

# New York Small Group Plans 2020 | Quarter 1



Utica/Watertown Region | Chenango | Clinton | Essex | Franklin | Hamilton | Herkimer | Jefferson | Lewis | Madison | Oneida | Oswego | Otsego | St. Lawrence

Plan Deductible <sup>†</sup>	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	
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	\$1,400/\$2,800 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 <sup>†</sup>	Platinum EPO Plans			Platinum HMO Plans		Gold EPO & PPO Plans								Gold HMO Plans			
Individual / Family	\$2,450/\$4,900	\$2,800/\$5,600	\$3,550/\$7,100	\$2,400/\$4,800	\$2,000/\$4,000	\$7,000/\$14,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,750/\$13,500	\$6,550/\$13,100	\$2,800/\$5,600	\$8,000/\$16,000	\$7,150/\$14,300	\$8,000/\$16,000 AGG	\$7,000/\$14,000	\$5,000/\$10,000	\$4,000/\$8,000

Medical	Platinum EPO Plans			Platinum HMO Plans		Gold EPO & PPO Plans								Gold HMO Plans			
Primary Care / Specialist Visit	3 Visits at \$0, then \$5/\$45	\$40/\$50	\$15/\$25	\$10/\$35	\$15/\$35	3 Visits at \$0 NoDD, then \$15 NoDD/\$50	\$10/\$20	\$20/\$40	\$40/\$60	\$30 NoDD/\$50 NoDD	15%/15%	\$40 NoDD/\$60 NoDD	\$40 NoDD/\$60 NoDD	20%/20%	3 Visits at \$0 NoDD, then \$15 NoDD/\$50	\$10/\$20	\$25/\$40
Hospital Facility Inpatient / Outpatient	\$300/\$100	\$300/\$200	\$550/\$300	\$300/\$200	\$500/\$100	\$500/\$200	\$200/\$200	\$800/\$100	\$750/\$300	\$1,000/\$300	15%/15%	20%/20%	\$500/\$300	20%/20%	\$500/\$200	\$200/\$200	\$1,000/\$100
Urgent Care / Emergency Room	\$45/\$100	\$50/\$200	\$25/\$200	\$35/\$200	\$55/\$100	\$50 NoDD/\$300 NoDD	\$20/\$75	\$40/\$300	\$60/\$500	\$50 NoDD/\$100 NoDD	15%/15%	\$60 NoDD/\$300 NoDD	\$60/\$300	\$60/\$300	\$50 NoDD/\$300 NoDD	\$20/\$75	\$60/\$300
myVisitNow <sup>®</sup> Telemedicine	\$5	\$40	\$15	\$10	\$15	\$15 NoDD	\$10	\$20	\$40	\$30 NoDD	15%	\$40 NoDD	\$40 NoDD	Not Covered	\$15 NoDD	\$10	\$25
Diagnostic Radiology / Laboratory Outpatient	\$45/\$45	\$50/\$50	\$25/\$25	\$40/\$35	\$35/\$35	\$60/\$50 NoDD	\$20/\$20	\$40/\$40	\$150/\$60	\$50 NoDD/\$50 NoDD	15%/15%	\$60 NoDD/\$60 NoDD	\$90 NoDD/\$60 NoDD	20%/20%	\$60/\$50 NoDD	\$20/\$20	\$40/\$40
Diabetic Supplies	\$5	\$40	\$15	\$10	\$15	\$15 NoDD	\$10	\$20	\$40	\$30 NoDD	15%	\$40 NoDD	\$40 NoDD	20%	\$15 NoDD	\$10	\$25
Chiropractic Benefit	\$45	\$50	\$25	\$35	\$35	\$50	\$20	\$40	\$60	\$50 NoDD	15%	\$60 NoDD	\$60 NoDD	20%	\$50	\$20	\$40

Pharmacy	Platinum EPO Plans			Platinum HMO Plans		Gold EPO & PPO Plans								Gold HMO Plans			
Prescription Deductible Individual / Family	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$200/\$400 (Brand Name Only)	Integrated w/ Medical	\$0/\$0	\$0/\$0	\$0/\$0	Integrated w/ Medical	\$0/\$0	\$0/\$0	Not Covered	\$200/\$400 (Brand Name Only)	Integrated w/ Medical	\$0/\$0
Prescription Cost Share Tier 1 / Tier 2 / Tier 3	\$5/\$30/\$50	\$10/\$30/\$50	\$10/\$40/\$60	\$5/\$30/\$50	\$10/\$30/\$60	\$10 NoDD/\$35/\$70	\$10/\$30/\$50 (Preventive RX NoDD)	\$10/\$35/50%	\$10/\$40/\$60	\$10/\$40/\$60	\$5/\$35/\$70 (Preventive RX NoDD)	\$10/\$40/\$60	\$10/\$40/\$60	Not Covered	\$10 NoDD/\$35/\$70	\$10/\$30/\$50 (Preventive RX NoDD)	\$10/\$45/\$90

