

New York Individual Marketplace 2022 PremierSM & Premier PlusSM Plans



ALBANY REGION Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington Counties

Gold			Silver			Bronze			Platinum	Gold	Silver	Bronze		MVP Secure
1	2 QHDHP	10 <i>New!</i>	2	3 QHDHP	11	1	2	3 QHDHP	1	1	1	1 QHDHP	2	1
MVP Premier Plus Plans (Non-Standard)									MVP Premier Plans (Standard)					

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

Plan Deductible¹

Individual/Family	\$1,200/\$2,400	\$1,400/\$2,800 AGG	\$750/\$1,500	\$2,650/\$5,300	\$2,500/\$5,000 AGG	\$3,000/\$6,000	\$6,600/\$13,200	\$6,100/\$12,200	\$6,200/\$12,400	\$0/\$0	\$600/\$1,200	\$1,300/\$2,600	\$6,100/\$12,200	\$4,700/\$9,400	\$8,700/\$17,400
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Out-of-Pocket Maximum¹

Individual/Family	\$5,900/\$11,800	\$6,900/\$13,800	\$8,700/\$17,400	\$6,900/\$13,800	\$5,700/\$11,400	\$8,600/\$17,200	\$8,100/\$16,200	\$8,400/\$16,800	\$6,900/\$13,800	\$2,000/\$4,000	\$4,000/\$8,000	\$8,500/\$17,000	\$6,900/\$13,800	\$8,700/\$17,400	\$8,700/\$17,400
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Medical

Primary Care/Specialist Visit	3 PCP visits at \$0, then \$15 NoDD/\$50	\$5/\$25	\$35 NoDD (\$0 to age 26)/\$50	3 PCP visits at \$0, then \$40 NoDD/\$70	\$30/\$60	3 PCP visits at \$0, then \$60 NoDD/\$70 NoDD	\$40/\$80	3 PCP visits at \$0, then 40%/40%	\$30/\$50	\$15/\$35	\$25/\$40	\$30/\$50	50%/50%	3 combined visits at \$50/\$75 NoDD, then \$50/\$75	3 PCP visits at 0% NoDD, then 0%/\$0
Hospital Facility Inpatient/Outpatient	\$500/\$200	\$400/\$100	\$1,000/\$300	20%/\$200	\$500/\$200	50%/50%	\$1,500/\$300	40%/40%	30%/\$100	\$500/\$100	\$1,000/\$100	\$1,500/\$150	50%/50%	\$1,500/\$150	0%/0%
Urgent Care/Emergency Room	\$50 NoDD/\$350 NoDD	\$25/\$75	\$50 NoDD/\$250	\$70 NoDD/\$500 NoDD	\$60/\$300	\$70 NoDD/\$500	\$80/\$500	40%/40%	\$50/\$500	\$55/\$100	\$60/\$150	\$70/\$300	50%/50%	\$75/\$500	0%/0%
Diagnostic Radiology/Laboratory Outpatient	\$50/\$50 NoDD	\$25/\$25	\$100/\$0 NoDD	\$70/\$70 NoDD	\$60/\$60	\$70 NoDD/\$70 NoDD	\$80/\$80	40%/40%	\$50/\$50	\$35/\$35	\$40/\$40	\$75/\$50	50%/50%	\$75/\$50	0%/0%
Diabetic Supplies	\$15 NoDD	\$5	\$35 NoDD (\$0 to age 26)	\$40 NoDD	\$30	\$60 NoDD	\$40	40%	\$30	\$15	\$25	\$30	50%	\$50	0%
Pediatric Vision One exam every 12 months	\$50	\$25	\$50	\$70	\$60	\$70 NoDD	\$80	40%	\$50	\$15	\$25	\$30	50%	\$50	0%

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.

Pharmacy

Prescription Deductible Individual/Family	\$100/\$200 (Brand Name only)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical (Brand Name only)	\$300/\$600 (Brand Name only)	Integrated with Medical	Integrated with Medical	\$0/\$0	\$0/\$0	\$0/\$0	Integrated with Medical	Integrated with Medical	Integrated with Medical
Prescription Cost Share Tier1/Tier2/Tier 3	\$10 NoDD/\$40/\$60	\$5/\$15/\$25 (Preventive Drugs NoDD)	\$10 NoDD (\$0 to age 26)/\$45/\$90	\$15/\$40/\$70	\$10/\$45/\$90 (Preventive Drugs NoDD)	\$15 NoDD/\$45/\$90	\$10 NoDD/\$45/\$90	\$5/\$60/\$80	\$10/\$45/\$90 (Preventive Drugs NoDD)	\$10/\$30/\$60	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70	0%/0%/0%

Premium Monthly Rates Rates effective January 1, 2022–December 31, 2022.

