New York Small Group 2023 Plans Quarter 3

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

Platinum EPO National Network			Platinum HMO Regional Network		Gold EPO National Network							Gold HMO Regional Network				
1	3	5	2	6	1	2 QHDHP	3	4	6	8	11	1	2 QHDHP	10	11	
e the co-pay o	or co-insuranc	e after deduct	tible is met, ur	nless otherwise	e noted as not su	ubject to dedu	ctible (NoDD)	. All plans incl	ude depende	nt care covera	ge to age 26. C	ost-shares in	red indicate a	change from	the 2022 pla	
														-		
\$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	
\$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	\$4,200/\$8,400	\$8,700/\$17,40	
				•					1							
3 PCP visits at \$0, then \$5/\$45	<mark>\$30/</mark> \$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	
\$300/\$100	\$250/\$100	\$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	
\$45/\$100	\$50/ <mark>\$150</mark>	\$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/\$25	
\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	
\$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 NoDI	
\$5	\$30	\$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)	
or Dependent	ts to Age 19															
\$25/20%/50%	\$25/20%/50%	\$25/20%/50%	\$25/20%/50%	\$25/20%/50%	\$25 NoDD/ 20%/50%	\$25/20%/50%	\$25 NoDD/ 20%/50%	\$25/20%/50%	\$25 NoDD/ 20%/50%	\$25 NoDD/ 20%/50%	\$25 NoDD/ 20%/50%	\$25 NoDD/ 20%/50%	\$25/20%/50%	\$25 NoDD/ 20%/50%	\$25 NoDD/ 20%/50%	
\$45/50%	\$50/50%	\$25/50%	\$35/50%	\$35/50%	\$50/50%	\$20/50%	\$40/50%	\$60/50%	\$50 NoDD/50%	\$60 NoDD/50%	\$50/50%	\$50/50%	\$20/50%	\$40/50%	\$50/50%	
\$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	
\$5/\$30/\$50	\$5/\$25/\$40	\$10/\$40/\$60	\$5/\$30/\$50	\$10/\$30/\$60	\$10 NoDD/ \$35/\$70	\$10/\$30/\$50 (Preventive Drugs NoDD)	\$10 NoDD/ \$35 NoDD/ 50% NoDD	\$10/\$40/\$60	\$10 NoDD/ \$40 NoDD/ \$60 NoDD	\$10 NoDD/ \$40 NoDD/ \$60 NoDD	\$10 NoDD (\$0 to age 26)/ \$45/\$90	\$10 NoDD/ \$35/\$70	\$10/\$30/\$50 (Preventive Drugs NoDD)	\$10 NoDD/ \$45 NoDD/ \$90 NoDD	\$10 NoDD (\$0 to age 26) \$45/\$90	
				\$10/\$30/\$60	\$10 NoDD/	(Preventive	\$35 NoDD/	\$10/\$40/\$60	\$40 NoDD/	\$40 NoDD/	(\$0 to age 26)/		(Preventive	\$45 NoDD/	(\$0 to age 26)	
Rates effective	July 1, 2023–S	eptember 30, 2	.023.		\$10 NoDD/ \$35/\$70	(Preventive Drugs NoDD)	\$35 NoDD/ 50% NoDD		\$40 NoDD/ \$60 NoDD	\$40 NoDD/ \$60 NoDD	(\$0 to age 26)/ \$45/\$90	\$35/\$70	(Preventive Drugs NoDD)	\$45 NoDD/ \$90 NoDD	(\$0 to age 26) \$45/\$90	
