

New York Small Group Plans 2020 | Quarter 1



Mid-Hudson Region | Delaware | Dutchess | Orange | Putnam | Sullivan | Ulster

| | 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 | | |
| Plan Deductible[†] | \$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[†] | \$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 | | | | | | | | | | | | | | | | | |
|---|--------------------------------|-------------|-------------|-------------|-------------|---|-------------|-------------|-------------|----------------------|---------|----------------------|---------------------|-------------|---|-------------|---------------|
| 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[®] 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 | | | | | | | | | | | | | | | | | |
|---|---------------|----------------|----------------|---------------|----------------|-------------------------------|-------------------------------------|---------------|----------------|----------------|------------------------------------|----------------|----------------|-------------|-------------------------------|-------------------------------------|----------------|
| 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 | \$1,150.48 | \$1,127.25 | \$1,144.26 | \$1,045.30 | \$1,052.00 | \$970.20 | \$920.96 | \$955.66 | \$1,005.26 | \$1,014.20 | \$920.13 | \$916.91 | \$1,019.52 | \$883.26 | \$838.43 | \$893.03 | |
| Employee + Spouse | \$2,300.96 | \$2,254.50 | \$2,288.52 | \$2,090.60 | \$2,104.00 | \$1,940.40 | \$1,841.92 | \$1,911.32 | \$2,010.52 | \$2,028.40 | \$1,840.26 | \$1,833.82 | \$2,039.04 | \$1,766.52 | \$1,676.86 | \$1,786.06 | |
| Employee + Child(ren) | \$1,955.82 | \$1,916.33 | \$1,945.24 | \$1,777.01 | \$1,788.40 | \$1,649.34 | \$1,565.63 | \$1,624.62 | \$1,708.94 | \$1,724.14 | \$1,564.22 | \$1,558.75 | \$1,733.18 | \$1,501.54 | \$1,425.33 | \$1,518.15 | |
| Employee + Spouse + Child(ren) | \$3,278.87 | \$3,212.66 | \$3,261.14 | \$2,979.11 | \$2,998.20 | \$2,765.07 | \$2,624.74 | \$2,723.63 | \$2,864.99 | \$2,890.47 | \$2,622.37 | \$2,613.19 | \$2,905.63 | \$2,517.29 | \$2,389.53 | \$2,545.14 | |

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.

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 and select *Employers*, then *Forms*.

See reverse side for Silver and Bronze plan information. >

New York Small Group Plans 2020 | Quarter 1



Mid-Hudson Region | Delaware | Dutchess | Orange | Putnam | Sullivan | Ulster

| | 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 | | |
| Plan Deductible† | | | | | | | | | | | | | | | | |
| Individual / Family | \$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 |
| Out-of-Pocket Maximum† | | | | | | | | | | | | | | | | |
| Individual / Family | \$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 |
| Medical | | | | | | | | | | | | | | | | |
| Primary Care / Specialist Visit | \$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 |
| Hospital Facility Inpatient / Outpatient | 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 |
| 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% | \$60/\$350 | 50%/50% | \$0/\$0 |
| myVisitNow® Telemedicine | \$30 NoDD | \$40 NoDD | \$25 | \$20 | \$30 NoDD | \$0 | \$25 | \$30 | \$35 | \$30 | \$5 | \$0 | 40% | \$35 | 50% | \$0 |
| Diagnostic Radiology / Laboratory Outpatient | \$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 |
| Diabetic Supplies | \$30 NoDD | \$40 NoDD | \$25 | \$20 | \$30 NoDD | \$0 | \$25 | \$30 | \$35 | \$30 | \$5 | \$0 | 40% | \$35 | 50% | \$0 |
| Chiropractic Benefit | \$50 | \$70 | \$50 | \$50 | \$40 | \$0 | \$50 | \$50 | \$60 | \$50 | 50% | \$0 | 40% | \$60 | 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 | Integrated w/ Medical |
| Prescription Cost Share Tier 1 / Tier 2 / Tier 3 | \$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 |

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 | \$826.50 | \$764.41 | \$803.19 | \$788.18 | \$822.75 | \$773.40 | \$731.21 | \$755.65 | \$640.82 | \$659.48 | \$655.84 | \$681.67 | \$640.38 | \$583.40 | \$573.85 | \$569.73 |
|---------------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Employee + Spouse | \$1,653.00 | \$1,528.82 | \$1,606.38 | \$1,576.36 | \$1,645.50 | \$1,546.80 | \$1,462.42 | \$1,511.30 | \$1,281.64 | \$1,318.96 | \$1,311.68 | \$1,363.34 | \$1,280.76 | \$1,166.80 | \$1,147.70 | \$1,139.46 |
| Employee + Child(ren) | \$1,405.05 | \$1,299.50 | \$1,365.42 | \$1,339.91 | \$1,398.68 | \$1,314.78 | \$1,243.06 | \$1,284.61 | \$1,089.39 | \$1,121.12 | \$1,114.93 | \$1,158.84 | \$1,088.65 | \$991.78 | \$975.55 | \$968.54 |
| Employee + Spouse + Child(ren) | \$2,355.53 | \$2,178.57 | \$2,289.09 | \$2,246.31 | \$2,344.84 | \$2,204.19 | \$2,083.95 | \$2,153.60 | \$1,826.34 | \$1,879.52 | \$1,869.14 | \$1,942.76 | \$1,825.08 | \$1,662.69 | \$1,635.47 | \$1,623.73 |

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.