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 (For EPO Bronze 6 HDHP and HMO Bronze 10, dental services are \$0, after the deductible is met.). See plan details for more information.
Routine	20% co-insurance	
Major	50% co-insurance, including medically necessary orthodontia	

Amounts listed above are the co-pay or co-insurance after the deductible is met, unless otherwise noted (NoDD). NoDD: Not subject to deductible

Rates (Effective January 1, 2020 - March 31, 2020)																	
Employee	\$911.05	\$892.65	\$906.12	\$873.06	\$878.66	\$768.29	\$729.29	\$756.77	\$796.05	\$803.13	\$728.63	\$726.08	\$807.34	\$737.73	\$700.28	\$745.88	
Employee + Spouse	\$1,822.10	\$1,785.30	\$1,812.24	\$1,746.12	\$1,757.32	\$1,536.58	\$1,458.58	\$1,513.54	\$1,592.10	\$1,606.26	\$1,457.26	\$1,452.16	\$1,614.68	\$1,475.46	\$1,400.56	\$1,491.76	
Employee + Child(ren)	\$1,548.79	\$1,517.51	\$1,540.40	\$1,484.20	\$1,493.72	\$1,306.09	\$1,239.79	\$1,286.51	\$1,353.29	\$1,365.32	\$1,238.67	\$1,234.34	\$1,372.48	\$1,254.14	\$1,190.48	\$1,268.00	
Employee + Spouse + Child(ren)	\$2,596.49	\$2,544.05	\$2,582.44	\$2,488.22	\$2,504.18	\$2,189.63	\$2,078.48	\$2,156.79	\$2,268.74	\$2,288.92	\$2,076.60	\$2,069.33	\$2,300.92	\$2,102.53	\$1,995.80	\$2,125.76	

All plans include dependent care coverage to age 26. NOTE: Benefits shown in red represent a change from the 2019 plan. [Questions? We're here to help! Call 1-800-TALK-MVP \(825-5687\) or visit mvphealthcare.com](#)

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

### Aggregate vs. Embedded

**Aggregate (AGG):** In a family plan with an aggregate deductible, all individuals on the plan pay together toward one deductible amount, before the plan will make payments.

**Embedded:** In a family plan with an embedded deductible, each member pays their own, individual deductible. Once an individual has met their deductible, no further deductible is required of them for that plan year. Other family members continue to pay toward their individual deductibles until the family deductible is met. An embedded out-of-pocket maximum works the same way.

### More About Our Plans

All MVP New York Small Group HDHPs are HSA-qualified. For a full listing of plans, visit [mvphealthcare.com](http://mvphealthcare.com) and select *Employers*, then *Forms*.

See reverse side for Silver and Bronze plan information. >

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	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	2	9 HDHP	10#
	National Network						Regional Network		National Network					Regional Network		
<b>Plan Deductible†</b>																
<b>Individual / Family</b>	\$2,100/\$4,200	\$3,700/\$7,400	\$2,200/\$4,400 AGG	\$2,500/\$5,000	\$3,100/\$6,200	\$3,900/\$7,800	\$2,200/\$4,400 AGG	\$1,700/\$3,400	\$5,000/\$10,000	\$5,900/\$11,800	\$5,350/\$10,700	\$6,750/\$13,500	\$4,800/\$9,600	\$5,000/\$10,000	\$5,500/\$11,000	\$8,000/\$16,000

<b>Out-of-Pocket Maximum†</b>																
<b>Individual / Family</b>	\$7,050/\$14,100	\$8,000/\$16,000	\$5,200/\$10,400	\$6,350/\$12,700	\$8,000/\$16,000	\$6,000/\$12,000	\$5,200/\$10,400	\$7,900/\$15,800	\$8,000/\$16,000	\$6,750/\$13,500	\$6,750/\$13,500	\$6,750/\$13,500	\$6,750/\$13,500	\$8,000/\$16,000	\$6,750/\$13,500	\$8,000/\$16,000