Rates effective \$1,135.42	July 1, 2023–S \$1,125.40	eptember 30, 2 \$1,130.35	023. \$1,078.23	\$1,082.42	\$10 NoDD/ \$35/\$70 \$980.68	(Preventive Drugs NoDD) \$943.10	\$35 NoDD/ 50% NoDD \$956.28	\$1,019.48	\$40 NoDD/ \$60 NoDD \$1,021.56	\$40 NoDD/ \$60 NoDD \$921.50	(\$0 to age 26)/ \$45/\$90 \$974.95	\$35/\$70 \$931.41	(Preventive Drugs NoDD) \$895.71	\$45 NoDD/ \$90 NoDD \$944.73	(\$0 to age 26) \$45/\$90 \$925.9	
Rates effective	July 1, 2023–S	eptember 30, 2	.023.		\$10 NoDD/ \$35/\$70	(Preventive Drugs NoDD)	\$35 NoDD/ 50% NoDD		\$40 NoDD/ \$60 NoDD	\$40 NoDD/ \$60 NoDD	(\$0 to age 26)/ \$45/\$90	\$35/\$70	(Preventive Drugs NoDD)	\$45 NoDD/ \$90 NoDD	(\$0 to age 26 \$45/\$90	
	1 e the co-pay of solution \$0/\$0 \$2,450/\$4,900 3 PCP visits at \$0, then \$5/\$45 \$300/\$100 \$45/\$100 \$0 NoDD \$45/\$45 \$5 or Dependent \$25/20%/50% \$45/\$100	1 3 e the co-pay or co-insurance \$0/\$0 \$0/\$0 \$2,450/\$4,900 \$2,550/\$5,100 \$2,450/\$4,900 \$2,550/\$5,100 \$2,450/\$4,900 \$2,550/\$5,100 \$3 PCP visits at \$0, then \$5/\$45 \$30/\$50 \$300/\$100 \$250/\$100 \$45/\$100 \$50/\$100 \$45/\$100 \$50/\$100 \$45/\$100 \$50/\$100 \$45/\$45 \$50/\$100 \$0 NoDD \$0 NoDD \$45/\$45 \$50/\$50 \$25/20%/50% \$25/20%/50% \$45/50% \$50/50%	1 3 5 e the co-pay or co-insurance after deduct \$0/\$0 \$0/\$0 \$0/\$0 \$0/\$0 \$0/\$0 \$0/\$0 \$2,450/\$4,900 \$2,550/\$5,100 \$3,550/\$7,100 \$2,450/\$4,900 \$2,550/\$5,100 \$3,550/\$7,100 \$3 PCP visits at \$0, then \$5/\$45 \$30/\$50 \$15/\$25 \$300/\$100 \$250/\$100 \$550/\$300 \$45/\$100 \$50/\$150 \$25/\$200 \$0 NoDD \$0 NoDD \$0 NoDD \$45/\$45 \$50/\$50 \$25/\$25 \$5 \$30 \$15 \$25/20%/50% \$25/20%/50% \$25/20%/50% \$45/50% \$50/50% \$25/20%/50%	1 3 5 2 e the co-pay or co-insurance after deductible is met, ur \$0/\$0 \$0/\$0 \$0/\$0 \$0/\$0 \$2,450/\$4,900 \$2,550/\$5,100 \$3,550/\$7,100 \$2,400/\$4,800 \$2,450/\$4,900 \$2,550/\$5,100 \$3,550/\$7,100 \$2,400/\$4,800 \$2,450/\$4,900 \$2,550/\$5,100 \$3,550/\$7,100 \$2,400/\$4,800 \$3 PCP visits at \$0, then \$5/\$45 \$30/\$50 \$15/\$25 \$10/\$35 \$300/\$100 \$250/\$100 \$550/\$300 \$300/\$200 \$45/\$100 \$50/\$150 \$25/\$200 \$35/\$200 \$45/\$100 \$50/\$150 \$25/\$200 \$35/\$200 \$45/\$100 \$50/\$50 \$25/\$210 \$35/\$200 \$45/\$100 \$0 NoDD \$0 NoDD \$0 NoDD \$45/\$45 \$50/\$50 \$25/\$25 \$35/\$35 \$5 \$30 \$15 \$10 \$25/20%/50% \$25/20%/50% \$25/20%/50% \$25/20%/50% \$45/50% \$50/50% \$25/20%/50% \$35/50%	1 3 5 2 6 e the co-pay or co-insurance after deductible is met, unless otherwise \$0/\$0 \$2,000/\$4,000 \$2,000/\$4,000 \$2,000/\$4,000 \$2,000/\$4,000 \$2,000/\$4,000 \$2,000/\$4,000 \$2,000/\$4,000 \$2,000/\$4,000 \$2,000/\$1,00 \$2,000/\$1,00 \$2,000/\$1,00 \$2,000/\$1,00 \$2,000/\$1,00 \$2,000/\$1,00 \$2,000/\$1,00 \$3,00/\$2,00 \$3,00/\$1,00 \$3,00/\$2,00 \$3,00/\$1,00 \$3,00	1 3 5 2 6 1 e the co-pay or co-insurance after deductible is met, unless otherwise noted as not su \$0/\$0 \$0/\$0 \$0/\$0 \$0/\$0 \$0/\$0 \$0/\$0 \$\$0/\$0 \$\$0/\$0 \$\$0/\$0 \$\$0/\$0 \$\$0/\$0 \$\$850/\$1,700 \$2,450/\$4,900 \$2,550/\$5,100 \$3,550/\$7,100 \$2,400/\$4,800 \$2,000/\$4,000 \$7,000/\$14,000 \$2,450/\$4,900 \$2,550/\$5,100 \$3,550/\$7,100 \$2,400/\$4,800 \$2,000/\$4,000 \$7,000/\$14,000 \$3 PCP visits at \$0, then \$5/\$45 \$30/\$50 \$15/\$25 \$10/\$35 \$15/\$35 \$3 PCP visits at \$0, then \$15 NoDD/\$50 \$300/\$100 \$250(\$100 \$550/\$100 \$550/\$100 \$500/\$100 \$500/\$200 \$500/\$100 \$500/\$200 \$45/\$100 \$50/\$100 \$52/\$200 \$335/\$100 \$50 NoDD/\$300 NoDD \$0 NoDD \$15 NoDD/\$20%/\$0% \$25/20	1 3 5 2 6 1 2 QHDHP e the co-pay or co-insurance after deductible is met, unless otherwise noted as not subject to dedu so so	1 3 5 2 6 1 2 QHDHP 3 e the co-pay or co-insurance after deductible is met, unless otherwise noted as not subject to deductible (NoDD) \$0/\$0 \$0/\$0 \$0/\$0 \$0/\$0 \$0/\$0 \$0/\$0 \$0/\$0 \$0/\$0 \$1,000/\$1,000 \$1,000/\$2,000 \$0/\$0 \$0/\$0 \$0/\$0 \$0/\$0 \$0/\$0 \$1,000/\$14,000 \$5,000/\$10,000 \$5,000/\$10,000 \$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 \$3 PCP visits at \$0, then \$5,545 \$30/\$50 \$15,525 \$10/\$35 \$15,535 \$10/\$20 \$500/\$200 \$200/\$200 \$20/\$40 \$45,5100 \$50,5100 \$525/\$200 \$300/\$200 \$500/\$100 \$500/\$200 \$200/\$200 \$800/\$100 \$45,5100 \$50/\$150 \$22,5200 \$33,5200 \$325/\$100 \$50 NoDD \$0 NoDD	1 3 5 2 6 1 2 QHDHP 3 4 e the co-pay or co-insurance after deductible is met, unless otherwise noted as not subject to deductible (NoDD). All plans incl 50/50 \$0/50 \$0/50 \$0/50 \$0/50 \$0/50 \$0/50 \$0/50 \$0/50 \$50/50 \$50/50 \$50/50 \$50/50 \$50/50 \$51,000/\$31,000 \$5,000/\$10,000 \$5,000/\$1	1 3 5 2 6 1 2 QHDHP 3 4 6 e the co-pay or co-insurance after deductible is met, unless otherwise noted as not subject to deductible (NoDD). All plans include depender \$0/50 \$0/50 \$0/50 \$0/50 \$0/50 \$0/50 \$1,000/\$2,000 \$0/50 \$350/\$700 \$2,450/\$4,900 \$2,550/\$5,100 \$3,550/\$7,100 \$2,400/\$4,800 \$2,000/\$4,000 \$5,000/\$10,000 \$6,750/\$13,500 \$6,550/\$13,100 3 PCP visits st \$0,100 \$30/\$50 \$15/\$25 \$10/\$35 \$15/\$35 \$10/\$35 \$10/\$35 \$200/\$400 \$5,000/\$10,000 \$6,750/\$13,500 \$6,550/\$13,100 3 PCP visits st \$0,100 \$2000 \$500/\$100 \$55,000/\$100 \$50,000/\$10,000 \$6,750/\$13,500 \$1,000/\$300 \$300/\$100 \$525/\$100 \$350/\$200 \$500/\$100 \$50,000/\$100 \$750/\$300 \$1,000/\$300 \$44/\$100 \$50,0000 \$500/\$200 \$500/\$100 \$20/\$75 \$40/\$600 \$50 NoDD \$300,000 \$50,0000 \$50,0000 \$50 NoDD \$50 NoDD \$	1 3 5 2 6 1 2 QHDHP 3 4 6 8 e the co-pay or co-insurance after deductible is met, unless otherwise noted as not subject to deductible (NODD). All plans include dependent care covera \$0/50 \$0/50 \$0/50 \$0/50 \$0/50 \$0/50 \$0/50 \$1,600/ \$1,000/\$2,000 \$0/50 \$350/\$700 \$4,000/\$8,000 \$2,450/\$4,900 \$2,550/\$51,00 \$3,550/\$7,100 \$2,400/\$4,800 \$2,000/\$1,000 \$5,000/\$10,000 \$5,000/\$10,000 \$6,750/\$13,500 \$6,550/\$13,100 \$4,000/\$8,000 \$2,450/\$4,900 \$2,550/\$51,00 \$3,550/\$7,100 \$2,400/\$4,800 \$2,000/\$1,000 \$5,000/\$10,000 \$5,750/\$13,500 \$6,550/\$13,100 \$4,000/\$8,000 \$2,450/\$4,400 \$2,550/\$100 \$3,550/\$100 \$2,500/\$100 \$5,000/\$10,000 \$5,000/\$10,000 \$5,000/\$10,000 \$5,000/\$10,000 \$5,000/\$10,000 \$5,000/\$10,000 \$5,000/\$10,000 \$5,000/\$10,000 \$5,000/\$10,000 \$5,000/\$10,000 \$5,000/\$10,000 \$5,000/\$10,000 \$5,000/\$10,000 \$5,000/\$10,000 \$5,000/\$10,000 \$5,000/\$10,000 \$5,000/\$10,000 <td>1 3 5 2 6 1 2 QHDHP 3 4 6 8 11 e 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. C 50/50 50/50 50/50 50/50 50/50 \$1,600/ \$3,200 AGG \$1,000/52,000 \$0/50 \$4,000/58,000 \$750/51,500 \$50/500 \$4,000/58,000 \$50/500 \$50/50 \$4,000/58,000 \$50/50/51,000 \$5,000/51,000 \$5,000/510,000 \$6,750/513,500 \$6,550/513,100 \$8,000/516,000 \$5,700/517,000 \$5,000/510,000 \$6,750/513,500 \$6,550/513,100 \$8,000/516,000 \$5,700/517,000 \$5,000/510,000 \$6,750/513,500 \$6,550/513,100 \$8,000/516,000 \$5,700/517,000 \$5,000/510,00</td> <td>1 3 5 2 6 1 2 QHDHP 3 4 6 8 11 1 e 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. Cost-shares in 50/50 50/50 50/50 50/50 50/50 50/50 51/50 51/50 51/50/51,000 51/50/51 31/50/51 31/50/510 51/52/5 51/52/5 51/52/5 51/52/5 51/52/50 53/51/500 53/51/500 52/51/500 53/51/500 53/50/500 53/50/500 53/50/500 55/50/500 55/50/500 55/50/500 55/50/500 55/50/500 55/50/500 55/50/500 55/50/500 55/50/500</td> <td>1 3 5 2 6 1 2 QHDHP 3 4 6 8 11 1 2 QHDHP e 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. Cost-shares in red indicate a \$0/50 \$0/50 \$0/50 \$0/50 \$0/50 \$0/50 \$350/57.00 \$4,000/58.000 \$150/51.500 \$50/51.700 \$1,400/ \$3,200 AGG \$2,450/54,900 \$2,500/51.100 \$2,400/54,800 \$2,000/54,000 \$5,000/510,000 \$6,500/513,000 \$6,500/510,000 \$500/5200 \$500/520</td> <td>1 3 5 2 6 1 2 (HDHP 3 4 6 8 11 1 2 (HDHP 10 e 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. Cost-shares in red indicate a change from to 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. Cost-shares in red indicate a change from to 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. Cost-shares in red indicate a change from to the co-pay or co-insurance after deductible (NoDD). 50/50 5150/51.00 50/50 5150/51.00 5150/51.00 5150/51.00 5150/51.00 5150/51.00 5150/51.00 5150/51.00 5150/51.00 5100/510.00 51000/510.00 51000/510.00 5100/510.00 51000/51</td>	1 3 5 2 6 1 2 QHDHP 3 4 6 8 11 e 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. C 50/50 50/50 50/50 50/50 50/50 \$1,600/ \$3,200 AGG \$1,000/52,000 \$0/50 \$4,000/58,000 \$750/51,500 \$50/500 \$4,000/58,000 \$50/500 \$50/50 \$4,000/58,000 \$50/50/51,000 \$5,000/51,000 \$5,000/510,000 \$6,750/513,500 \$6,550/513,100 \$8,000/516,000 \$5,700/517,000 \$5,000/510,000 \$6,750/513,500 \$6,550/513,100 \$8,000/516,000 \$5,700/517,000 \$5,000/510,000 \$6,750/513,500 \$6,550/513,100 \$8,000/516,000 \$5,700/517,000 \$5,000/510,00	1 3 5 2 6 1 2 QHDHP 3 4 6 8 11 1 e 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. Cost-shares in 50/50 50/50 50/50 50/50 50/50 50/50 51/50 51/50 51/50/51,000 51/50/51 31/50/51 31/50/510 51/52/5 51/52/5 51/52/5 51/52/5 51/52/50 53/51/500 53/51/500 52/51/500 53/51/500 53/50/500 53/50/500 53/50/500 55/50/500 55/50/500 55/50/500 55/50/500 55/50/500 55/50/500 55/50/500 55/50/500 55/50/500	1 3 5 2 6 1 2 QHDHP 3 4 6 8 11 1 2 QHDHP e 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. Cost-shares in red indicate a \$0/50 \$0/50 \$0/50 \$0/50 \$0/50 \$0/50 \$350/57.00 \$4,000/58.000 \$150/51.500 \$50/51.700 \$1,400/ \$3,200 AGG \$2,450/54,900 \$2,500/51.100 \$2,400/54,800 \$2,000/54,000 \$5,000/510,000 \$6,500/513,000 \$6,500/510,000 \$500/5200 \$500/520	1 3 5 2 6 1 2 (HDHP 3 4 6 8 11 1 2 (HDHP 10 e 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. Cost-shares in red indicate a change from to 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. Cost-shares in red indicate a change from to 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. Cost-shares in red indicate a change from to the co-pay or co-insurance after deductible (NoDD). 50/50 5150/51.00 50/50 5150/51.00 5150/51.00 5150/51.00 5150/51.00 5150/51.00 5150/51.00 5150/51.00 5150/51.00 5100/510.00 51000/510.00 51000/510.00 5100/510.00 51000/51	

operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

Aggregate vs. Embedded Aggregate (AGG) Deductible: All family plan individuals pay together toward one deductible amount before the plan will make payments. Embedded (EMB) Deductible: Each family plan 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.

MVPCOMM0004 (02/2023) ©2023 MVP Health Care

? We're here to help!

Call **1-800-TALK-MVP** (1-800-825-5687) or visit mvphealthcare.com/shop.



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.,

per calendar year for well-being items, programs, and activities.

New York Small Group 2023 Plans Quarter 3

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

See other side for Platinum and Gold plans.		N	Silver EPO ational Netwo	rk		Silver HMO Regional Network				Ν	Bronze HMO Regional Network					
	2	3 QHDHP	4 HRA ¹	7	8 QHDHP	3 QHDHP	12	13	2	3 QHDHP	5 QHDHP	6 QHDHP	7 QHDHP	2	9 QHDHP	10 ²
Cost-share amounts below ar	e the co-pay o	or co-insurance	e after deduct	ible is met, ur	less otherwis	e noted as not	t subject to de	ductible (NoDI	D). All plans incl	ude depende	nt care covera	ge to age 26. (Cost-shares in	red indicate a	change from	the 2022 pl
Plan Deductible ²																
Individual/Family	\$4,500/\$9,000	\$2,500/ \$5,000 AGG	\$2,800/\$5,600	\$3,000/\$6,000	\$4,400/\$8,800	\$2,500/ \$5,000 AGG	\$1,850/\$3,700	\$3,400/\$6,800	\$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	\$9,100/\$18,2
Out-of-Pocket Maximum ²																
Individual/Family	\$8,400/\$16,800	\$5,900/\$11,800	\$6,600/\$13,200	\$8,700/\$17,400	\$6,900/\$13,800	\$5,900/\$11,800	\$8,200/\$16,400	\$9,100/\$18,200	\$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	\$9,100/\$18,2
Medical																
Primary Care/Specialist Visit	3 PCP visits at \$0, then \$35 NoDD/ \$60	\$25/\$50	\$20/\$50	\$30 NoDD/\$50	\$0/\$0	\$25/\$50	\$30/\$50	\$35 NoDD (\$0 to age 26)/ \$50	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	30%/\$300	\$500/\$200	\$800/\$200	\$750/\$250	\$0/\$0	\$500/\$200	\$1,500/\$200	\$1,000/\$300	30%/\$300	30%/\$100	50%/50%	0%/0%	40%/40%	30%/\$300	50%/50%	\$0/\$0
Urgent Care/Emergency Room	\$60 NoDD/\$350	\$50/\$300	\$50/\$300	\$50 NoDD/\$250	\$0/\$0	\$50/\$300	\$50/\$250	\$50 NoDD/\$275	\$60/\$350	\$50/\$300	50%/\$100	0%/0%	40%/40%	\$60/\$350	50%/50%	\$0/\$0
Gia [•] Virtual Care Services ³	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD
Diagnostic Radiology/Laboratory Outpatient	\$60/\$60 NoDD	\$50/\$50	<mark>\$100/</mark> \$50	\$50/\$50 NoDD	\$0/\$0	\$50/\$50	\$50/\$50	\$150/\$50 NoDD	\$60/\$60	\$50/\$50	50%/50%	0%/0%	40%/40%	\$60/\$60	50%/50%	\$0/\$0
Diabetic Supplies	\$35 NoDD	\$25	\$20	\$30 NoDD	\$0	\$25	\$30	\$35 NoDD (\$0 to age 26)	\$35	\$30	\$5	0%	40%	\$35	50%	\$0
Pediatric Dental and Vision f	or Dependent	ts to Age 19														
