

# New York Small Group 2022 Plans Quarter 1

**SYRACUSE REGION** Broome, Cayuga, Chemung, Cortand, Onondaga, Schuyler, Steuben, Tioga, and Tompkins Counties



**Open Enrollment: November 16, 2021–January 31, 2022!**

| Platinum EPO                        |   |   | Platinum HMO     |   | Gold EPO                            |         |   |   |   |   |         | Gold HMO         |         |    |         |
|-------------------------------------|---|---|------------------|---|-------------------------------------|---------|---|---|---|---|---------|------------------|---------|----|---------|
| 1                                   | 3 | 5 | 2                | 6 | 1                                   | 2 QHDHP | 3 | 4 | 6 | 8 | 11 New! | 1                | 2 QHDHP | 10 | 11 New! |
| National Network (Cigna HealthCare) |   |   | Regional Network |   | National Network (Cigna HealthCare) |         |   |   |   |   |         | Regional Network |         |    |         |

Benefit amounts below are the co-pay or co-insurance after deductible is met, unless otherwise noted as not subject to deductible (NoDD). All plans include dependent care coverage to age 26. **Benefits in red** indicate a change from the 2021 plan.

## 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 | \$1,000/\$2,000 | \$0/\$0 | \$350/\$700 | \$4,000/\$8,000 | \$750/\$1,500 | \$850/\$1,700 | \$1,600/\$3,200 AGG | \$600/\$1,200 | \$750/\$1,500 |
|-------------------|---------|---------|---------|---------|---------|---------------|---------------------|-----------------|---------|-------------|-----------------|---------------|---------------|---------------------|---------------|---------------|

## 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 | \$5,000/\$10,000 | \$6,750/\$13,500 | \$6,550/\$13,100 | \$8,000/\$16,000 | \$8,700/\$17,400 | \$7,000/\$14,000 | \$5,000/\$10,000 | \$4,000/\$8,000 | \$8,700/\$17,400 |
|-------------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------|------------------|

## 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, then \$15 NoDD/\$50 | \$10/\$20   | \$20/\$40   | \$40/\$60   | \$30 NoDD/\$50 NoDD  | \$40 NoDD/\$60 NoDD  | \$35 NoDD (\$0 to age 26)/\$50 | 3 PCP visits at \$0, then \$15 NoDD/\$50 | \$10/\$20   | \$25/\$40     | \$35 NoDD (\$0 to age 26)/\$50 |
| 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%              | \$1,000/\$300                  | \$500/\$200                              | \$200/\$200 | \$1,000/\$100 | \$1,000/\$300                  |
| 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/\$250                | \$50 NoDD/\$300 NoDD                     | \$20/\$75   | \$40/\$300    | \$50 NoDD/\$250                |
| 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  | \$100/\$0 NoDD                 | \$50/\$50 NoDD                           | \$20/\$20   | \$40/\$40     | \$100/\$0 NoDD                 |
| Diabetic Supplies                          | \$5                                | \$40        | \$15        | \$10        | \$15        | \$15 NoDD                                | \$10        | \$20        | \$40        | \$30 NoDD            | \$40 NoDD            | \$35 NoDD (\$0 to age 26)      | \$15 NoDD                                | \$10        | \$25          | \$35 NoDD (\$0 to age 26)      |

## Additional Benefits

### Virtual Care Services

*Gia virtual care services are \$0 on all plans, except qualified high-deductible health plans (QHDHPs) in 2022. The IRS now requires members enrolled in QHDHPs to pay for virtual care services until their plan deductible is met. After the deductible is met, virtual care services are \$0. While costs for care vary, Gia virtual care services are generally lower cost than the in-person alternative. Gia virtual care services include urgent/emergent care, primary care, behavioral health, psychiatry, nutrition, and lactation. Virtual physical therapy is also included on 2022 plans. In-person care or virtual care excluding Gia is subject to co-pay/cost-share per plan details.*

