



Child-Only Plans

Albany Region 2020 Premiums

Child-only rates for children up to age 21 are available with the MVP PremierSM Plans listed below.

Plan Feature	MVP Premier SM Plans (Standard)				
	Platinum 1	Gold 1	Silver 1	Bronze 1 HDHP	Bronze 2
Plan Deductible–1 Child/3+ Children	\$0/\$0	\$600/\$1,200	\$1,300/\$2,600	\$5,500/\$11,000	\$4,425/\$8,850
Out-of-Pocket Maximum	\$2,000/\$4,000	\$4,000/\$8,000	\$7,900/\$15,800	\$6,550/\$13,100	\$8,150/\$16,300

Medical

Preventive Care	\$0	\$0	\$0	\$0	\$0
Primary Care	\$15	\$25	\$30	50%	3 Visits at \$0 NoDD, then 50%
Specialist Visit	\$35	\$40	\$50	50%	50%
Hospital Facility Visit–Inpatient	\$500	\$1,000	\$1,500	50%	50%
Hospital Facility Visit–Outpatient	\$100	\$100	\$150	50%	50%
Urgent Care	\$55	\$60	\$70	50%	50%
Emergency Room	\$100	\$150	\$250	50%	50%
myVisitNow [*] (Telemedicine)	\$15	\$25	\$30	50%	50%
Pediatric Vision Exam	\$15	\$25	\$30	50%	50%

Pharmacy

Prescription Deductible	\$0	\$0	\$0	Integrated with Medical	Integrated with Medical
Prescription Co-payment	\$10/\$30/\$60	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70

Amounts listed above are the co-payment or co-insurance after the deductible is met, unless otherwise noted (NoDD). NoDD: Not subject to deductible.

Benefits in red represent a change from the 2019 plan.

Premiums* (Effective January 1, 2020–December 31, 2020)

1 Child	\$375.33	\$304.53	\$253.42	\$172.41	\$169.45
2 Children	\$750.66	\$609.06	\$506.84	\$344.82	\$338.90
3+ Children	\$1,125.99	\$913.59	\$760.26	\$517.23	\$508.35

Rates for the **Albany Region** include the counties of Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington.

*Rates do not include pediatric dental coverage.

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