Pediatric Dental Class 1/Class 2/Class 3 and Orthodontia Two Dental Exams per Year	\$25 NoDD/ 20%/50%	\$25/20%/50%	\$25 NoDD/ 20%/50%	\$25 NoDD/ 20%/50%	\$25/20%/50%	\$25/20%/50%	\$25 NoDD/ 20%/50%	\$25 NoDD/ 20%/50%	\$25 NoDD/ 20%/50%	\$25/20%/50%	\$25/20%/50%	0%/0%/0%	\$25/20%/50%	\$25 NoDD/ 20%/50%	\$25/20%/50%	0%/0%/0%
Pediatric Vision Annual Eye Exam/Set of Eyewear	\$60/50%	\$50/50%	\$50/50%	<mark>\$50</mark> /50%	\$0/\$0	\$50/50%	\$50/50%	\$50/50%	\$60/50%	\$50/50%	50%/50%	0%/0%	40%/40%	\$60/50%	50%/50%	0%/0%
Pharmacy																
Prescription Deductible Individual/Family	Integrated with Medical	Integrated with Medical	\$0/\$0	\$0/\$0	Integrated with Medical	Integrated with Medical	\$0/\$0	Integrated with Medical	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	\$10/\$45/\$90	\$15/\$40/\$60 (Preventive Drugs NoDD)	\$15 NoDD/ \$40 NoDD/ 50% NoDD	\$15 NoDD/ \$45 NoDD/ \$90 NoDD	\$15/\$40/\$60 (Preventive Drugs NoDD)	\$15/\$40/\$60 (Preventive Drugs NoDD)	\$10 NoDD/ \$35 NoDD/ \$70 NoDD	\$15 NoDD (\$0 to Age 26)/ \$45/\$90	\$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	e July 1, 2023–S	eptember 30, 2	2023.												
Employee	\$764.72	\$806.39	\$793.69	\$823.48	\$780.66	\$765.86	\$789.07	\$746.97	\$654.69	\$683.94	\$668.92	\$710.83	\$678.53	\$621.79	\$642.40	\$605.70
Employee + Spouse	\$1,529.44	\$1,612.78	\$1,587.38	\$1,646.96	\$1,561.32	\$1,531.72	\$1,578.14	\$1,493.94	\$1,309.38	\$1,367.88	\$1,337.84	\$1,421.66	\$1,357.06	\$1,243.58	\$1,284.80	\$1,211.40
Employee + Child(ren)	\$1,300.02	\$1,370.86	\$1,349.27	\$1,399.92	\$1,327.12	\$1,301.96	\$1,341.42	\$1,269.85	\$1,112.97	\$1,162.70	\$1,137.16	\$1,208.41	\$1,153.50	\$1,057.04	\$1,092.08	\$1,029.6
Employee + Spouse + Child(ren)	\$2,179.45	\$2,298.21	\$2,262.02	\$2,346.92	\$2,224.88	\$2,182.70	\$2,248.85	\$2,128.86	\$1,865.87	\$1,949.23	\$1,906.42	\$2,025.87	\$1,933.81	\$1,772.10	\$1,830.84	\$1,726.2
Silver 4 Health Reimbursement Arrangement (Unless otherwise noted, all plan deductibles a Gia virtual care services are available at no me	ind/or out-of-pocket r	naximums are embed	ded.	2	ewal.	All M	VP NY Small Group pl	ans pass for Medicare (HRA: Health Reimburs Creditable Coverage. All general outline of covera	QHDHPs are Health S	avings Account qualif	ied.	icate of Coverage		ell-Being Reim	

Exceptions may apply for self-funded plans.

Aggregate vs. Embedded Aggregate (AGG): For 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 (EMB): For 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.

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.

? We're here to help!

Call **1-800-TALK-MVP** (1-800-825-5687) or visit mvphealthcare.com/shop.



Get reimbursed up to \$600 per contract, per calendar year for well-being items, programs, and activities.