes an additional \$125 reimbursement for healthy weight support programs, youth sports and fitness, gym and fitness club memberships, massage therapy, and tobacco cessation courses.

Special Savings at CVS

Save 20% on more than 2,200 CVS brand health-related items with a **CVS ExtraCare Health Card[®]**.

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

National Network Access

Members enrolled in a **National Network** plan have access to Cigna HealthCare's full national network outside of the MVP service area.

Preferred Provider Facilities

All MVP Small Group plans include preferred provider facilities** to help reduce out-of-pocket costs for laboratory, radiology, and ambulatory services. By utilizing preferred provider facilities, you can pay as little as \$0 or pay a reduced cost share in plans with an unmet annual deductible.

**Preferred provider facilities are not available in all counties.

Adult Vision Benefit

NY Small Group plans cover 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.