

# New York Small Group Plans 2021 | Quarter 4

Syracuse Region

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



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

## Plan Deductible<sup>1</sup>

Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$850/\$1,700	\$1,600/\$3,200 AGG	\$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<sup>1</sup>

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	\$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	\$20/\$40	\$40/\$60	\$30 NoDD/\$50 NoDD	\$40 NoDD/\$60 NoDD	\$40 NoDD/\$60 NoDD	3 PCP visits at \$0 NoDD, then \$15 NoDD/\$50	\$10/\$20	\$10/\$20	\$25/\$40
Hospital Facility Inpatient/Outpatient	\$300/\$100	\$300/\$200	\$550/\$300	\$300/\$200	\$500/\$100	\$800/\$100	\$750/\$300	\$1,000/\$300	20%/20%	20%/20%	\$500/\$200	\$200/\$200	\$2,000/\$100	
Urgent Care/Emergency Room	\$45/\$100	\$50/\$200	\$25/\$200	\$35/\$200	\$35/\$100	\$40/\$300	\$60/\$500	\$50 NoDD/\$100 NoDD	\$60 NoDD/\$300 NoDD	\$60 NoDD/\$300 NoDD	\$50 NoDD/\$300 NoDD	\$20/\$75	\$20/\$75	\$40/\$300
Diagnostic Radiology/Laboratory Outpatient	\$45/\$45	\$50/\$50	\$25/\$25	\$35/\$35	\$35/\$35	\$40/\$40	\$60/\$60	\$50/\$50 NoDD	\$60 NoDD/\$60 NoDD	\$60 NoDD/\$60 NoDD	\$50/\$50 NoDD	\$20/\$20	\$20/\$20	\$40/\$40
Diabetic Supplies	\$5	\$40	\$15	\$10	\$15	\$20	\$40	\$15 NoDD	\$40 NoDD	\$40 NoDD	\$15 NoDD	\$10	\$25	
Adult Vision Exam One exam every two years	\$45	\$50	\$25	\$35	\$35	\$40	\$60	\$50 NoDD	\$60 NoDD	\$60 NoDD	\$50 NoDD	\$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)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$200/\$400 (Brand Name Only)	Integrated w/Medical	\$0/\$0
Prescription Coast 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/\$35/50% (Preventive Drugs NoDD)	\$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 dental services from any licensed provider, giving members the freedom to choose any dentist they like.												
Routine	20% co-insurance	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.												
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 October 1, 2021–December 31, 2021

Employee	\$1,039.34	\$1,023.42	\$1,034.03	\$961.32	\$964.80	\$895.62	\$869.39	\$931.04	\$936.24	\$840.06	\$828.48	\$793.88	\$840.88
Employee + Spouse	\$2,078.68	\$2,046.84	\$2,068.06	\$1,922.64	\$1,929.60	\$1,791.24	\$1,738.78	\$1,862.08	\$1,872.48	\$1,680.12	\$1,656.96	\$1,587.76	\$1,681.76
Employee + Child(ren)	\$1,766.88	\$1,739.81	\$1,757.85	\$1,634.24	\$1,640.16	\$1,522.55	\$1,477.96	\$1,582.77	\$1,591.61	\$1,428.10	\$1,408.42	\$1,349.60	\$1,429.50
Employee + Spouse + Child(ren)	\$2,962.12	\$2,916.75	\$2,946.99	\$2,739.76	\$2,749.68	\$2,552.52	\$2,477.76	\$2,653.46	\$2,668.28	\$2,394.17	\$2,361.17	\$2,262.56	\$2,396.51

All plans include dependent care coverage to age 26. Benefits shown in red represent a change from the 2020 plan.

<sup>1</sup> 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.

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## 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](http://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.

See reverse side for Silver and Bronze plan information. >