Single	\$744.23	\$728.68	\$742.99	\$619.18	\$608.63	\$639.02	\$462.20	\$454.24	\$464.85	\$942.66	\$772.46	\$637.68	\$469.92	\$487.36	\$263.17
Single + Spouse	\$1,488.46	\$1,457.36	\$1,485.98	\$1,238.36	\$1,217.26	\$1,278.04	\$924.40	\$908.48	\$929.70	\$1,885.32	\$1,544.92	\$1,275.36	\$939.84	\$974.72	\$526.34
Single + Child(ren)	\$1,265.19	\$1,238.76	\$1,263.08	\$1,052.61	\$1,034.67	\$1,086.33	\$785.74	\$772.21	\$790.25	\$1,602.52	\$1,313.18	\$1,084.06	\$798.86	\$828.51	\$447.39
Single + Spouse + Child(ren)	\$2,121.06	\$2,076.74	\$2,117.52	\$1,764.66	\$1,734.60	\$1,821.21	\$1,317.27	\$1,294.58	\$1,324.82	\$2,686.58	\$2,201.51	\$1,817.39	\$1,339.27	\$1,388.98	\$750.03

¹ Unless otherwise noted, all plan deductibles and/or out-of-pocket maximums are embedded. All MVP Individual plans pass for Medicare Creditable Coverage. All QHDHPs can be paired with a Health Savings Account. Premium rates include a 2% broker commission.

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).

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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.

Standard vs. Non-Standard

Standard plans are based on what the state dictates must be included in benefit details. **Non-Standard plans** contain unique features that enhance the value of the benchmark benefits. **QHDHP:** Qualified High-Deductible Health Plan **NoDD:** Not subject to deductible

Questions? We're here to help!

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See other side for New York Individual Direct plans.

New York Individual Direct 2022 PremierSM & Premier PlusSM Plans



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Gold				Silver				Bronze				Platinum	Gold	Silver	Bronze	
1	2 QHDHP	4	10 <i>New!</i>	2	3 QHDHP	11	12 <i>New!</i>	1	2	3 QHDHP	6 QHDHP	1	1	1	1 QHDHP	2

MVP Premier Plus Plans (Non-Standard)

MVP Premier Plans (Standard)

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

Plan Deductible¹

Individual/Family	\$1,200/\$2,400	\$1,400/\$2,800 AGG	\$0/\$0	\$750/\$1,500	\$2,650/\$5,300	\$2,500/\$5,000 AGG	\$3,000/\$6,000	\$2,850/\$5,700	\$6,600/\$13,200	\$6,100/\$12,200	\$6,200/\$12,400	\$6,900/\$13,800	\$0/\$0	\$600/\$1,200	\$1,300/\$2,600	\$6,100/\$12,200	\$4,700/\$9,400
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Out-of-Pocket Maximum¹

Individual/Family	\$5,900/\$11,800	\$6,900/\$13,800	\$6,750/\$13,500	\$8,700/\$17,400	\$6,900/\$13,800	\$5,700/\$11,400	\$8,600/\$17,200	\$8,700/\$17,400	\$8,100/\$16,200	\$8,400/\$16,800	\$6,900/\$13,800	\$6,900/\$13,800	\$2,000/\$4,000	\$4,000/\$8,000	\$8,500/\$17,000	\$6,900/\$13,800	\$8,700/\$17,400
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Medical

Primary Care/Specialist Visit	3 PCP visits at \$0, then \$15 NoDD/\$50	\$5/\$25	\$40/\$50	\$35 NoDD (\$0 to age 26)/\$50	3 PCP visits at \$0, then \$40 NoDD/\$70	\$30/\$60	3 PCP visits at \$0, then \$60 NoDD/\$70 NoDD	\$35 NoDD (\$0 to age 26)/\$50	\$40/\$80	3 PCP visits at \$0, then 40%/40%	\$30/\$50	\$0/\$0	\$15/\$35	\$25/\$40	\$30/\$50	50%/50%	3 combined visits at \$50/\$75 NoDD, then \$50/\$75
Hospital Facility Inpatient/Outpatient	\$500/\$200	\$400/\$100	\$1,000/\$300	\$1,000/\$300	20%/\$200	\$500/\$200	50%/50%	\$1,000/\$300	\$1,500/\$300	40%/40%	30%/\$100	\$0/\$0	\$500/\$100	\$1,000/\$100	\$1,500/\$150	50%/50%	\$1,500/\$150
Urgent Care/Emergency Room	\$50 NoDD/\$350 NoDD	\$25/\$75	\$50/\$500	\$50 NoDD/\$250	\$70 NoDD/\$500 NoDD	\$60/\$300	\$70 NoDD/\$500	\$50 NoDD/\$250	\$80/\$500	40%/40%	\$50/\$500	\$0/\$0	\$55/\$100	\$60/\$150	\$70/\$300	50%/50%	\$75/\$500
Diagnostic Radiology/Laboratory Outpatient	\$50/\$50 NoDD	\$25/\$25	\$50/\$50	\$100/\$0 NoDD	\$70/\$70 NoDD	\$60/\$60	\$70 NoDD/\$70 NoDD	\$100/\$50 NoDD	\$80/\$80	40%/40%	\$50/\$50	\$0/\$0	\$35/\$35	\$40/\$40	\$75/\$50	50%/50%	\$75/\$50
Diabetic Supplies	\$15 NoDD	\$5	\$40	\$35 NoDD (\$0 to age 26)	\$40 NoDD	\$30	\$60 NoDD	\$35 NoDD (\$0 to age 26)	\$40	40%	\$30	\$0	\$15	\$25	\$30	50%	\$50
Pediatric Vision One exam every 12 months	\$50	\$25	\$50	\$50	\$70	\$60	\$70 NoDD	\$50	\$80	40%	\$50	\$0	\$15	\$25	\$30	50%	\$50

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