



# Child-Only Plans

## Rochester Region 2020 Premiums

Child-only rates for children up to age 21 are available with the MVP Premier<sup>SM</sup> Plans listed below.

| Plan Feature                        | MVP Premier <sup>SM</sup> 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 <sup>®</sup> (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     | \$317.77 | \$257.83 | \$214.56 | \$145.97 | \$143.46 |
| 2 Children  | \$635.54 | \$515.66 | \$429.12 | \$291.94 | \$286.92 |
| 3+ Children | \$953.31 | \$773.49 | \$643.68 | \$437.91 | \$430.38 |

Rates for the **Rochester Region** include the counties of Livingston, Monroe, Ontario, Seneca, Wayne, and Yates.

\*Rates do not include pediatric dental coverage.

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