

New York Individual On-Exchange

2019 PremierSM & Premier PlusSM Plans | Rochester Region



Plan Deductible ¹	MVP Premier Plus Plans (Non-Standard)								
	Gold			Silver			Bronze		
	1	2 HDHP	National HDHP	2	3 HDHP	11 NEW	1	2	3 HDHP
Individual/Family	\$950/\$1,900	\$1,350/\$2,700 AGG	\$1,350/\$2,700 AGG	\$2,645/\$5,290	\$2,500/\$5,000 AGG	\$5,850/\$11,700	\$4,800/\$9,600	\$5,100/\$10,200	\$5,900/\$11,800

Out-of-Pocket Maximum ¹	MVP Premier Plus Plans (Non-Standard)								
Individual/Family	1	2 HDHP	National HDHP	2	3 HDHP	11 NEW	1	2	3 HDHP
Individual/Family	\$5,500/\$11,000	\$4,100/\$8,200	\$5,600/\$11,200	\$6,350/\$12,700	\$5,000/\$10,000	\$5,850/\$11,700	\$7,900/\$15,800	\$7,150/\$14,300	\$6,550/\$13,100

Medical	MVP Premier Plus Plans (Non-Standard)								
Primary Care/Specialist Visit	1	2 HDHP	National HDHP	2	3 HDHP	11 NEW	1	2	3 HDHP
Primary Care/Specialist Visit	3 visits at \$0, then \$15 NoDD/\$50*	\$5*/\$25*	20%*/20%*	3 visits at \$0, then \$40 NoDD/\$70*	\$30*/\$60*	3 visits at \$0, then \$35 NoDD/\$55 NoDD	\$40*/\$80*	3 visits at \$0, then 40%*/40%*	\$30*/\$50*
Hospital Facility Inpatient/Outpatient	\$500*/\$200*	\$400*/\$100*	20%*/20%*	20%*/\$200*	\$500*/\$200*	\$0*/\$0*	\$1,500*/\$300*	40%*/40%*	30%*/\$100*
Urgent Care/Emergency Room	\$50 NoDD/\$350 NoDD	\$25*/\$75*	20%*/20%*	\$70 NoDD/\$500 NoDD	\$60*/\$300*	\$55 NoDD/\$0 after DD	\$80*/\$500*	40%*/40%*	\$50*/\$500*
myVisitNow [®] (Telemedicine)	\$15 NoDD	\$5*	20%*	\$40 NoDD	\$30*	\$35 NoDD	\$40*	40%*	\$30*

Pharmacy	MVP Premier Plus Plans (Non-Standard)								
Prescription Deductible Individual/Family	1	2 HDHP	National HDHP	2	3 HDHP	11 NEW	1	2	3 HDHP
Prescription Deductible Individual/Family	\$100/\$200 (Brand Name only)	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical (Brand Name only)	\$300/\$600	Integrated w/ Medical	Integrated w/ Medical
Prescription Co-Payment	\$10/\$40*/\$60*	\$5*/\$15*/\$25* (Preventive Drugs NoDD)	\$10*/\$40*/\$60* (Preventive Drugs NoDD)	\$15*/\$40*/\$70*	\$10*/\$45*/\$90* (Preventive Drugs NoDD)	\$10/\$0*/\$0*	\$10*/\$45*/\$90*	\$5*/\$60*/\$80*	\$10*/\$45*/\$90* (Preventive Drugs NoDD)

Rates (Effective January 1, 2019–December 31, 2019)	MVP Premier Plus Plans (Non-Standard)								
Single	1	2 HDHP	National HDHP	2	3 HDHP	11 NEW	1	2	3 HDHP
Single	\$571.71	\$556.91	\$557.43	\$468.45	\$459.72	\$500.03	\$335.58	\$336.72	\$340.72
Single + Spouse	\$1,143.42	\$1,113.82	\$1,114.86	\$936.90	\$919.44	\$1,000.06	\$671.16	\$673.44	\$681.44
Single + Child(ren)	\$971.91	\$946.75	\$947.63	\$796.37	\$781.52	\$850.05	\$570.49	\$572.42	\$579.22
Single + Spouse + Child(ren)	\$1,629.37	\$1,587.19	\$1,588.68	\$1,335.08	\$1,310.20	\$1,425.09	\$956.40	\$959.65	\$971.05

All plans include dependent care to age 26. **NOTE: Benefits shown in red represent a change from the 2018 plan.**

¹ Unless otherwise noted in the chart above, all plan deductibles and/or out-of-pocket maximums (OOPMs) are embedded.

