

# MVP Healthy NY



## 2024 Quarter 3 for Small Groups

Pediatric dental coverage is required under the Affordable Care Act (ACA) for all dependents up to age 19. If you do not currently offer pediatric dental coverage in compliance with ACA requirements, your plan will automatically include this dental coverage with the additional rate. If you do offer adequate pediatric dental coverage, please indicate this on the *Healthy NY Small Group Product Application*.

### Standard Gold

Cost-share amounts below are the co-pay or co-insurance after the deductible is met, unless otherwise noted as not subject to deductible (NoDD). **Cost-shares in red** indicate a change from the 2023 plan.

#### Plan Deductible

Individual/Family	\$600/\$1,200
-------------------	---------------

#### Out-of-Pocket Maximum

Individual/Family	\$5,900/\$11,800
-------------------	------------------

#### Medical

Primary Care Visit/Specialist Visit	\$25/\$40
Hospital Facility–Inpatient	\$1,000
Hospital Facility Surgery–Outpatient	\$100
Urgent Care/Emergency Room	\$60/\$150
Gia Virtual Care Services	\$0 NoDD
Diagnostic Radiology/Laboratory Outpatient	\$40/\$40
Diabetic Supplies	\$25
Chiropractic Benefit	\$40

#### Pharmacy

Prescription Deductible	Individual/Family	\$0/\$0
Prescription Cost Share	Tier 1/Tier 2/Tier 3	\$10 NoDD/\$35 NoDD/\$70 NoDD

#### Monthly Premium Rates Rates effective July 1, 2024–September 30, 2024

Region	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
Albany	\$781.44	\$1,562.88	\$1,328.45	\$2,227.10
Buffalo	\$805.24	\$1,610.48	\$1,368.91	\$2,294.93
Mid-Hudson	\$969.98	\$1,939.96	\$1,648.97	\$2,764.44
New York City	\$1,350.57	\$2,701.14	\$2,295.97	\$3,849.12
Rochester	\$851.04	\$1,702.08	\$1,446.77	\$2,425.46
Syracuse	\$836.95	\$1,673.90	\$1,422.82	\$2,385.31
Utica/Watertown	\$779.68	\$1,559.36	\$1,325.46	\$2,222.09

**NoDD:** Not subject to deductible

**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.

Plan availability and rates are subject to change without notice. Rates may vary by region and should be verified with your authorized broker, or MVP. For plan details or the most current information on the approved plans available for individuals or families in your area, please contact your broker, navigator, or MVP representative. Call 1-800-TALK-MVP (1-800-825-5687) or visit [mvphealthcare.com](http://mvphealthcare.com).

This plan overview is 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.



To learn more about applying for health insurance, including Medicaid, Child Health Plus, Essential Plan, and Qualified Health Plans through NY State of Health, The Official Health Plan Marketplace, visit [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov) or call 1-855-355-5777.