

New York Small Group Plans 2021 | Quarter 3



Syracuse Region | Broome | Cayuga | Chemung | Cortland | Onondaga | Schuyler | Steuben | Tioga | Tompkins

	Platinum EPO Plans			Platinum HMO Plans		Gold EPO Plans						Gold HMO Plans		
	1	3	5	2	6	1	2 HDHP	3	4	6	8	1	2 HDHP	10
	National Network			Regional Network		National Network						Regional Network		

Plan Deductible†

Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$850/\$1,700	\$1,600/\$3,200 AGG	\$1,000/\$2,000	\$0/\$0	\$350/\$700	\$4,000/\$8,000	\$850/\$1,700	\$1,600/\$3,200 AGG	\$600/\$1,200
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Out-of-Pocket Maximum†

Individual/Family	\$2,450/\$4,900	\$2,550/\$5,100	\$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	\$8,000/\$16,000	\$7,000/\$14,000	\$5,000/\$10,000	\$4,000/\$8,000
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Medical

Primary Care/Specialist Visit	3 PCP visits at \$0, then \$5/\$45	\$40/\$50	\$15/\$25	\$10/\$35	\$15/\$35	3 PCP visits at \$0 NoDD, then \$15 NoDD/\$50	\$10/\$20	\$20/\$40	\$40/\$60	\$30 NoDD/\$50 NoDD	\$40 NoDD/\$60 NoDD	3 PCP 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	20%/20%	\$500/\$200	\$200/\$200	\$1,000/\$100
Urgent Care/Emergency Room	\$45/\$100	\$50/\$200	\$25/\$200	\$35/\$200	\$35/\$100	\$50 NoDD/\$300 NoDD	\$20/\$75	\$40/\$300	\$60/\$500	\$50 NoDD/\$100 NoDD	\$60 NoDD/\$300 NoDD	\$50 NoDD/\$300 NoDD	\$20/\$75	\$40/\$300
Diagnostic Radiology/Laboratory Outpatient	\$45/\$45	\$50/\$50	\$25/\$25	\$35/\$35	\$35/\$35	\$50/\$50 NoDD	\$20/\$20	\$40/\$40	\$60/\$60	\$50 NoDD/\$50 NoDD	\$60 NoDD/\$60 NoDD	\$50/\$50 NoDD	\$20/\$20	\$40/\$40
Diabetic Supplies	\$5	\$40	\$15	\$10	\$15	\$15 NoDD	\$10	\$20	\$40	\$30 NoDD	\$40 NoDD	\$15 NoDD	\$10	\$25
Adult Vision Exam One exam every two years	\$45	\$50	\$25	\$35	\$35	\$50	\$20	\$40	\$60	\$50 NoDD	\$60 NoDD	\$50	\$20	\$40
Telemedicine*	New for 2021! \$0 telemedicine services*													

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	\$0/\$0	\$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 Drugs NoDD)	\$10/\$35/50%	\$10/\$40/\$60	\$10/\$40/\$60	\$10/\$40/\$60	\$10 NoDD/\$35/\$70	\$10/\$30/\$50 (Preventive Drugs 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 plans, 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 as not subject to deductible (NoDD).

Rates (Effective July 1, 2021–September 30, 2021)

Employee	\$1,022.97	\$1,007.30	\$1,017.75	\$947.11	\$950.54	\$881.52	\$844.69	\$855.70	\$916.38	\$921.50	\$826.83	\$816.24	\$782.15	\$828.45
Employee + Spouse	\$2,045.94	\$2,014.60	\$2,035.50	\$1,894.22	\$1,901.08	\$1,763.04	\$1,689.38	\$1,711.40	\$1,832.76	\$1,843.00	\$1,653.66	\$1,632.48	\$1,564.30	\$1,656.90
Employee + Child(ren)	\$1,739.05	\$1,712.41	\$1,730.18	\$1,610.09	\$1,615.92	\$1,498.58	\$1,435.97	\$1,454.69	\$1,557.85	\$1,566.55	\$1,405.61	\$1,387.61	\$1,329.66	\$1,408.37
Employee + Spouse + Child(ren)	\$2,915.46	\$2,870.81	\$2,900.59	\$2,699.26	\$2,709.04	\$2,512.33	\$2,407.37	\$2,438.75	\$2,611.68	\$2,626.28	\$2,356.47	\$2,326.28	\$2,229.13	\$2,361.08

All plans include dependent care coverage to age 26. **Benefits shown in red represent a change from the 2020 plan.** ? **Questions? We're here to help!** Call 1-800-TALK-MVP (1-800-825-5687) or visit mvphealthcare.com.

† Unless otherwise noted in the chart above, all plan deductibles and/or out-of-pocket maximums (OOPMs) are embedded.
* Telemedicine services from MVP Health Care are provided by UCM Digital Health, Amwell and Physera. (Plan exceptions may apply.)

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*.
 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.