<b>Medical</b>																
<b>Primary Care / Specialist Visit</b>	\$30 NoDD/\$50	3 Visits at \$0 NoDD, then \$40 NoDD/\$70	\$25/\$50	\$20/\$50	\$30 NoDD/\$40	\$0/\$0	\$25/\$50	\$30/\$50	3 Visits at \$0 NoDD, then \$35/\$60	\$30/\$50	\$5/50%	\$0/\$0	40%/40%	3 Vists at \$0 NoDD, then \$35/\$60	50%/50%	\$0/\$0
<b>Hospital Facility Inpatient / Outpatient</b>	20%/\$300	20%/\$200	\$500/\$200	\$800/\$200	\$500/\$200	\$0/\$0	\$500/\$200	\$1,500/\$200	30%/\$300	30%/\$100	50%/50%	\$0/\$0	40%/40%	30%/\$300	50%/50%	\$0/\$0
<b>Urgent Care / Emergency Room</b>	\$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%	\$60/\$350	50%/50%	\$0/\$0
<b>myVisitNow® Telemedicine</b>	\$30 NoDD	\$40 NoDD	\$25	\$20	\$30 NoDD	\$0	\$25	\$30	\$35	\$30	\$5	\$0	40%	\$35	50%	\$0
<b>Diagnostic Radiology / Laboratory Outpatient</b>	\$125/\$50 NoDD	\$125/\$70 NoDD	\$50/\$50	\$80/\$50	\$85/\$40 NoDD	\$0/\$0	\$50/\$50	\$50/\$50	\$60/\$60	\$100/\$50	50%/50%	\$0/\$0	40%/40%	\$60/\$60	50%/50%	\$0/\$0
<b>Diabetic Supplies</b>	\$30 NoDD	\$40 NoDD	\$25	\$20	\$30 NoDD	\$0	\$25	\$30	\$35	\$30	\$5	\$0	40%	\$35	50%	\$0
<b>Chiropractic Benefit</b>	\$50	\$70	\$50	\$50	\$40	\$0	\$50	\$50	\$60	\$50	50%	\$0	40%	\$60	50%	\$0

<b>Pharmacy</b>																
<b>Prescription Deductible Individual / Family</b>	\$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	Integrated w/ Medical
<b>Prescription Cost Share Tier 1 / Tier 2 / Tier 3</b>	\$15 NoDD/\$35/\$70	\$15/\$40/\$70	\$15/\$40/\$60 (Preventive RX NoDD)	\$10/\$35/50%	\$15/\$45/\$90	\$15/\$40/\$60 (Preventive RX NoDD)	\$15/\$40/\$60 (Preventive RX NoDD)	\$10/\$35/\$70	\$10/\$40/\$60	\$10/\$40/\$60 (Preventive RX NoDD)	\$5/\$30/50% (Preventive RX NoDD)	\$0/\$0/\$0 (Preventive RX NoDD)	\$10/\$40/\$60 (Preventive RX NoDD)	\$10/\$40/\$60	\$10/\$35/\$70 (Preventive RX NoDD)	\$0/\$0/\$0

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<b>Routine</b>	20% co-insurance																
<b>Major</b>	50% co-insurance, including medically necessary orthodontia																

Amounts listed above are the co-pay or co-insurance after the deductible is met, unless otherwise noted (NoDD). NoDD: Not subject to deductible

<b>Rates</b> (Effective January 1, 2020 - March 31, 2020)																
<b>Employee</b>	\$654.49	\$605.33	\$636.03	\$624.15	\$651.52	\$612.44	\$610.73	\$631.14	\$507.45	\$522.23	\$519.34	\$539.80	\$507.11	\$487.27	\$479.30	\$475.86
<b>Employee + Spouse</b>	\$1,308.98	\$1,210.66	\$1,272.06	\$1,248.30	\$1,303.04	\$1,224.88	\$1,221.46	\$1,262.28	\$1,014.90	\$1,044.46	\$1,038.68	\$1,079.60	\$1,014.22	\$974.54	\$958.60	\$951.72
<b>Employee + Child(ren)</b>	\$1,112.63	\$1,029.06	\$1,081.25	\$1,061.06	\$1,107.58	\$1,041.15	\$1,038.24	\$1,072.94	\$862.67	\$887.79	\$882.88	\$917.66	\$862.09	\$828.36	\$814.81	\$808.96
<b>Employee + Spouse + Child(ren)</b>	\$1,865.30	\$1,725.19	\$1,812.69	\$1,778.83	\$1,856.83	\$1,745.45	\$1,740.58	\$1,798.75	\$1,446.23	\$1,488.36	\$1,480.12	\$1,538.43	\$1,445.26	\$1,388.72	\$1,366.01	\$1,356.20

All plans include dependent care coverage to age 26. NOTE: Benefits shown in red represent a change from the 2019 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 \$50.  
 # Bronze 10 does not meet the minimum actuarial value of 60%.

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.

## 2020 Plan Highlights

**Up to \$600 with WellBeing Rewards**  
 Members can be reimbursed \$200 for wellness-related expenses, earn \$200 for completing healthy activities, and get an additional \$200 for activity tracking, per contract, per calendar year.

**National Network Access**  
 Members enrolled in a National Network plan have access to the Cigna HealthCare network—giving members full national coverage by allowing them access to providers outside of the MVP regional network.

**Adult Vision Benefit**  
 New York 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.

**Preferred Provider Facilities**  
 By utilizing preferred provider facilities for laboratory, radiology, and ambulatory services, members 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.