### MVP WellBeing Rewards

*Earn up to \$600 per contract, per calendar year with MVP WellBeing Rewards.*

### Pediatric Dental

*Included with all MVP New York Small Group plans. Preventive services subject to \$25 co-pay (deductible applies to QHDHPs), routine services subject to 20% co-insurance, and major services, including medically necessary orthodontia, are subject to 50% co-insurance.*

## Pharmacy

|   |               |                |                |               |                |                               |  |               |                |                |                |                                     |                               |  |                |                                     |
|---|---------------|----------------|----------------|---------------|----------------|-------------------------------|--|---------------|----------------|----------------|----------------|-------------------------------------|-------------------------------|--|----------------|-------------------------------------|
| Prescription Deductible Individual/Family | \$0/\$0       | \$0/\$0        | \$0/\$0        | \$0/\$0       | \$0/\$0        | \$200/\$400 (Brand Name only) | Integrated with Medical                | \$0/\$0       | \$0/\$0        | \$0/\$0        | \$0/\$0        | Integrated with Medical             | \$200/\$400 (Brand Name only) | Integrated with Medical                | \$0/\$0        | Integrated with Medical             |
| Prescription Cost-Share Tier1/Tier2/Tier3 | \$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 (\$0 to age 26)/\$45/\$90 | \$10 NoDD/\$35/\$70           | \$10/\$30/\$50 (Preventive drugs NoDD) | \$10/\$45/\$90 | \$10 NoDD (\$0 to age 26)/\$45/\$90 |

## Premium Monthly Rates

Rates effective January 1, 2022–March 31, 2022.

|                                |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |
|--------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Employee                       | \$1,018.46 | \$1,003.80 | \$1,013.81 | \$945.65   | \$949.21   | \$879.13   | \$842.85   | \$855.20   | \$914.65   | \$916.51   | \$826.79   | \$867.44   | \$816.38   | \$782.69   | \$828.05   | \$805.52   |
| Employee + Spouse              | \$2,036.92 | \$2,007.60 | \$2,027.62 | \$1,891.30 | \$1,898.42 | \$1,758.26 | \$1,685.70 | \$1,710.40 | \$1,829.30 | \$1,833.02 | \$1,653.58 | \$1,734.88 | \$1,632.76 | \$1,565.38 | \$1,656.10 | \$1,611.04 |
| Employee + Child(ren)          | \$1,731.38 | \$1,706.46 | \$1,723.48 | \$1,607.61 | \$1,613.66 | \$1,494.52 | \$1,432.85 | \$1,453.84 | \$1,554.91 | \$1,558.07 | \$1,405.54 | \$1,474.65 | \$1,387.85 | \$1,330.57 | \$1,407.69 | \$1,369.38 |
| Employee + Spouse + Child(ren) | \$2,902.61 | \$2,860.83 | \$2,889.36 | \$2,695.10 | \$2,705.25 | \$2,505.52 | \$2,402.12 | \$2,437.32 | \$2,606.75 | \$2,612.05 | \$2,356.35 | \$2,472.20 | \$2,326.68 | \$2,230.67 | \$2,359.94 | \$2,295.73 |

<sup>1</sup>Unless otherwise noted, all plan deductibles and/or out-of-pocket maximums are embedded.

These plan overviews are intended to provide a general outline of coverage. For comprehensive benefit details, please review your Certificate of Coverage (COC), Schedule of Benefits, Summary of Benefits and Coverage (SBC), and any applicable Rider(s). Your COC, SBC, and Rider(s) will be controlling. These documents can be found in your MVP online account, or are available by request. For details, call 1-800-TALK-MVP (1-800-825-5687).

**QHDHP:** Qualified High-Deductible Health Plan **NoDD:** Not subject to deductible

Plans still pending approval for Medicare Creditable Coverage. All QHDHPs can be paired with a Health Savings Account. Health benefit plans are issued and 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.