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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	\$4,500/\$9,000	\$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	\$6,000/\$12,000	\$6,200/\$12,400	\$6,250/\$12,500	\$6,900/\$13,800	\$6,200/\$12,400	\$6,000/\$12,000	\$6,100/\$12,200	\$8,300/\$16,600

Out-of-Pocket Maximum[†]																
Individual/Family	\$7,800/\$15,600	\$8,400/\$16,800	\$5,200/\$10,400	\$6,350/\$12,700	\$8,000/\$16,000	\$6,000/\$12,000	\$5,200/\$10,400	\$7,900/\$15,800	\$8,400/\$16,800	\$6,900/\$13,800	\$6,900/\$13,800	\$6,900/\$13,800	\$6,900/\$13,800	\$8,400/\$16,800	\$6,900/\$13,800	\$8,300/\$16,600

Medical	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 [#]
Primary Care/Specialist Visit	\$30 NoDD/\$50	3 PCP visits at \$0 NoDD, then \$35 NoDD/\$60	\$25/\$50	\$20/\$50	\$30 NoDD/\$40	\$0/\$0	\$25/\$50	\$30/\$50	3 PCP visits at \$0 NoDD, then \$35/\$60	\$30/\$50	\$5/50%	\$0/\$0	40%/40%	3 PCP visits at \$0 NoDD, then \$35/\$60	50%/50%	\$0/\$0
Hospital Facility Inpatient/Outpatient	20%/\$300	30%/\$300	\$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 NoDD/\$350	\$60 NoDD/\$350	\$50/\$300	\$50/\$300	\$40 NoDD/\$200	\$0/\$0	\$50/\$300	\$50/\$250	\$60/\$350	\$50/\$300	50%/100	\$0/\$0	40%/40%	\$60/\$350	50%/50%	\$0/\$0
Diagnostic Radiology/Laboratory Outpatient	\$50/\$50 NoDD	\$60/\$60 NoDD	\$50/\$50	\$50/\$50	\$40/\$40 NoDD	\$0/\$0	\$50/\$50	\$50/\$50	\$60/\$60	\$50/\$50	50%/50%	\$0/\$0	40%/40%	\$60/\$60	50%/50%	\$0/\$0
Diabetic Supplies	\$30 NoDD	\$35 NoDD	\$25	\$20	\$30 NoDD	\$0	\$25	\$30	\$35	\$30	\$5	\$0	40%	\$35	50%	\$0
Adult Vision Exam One exam every two years	\$50	\$60	\$50	\$50	\$40	\$0	\$50	\$50	\$60	\$50	50%	\$0	40%	\$60	50%	\$0
Telemedicine*	New for 2021! \$0 telemedicine services*															

Pharmacy	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 [#]
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	\$10/\$45/\$90	\$15/\$40/\$60 (Preventive Drugs NoDD)	\$10/\$35/50%	\$15/\$45/\$90	\$15/\$40/\$60 (Preventive Drugs NoDD)	\$15/\$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)	\$10/\$40/\$60	\$10/\$35/\$70 (Preventive Drugs 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 plans, 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 as not subject to deductible (NoDD).

Rates (Effective July 1, 2021–September 30, 2021)

Employee	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 [#]
Employee	\$749.92	\$682.06	\$737.03	\$721.97	\$745.56	\$712.72	\$682.47	\$696.90	\$577.98	\$608.15	\$595.12	\$632.26	\$603.01	\$535.19	\$556.59	\$538.65
Employee + Spouse	\$1,499.84	\$1,364.12	\$1,474.06	\$1,443.94	\$1,491.12	\$1,425.44	\$1,364.94	\$1,393.80	\$1,155.96	\$1,216.30	\$1,190.24	\$1,264.52	\$1,206.02	\$1,070.38	\$1,113.18	\$1,077.30
Employee + Child(ren)	\$1,274.86	\$1,159.50	\$1,252.95	\$1,227.35	\$1,267.45	\$1,211.62	\$1,160.20	\$1,184.73	\$982.57	\$1,033.86	\$1,011.70	\$1,074.84	\$1,025.12	\$909.82	\$946.20	\$915.71
Employee + Spouse + Child(ren)	\$2,137.27	\$1,943.87	\$2,100.54	\$2,057.61	\$2,124.85	\$2,031.25	\$1,945.04	\$1,986.17	\$1,647.24	\$1,733.23	\$1,696.09	\$1,801.94	\$1,718.58	\$1,525.29	\$1,586.28	\$1,535.15

All plans include dependent care coverage to age 26. Benefits shown in red represent a change from the 2020 plan. ? Questions? We're here to help! Call 1-800-TALK-MVP (1-800-825-5687) or visit mvphealthcare.com.

[†] Unless otherwise noted in the chart above, all plan deductibles and/or out-of-pocket maximums (OOPMs) are embedded.
^{*} Telemedicine services from MVP Health Care are provided by UCM Digital Health, Amwell and Phylsera. (Plan exceptions may apply.)
[†] 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.

2021 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.

\$0 Telemedicine Services*
MVP's \$0 telemedicine services include emergency, urgent and primary care, as well as mental health and psychiatry. All from your smartphone, phone, tablet or computer.

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.

MVP Preferred Providers
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.