* Member amount after the deductible is met. **NoDD:** Not subject to deductible

The Difference Between an Aggregate and Embedded Plan

Aggregate (AGG): For any policy with two or more members, the deductible must be met by any one or any combination of members before the plan will make payments.

Embedded: Each member pays toward, but never exceeds, their individual deductible and/or OOPM until the larger family deductible and/or OOPM is met. Once the family deductible and/or OOPM are met, the plan makes payments for all services of all members on the contract, regardless of the status of any remaining individual deductible and/or OOPM levels.

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.

Learn More About Our Plans

All MVP New York Individual On-Exchange HDHPs are HSA-qualified. All MVP NY Individual On-Exchange plans pass for Medicare Creditable Coverage except MVP Secure. For a full listing of plans, visit mvphealthcare.com and select *Employers*, then *Forms*.

MVP Premier Plans (Standard)						
Platinum	Gold		Silver	Bronze		MVP Secure
1	1	2	1	1 HDHP	2	1
\$0/\$0	\$600/\$1,200	\$650/\$1,300	\$1,700/\$3,400	\$5,500/\$11,000	\$4,000/\$8,000	\$7,900/\$15,800

MVP Premier Plans (Standard)						
Platinum	Gold		Silver	Bronze		MVP Secure
1	1	2	1	1 HDHP	2	1
\$2,000/\$4,000	\$4,000/\$8,000	\$5,000/\$10,000	\$7,500/\$15,000	\$6,550/\$13,100	\$7,600/\$15,200	\$7,900/\$15,800

MVP Premier Plans (Standard)						
Platinum	Gold		Silver	Bronze		MVP Secure
1	1	2	1	1 HDHP	2	1
\$15/\$35	\$25*/\$40*	3 visits at \$25, then \$25*/\$40*	\$30*/\$50*	50%*/50%*	50%*/50%*	3 visits at 0%, then 0%*/0%
\$500/\$100	\$1,000*/\$100*	\$1,000*/\$100*	\$1,500*/\$100*	50%*/50%*	50%*/50%*	0%*/0%*
\$55/\$100	\$60*/\$150*	\$60*/\$150*	\$70*/\$250*	50%*/50%*	50%*/50%*	0%*/0%*
\$15	\$25*	\$25*	\$30*	50%*	50%*	0%*

MVP Premier Plans (Standard)						
Platinum	Gold		Silver	Bronze		MVP Secure
1	1	2	1	1 HDHP	2	1
\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical
\$10/\$30/\$60	\$10/\$35/\$70	\$10/\$40/\$80	\$10/\$35/\$70	\$10*/\$35*/\$70*	\$10*/\$35*/\$70*	0%*/0%*/0%*

MVP Premier Plans (Standard)						
Platinum	Gold		Silver	Bronze		MVP Secure
1	1	2	1	1 HDHP	2	1
\$718.39	\$582.99	\$587.22	\$492.64	\$329.29	\$325.86	\$201.12
\$1,436.78	\$1,165.98	\$1,174.44	\$985.28	\$658.58	\$651.72	\$402.24
\$1,221.26	\$991.08	\$998.27	\$837.49	\$559.79	\$553.96	\$341.90
\$2,047.41	\$1,661.52	\$1,673.58	\$1,404.02	\$938.48	\$928.70	\$573.19

Questions? We're here to help! Call 1-800-TALK-MVP (825-5687) or visit mvphealthcare.com.

Open Enrollment: November 1, 2018–January 31, 2019

\$0 Preventive Care

Members save on medical costs by paying \$0 for preventive care, per recommended age and gender guidelines.

myVisitNow—24/7 Online Doctor Visits

Convenient 24/7 urgent care visits and same- or next-day appointments with other specialists in the comfort of your home, or anywhere! **myVisitNow** from MVP Health Care is powered by American Well. Regulatory restrictions may apply.

\$125 in Healthy Lifestyle Credits

Receive up to \$125 in reimbursements for healthy weight support programs, youth sports and fitness, gym and fitness club memberships, massage therapy, and tobacco cessation courses.

Special Savings at CVS

Save 20% on more than 2,200 CVS-branded health related items with a **CVS ExtraCare Health Card**[®].