**Questions? We're here to help!**

Call 1-800-TALK-MVP (1-800-825-5687) or visit [mvphealthcare.com/shop](http://mvphealthcare.com/shop).

See other side for Silver and Bronze plans.

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**Open Enrollment: November 16, 2021–January 31, 2022!**

| Silver EPO                          |   |         |                    |   |         | Silver HMO       |    |                | Bronze EPO                          |         |         |         |         | Bronze HMO       |         |                 |
|-------------------------------------|---|---------|--------------------|---|---------|------------------|----|----------------|-------------------------------------|---------|---------|---------|---------|------------------|---------|-----------------|
| 1                                   | 2 | 3 QHDHP | 4 HRA <sup>1</sup> | 7 | 8 QHDHP | 3 QHDHP          | 12 | 13 <b>New!</b> | 2                                   | 3 QHDHP | 5 QHDHP | 6 QHDHP | 7 QHDHP | 2                | 9 QHDHP | 10 <sup>2</sup> |
| National Network (Cigna HealthCare) |   |         |                    |   |         | Regional Network |    |                | National Network (Cigna HealthCare) |         |         |         |         | Regional Network |         |                 |

Benefit amounts below are the co-pay or co-insurance after deductible is met, unless otherwise noted as not subject to deductible (NoDD). All plans include dependent care coverage to age 26. **Benefits in red** indicate a change from the 2021 plan.

## Plan Deductible<sup>2</sup>

|                   |                 |                 |                     |                 |                 |                 |                     |                 |                        |                  |                  |                  |                  |                  |                  |                  |                  |
|-------------------|-----------------|-----------------|---------------------|-----------------|-----------------|-----------------|---------------------|-----------------|------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| 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 | <b>\$2,850/\$5,700</b> | \$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<sup>2</sup>

|                   |                  |                  |                  |                  |                  |                  |                  |                  |                         |                  |                  |                  |                  |                  |                  |                  |                  |
|-------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| 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 | <b>\$8,700/\$17,400</b> | \$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

|  |                 |                 |             |             |  |         |             |               |                                       |                                     |            |         |         |         |                                     |         |         |
|--|-----------------|-----------------|-------------|-------------|--|---------|-------------|---------------|---------------------------------------|-------------------------------------|------------|---------|---------|---------|-------------------------------------|---------|---------|
| Primary Care/Specialist Visit              | \$30 NoDD/\$50  | \$35 NoDD/\$60  | \$25/\$50   | \$20/\$50   | 3 PCP visits at \$0, then \$30 NoDD/\$40 | \$0/\$0 | \$25/\$50   | \$30/\$50     | <b>\$35 NoDD (\$0 to age 26)/\$50</b> | 3 PCP visits at \$0, then \$35/\$60 | \$30/\$50  | \$5/50% | \$0/\$0 | 40%/40% | 3 PCP visits at \$0, 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 | <b>\$1,000/\$300</b>                  | 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    | <b>\$50 NoDD/\$250</b>                | \$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     | <b>\$100/\$50 NoDD</b>                | \$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          | <b>\$35 NoDD (\$0 to age 26)</b>      | \$35                                | \$30       | \$5     | \$0     | 40%     | \$35                                | 50%     | \$0     |

## Additional Benefits

|                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Virtual Care Services | <i>Gia virtual care services are \$0 on all plans, except qualified high-deductible health plans (QHDHPs) in 2022. The IRS now requires members enrolled in QHDHPs to pay for virtual care services until their plan deductible is met. After the deductible is met, virtual care services are \$0. While costs for care vary, Gia virtual care services are generally lower cost than the in-person alternative. Gia virtual care services include urgent/emergent care, primary care, behavioral health, psychiatry, nutrition, and lactation. Virtual physical therapy is also included on 2022 plans. In-person care or virtual care excluding Gia is subject to co-pay/cost-share per plan details.</i> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MVP WellBeing Rewards | <i>Earn up to \$600 per contract, per calendar year with MVP WellBeing Rewards.</i>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pediatric Dental      | <i>Included with all MVP New York Small Group plans. Preventive services subject to \$25 co-pay (deductible applies to QHDHPs), routine services subject to 20% co-insurance, and major services, including medically necessary orthodontia, are subject to 50% co-insurance.</i>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## Pharmacy

