

New York Small Group Plans 2020 | Quarter 4



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
Individual / Family																	

Medical	Platinum EPO			Platinum HMO		Gold EPO & PPO								Gold HMO			
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	Platinum EPO			Platinum HMO		Gold EPO & PPO								Gold HMO			
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 October 1, 2020–December 31, 2020)																	
Employee	\$1,217.31	\$1,192.73	\$1,210.72	\$1,096.27	\$1,103.30	\$1,026.55	\$974.46	\$1,011.17	\$1,063.65	\$1,073.12	\$973.57	\$970.17	\$1,078.74	\$926.34	\$879.32	\$936.59	
Employee + Spouse	\$2,434.62	\$2,385.46	\$2,421.44	\$2,192.54	\$2,206.60	\$2,053.10	\$1,948.92	\$2,022.34	\$2,127.30	\$2,146.24	\$1,947.14	\$1,940.34	\$2,157.48	\$1,852.68	\$1,758.64	\$1,873.18	
Employee + Child(ren)	\$2,069.43	\$2,027.64	\$2,058.22	\$1,863.66	\$1,875.61	\$1,745.14	\$1,656.58	\$1,718.99	\$1,808.21	\$1,824.30	\$1,655.07	\$1,649.29	\$1,833.86	\$1,574.78	\$1,494.84	\$1,592.20	
Employee + Spouse + Child(ren)	\$3,469.33	\$3,399.28	\$3,450.55	\$3,124.37	\$3,144.41	\$2,925.67	\$2,777.21	\$2,881.83	\$3,031.40	\$3,058.39	\$2,774.67	\$2,764.98	\$3,074.41	\$2,640.07	\$2,506.06	\$2,669.28	

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. All MVP NY Small Group plans pass for Medicare Creditable Coverage. For a full listing of plans, visit 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		
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

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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		
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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 October 1, 2020–December 31, 2020)

Employee	\$874.51	\$808.81	\$849.85	\$833.97	\$870.54	\$818.32	\$766.88	\$792.50	\$678.05	\$697.79	\$693.94	\$721.27	\$677.58	\$611.85	\$601.84	\$597.52
Employee + Spouse	\$1,749.02	\$1,617.62	\$1,699.70	\$1,667.94	\$1,741.08	\$1,636.64	\$1,533.76	\$1,585.00	\$1,356.10	\$1,395.58	\$1,387.88	\$1,442.54	\$1,355.16	\$1,223.70	\$1,203.68	\$1,195.04
Employee + Child(ren)	\$1,486.67	\$1,374.98	\$1,444.75	\$1,417.75	\$1,479.92	\$1,391.14	\$1,303.70	\$1,347.25	\$1,152.69	\$1,186.24	\$1,179.70	\$1,226.16	\$1,151.89	\$1,040.15	\$1,023.13	\$1,015.78
Employee + Spouse + Child(ren)	\$2,492.35	\$2,305.11	\$2,422.07	\$2,376.81	\$2,481.04	\$2,332.21	\$2,185.61	\$2,258.63	\$1,932.44	\$1,988.70	\$1,977.73	\$2,055.62	\$1,931.10	\$1,743.77	\$1,715.24	\$1,702.93

All plans include dependent care coverage to age 26. NOTE: Benefits shown in red represent a change from the 2019 plan.

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† 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.