|  |                               |                         |  |               |                |  |  |                |  |                         |  |                                      |                                     |  |                         |  |                         |
|--|-------------------------------|-------------------------|--|---------------|----------------|--|--|----------------|--|-------------------------|--|--------------------------------------|-------------------------------------|--|-------------------------|--|-------------------------|
| Prescription Deductible Individual/Family  | \$100/\$200 (Brand Name only) | Integrated with Medical | Integrated with Medical                | \$0/\$0       | \$0/\$0        | Integrated with Medical                | Integrated with Medical                | \$0/\$0        | <b>Integrated with Medical</b>             | Integrated with Medical | Integrated with Medical                | Integrated with Medical              | Integrated with Medical             | Integrated with Medical                | Integrated with Medical | Integrated with Medical                | Integrated with Medical |
| Prescription Cost-Share Tier1/Tier2/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 | <b>\$15 NoDD (\$0 to age 26)/\$45/\$90</b> | \$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             |

## Premium Monthly Rates Rates effective January 1, 2022–March 31, 2022.

|                                |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |
|--------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Employee                       | \$747.89   | \$685.25   | \$737.16   | \$721.84   | \$743.62   | \$712.14   | \$684.55   | \$697.03   | \$665.68   | \$585.17   | \$610.47   | \$601.57   | \$631.62   | \$606.62   | \$543.42   | \$561.46   | \$543.14   |
| Employee + Spouse              | \$1,495.78 | \$1,370.50 | \$1,474.32 | \$1,443.68 | \$1,487.24 | \$1,424.28 | \$1,369.10 | \$1,394.06 | \$1,331.36 | \$1,170.34 | \$1,220.94 | \$1,203.14 | \$1,263.24 | \$1,213.24 | \$1,086.84 | \$1,122.92 | \$1,086.28 |
| Employee + Child(ren)          | \$1,271.41 | \$1,164.93 | \$1,253.17 | \$1,227.13 | \$1,264.15 | \$1,210.64 | \$1,163.74 | \$1,184.95 | \$1,131.66 | \$994.79   | \$1,037.80 | \$1,022.67 | \$1,073.75 | \$1,031.25 | \$923.81   | \$954.48   | \$923.34   |
| Employee + Spouse + Child(ren) | \$2,131.49 | \$1,952.96 | \$2,100.91 | \$2,057.24 | \$2,119.32 | \$2,029.60 | \$1,950.97 | \$1,986.54 | \$1,897.19 | \$1,667.73 | \$1,739.84 | \$1,714.47 | \$1,800.12 | \$1,728.87 | \$1,548.75 | \$1,600.16 | \$1,547.95 |

<sup>1</sup>Silver 4 Health Reimbursement Arrangement (HRA) comes with an Embedded HRA plan and requires a \$50 employer contribution.

<sup>2</sup>Unless otherwise noted, all plan deductibles and/or out-of-pocket maximums are embedded.

**QHDHP:** Qualified High-Deductible Health Plan **HRA:** Health Reimbursement Arrangement **NoDD:** Not subject to deductible All MVP New York Small Group plans pass for Medicare Creditable Coverage and all QHDHPs are Health Savings Account qualified.

These plan overviews are intended to provide a general outline of coverage. For comprehensive benefit details, please review your Certificate of Coverage (COC), Schedule of Benefits, Summary of Benefits and Coverage (SBC), and any applicable Rider(s). Your COC, SBC, and Rider(s) will be controlling. These documents can be found in your MVP online account, or are available by request. For details, call **1-800-TALK-MVP** (1-800-825-5687). Health benefit plans are issued and 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.

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See other side for Platinum and Gold plans.