“National” Plans include the Cigna National Network

Members enrolled in a National plan have access to the Cigna HealthCare network—providing members full national coverage by allowing them access to providers outside the MVP regional network.

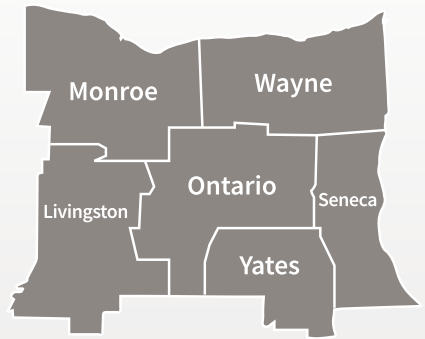
Preferred Provider Facilities

When using laboratory, radiology, or ambulatory/outpatient surgery services at preferred provider facilities, members enrolled in Non-Standard plans can pay as little as \$0 or pay a reduced cost share if they have an unmet annual deductible.

Rochester Region

Counties include:

- Livingston
- Monroe
- Ontario
- Seneca
- Wayne
- Yates



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Plan Deductible [†]	MVP Premier Plus Plans (Non-Standard)														
	Gold					Silver				Bronze					
	1	2 HDHP	4	5	National HDHP	2	3 HDHP	11 NEW	National HDHP	1	2	3 HDHP	6 HDHP	8	National HDHP
Individual/Family	\$950/\$1,900	\$1,350/\$2,700 AGG	\$0/\$0	\$1,200/\$2,400	\$1,350/\$2,700 AGG	\$2,645/\$5,290	\$2,500/\$5,000 AGG	\$5,850/\$11,700	\$2,200/\$4,400 AGG	\$4,800/\$9,600	\$5,100/\$10,200	\$5,900/\$11,800	\$6,550/\$13,100	\$7,350/\$14,700	\$3,700/\$7,400
Out-of-Pocket Maximum [†]	\$5,500/\$11,000	\$4,100/\$8,200	\$6,750/\$13,500	\$4,700/\$9,400	\$5,600/\$11,200	\$6,350/\$12,700	\$5,000/\$10,000	\$5,850/\$11,700	\$6,550/\$13,100	\$7,900/\$15,800	\$7,150/\$14,300	\$6,550/\$13,100	\$6,550/\$13,100	\$7,350/\$14,700	\$6,550/\$13,100

MVP Premier Plans (Standard)					
Platinum	Gold	Gold	Silver	Bronze	
1	1	2	1	1 HDHP	2
\$0/\$0	\$600/\$1,200	\$650/\$1,300	\$1,700/\$3,400	\$5,500/\$11,000	\$4,000/\$8,000
\$2,000/\$4,000	\$4,000/\$8,000	\$5,000/\$10,000	\$7,500/\$15,000	\$6,550/\$13,100	\$7,600/\$15,200

Medical															
Primary Care/Specialist Visit	3 visits at \$0, then \$15 NoDD/\$50*	\$5*/\$25*	\$40/\$50	\$30 NoDD/\$50 NoDD	20%*/20%*	3 visits at \$0, then \$40 NoDD/\$70*	\$30*/\$60*	3 visits at \$0, then \$35 NoDD/\$55 NoDD	20%*/20%*	\$40*/\$80*	3 visits at \$0, then 40%*/40%*	\$30*/\$50*	0%*/0%*	\$30 NoDD/0%*	30%*/30%*
Hospital Facility Inpatient/Outpatient	\$500*/\$200*	\$400*/\$100*	\$1,000/\$300	20%*/20%*	20%*/20%*	20%*/\$200*	\$500*/\$200*	\$0*/\$0*	20%*/20%*	\$1,500*/\$300*	40%*/40%*	30%*/\$100*	0%*/0%*	0%*/0%*	30%*/30%*
Urgent Care/Emergency Room	\$50 NoDD/\$350 NoDD	\$25*/\$75*	\$50/\$500	\$50 NoDD/\$300 NoDD	20%*/20%*	\$70 NoDD/\$500 NoDD	\$60*/\$300*	\$55 NoDD/\$0*	20%*/20%*	\$80*/\$500*	40%*/40%*	\$50*/\$500*	0%*/0%*	0%*/0%*	30%*/30%*
myVisitNow [®] (Telemedicine)	\$15 NoDD	\$5*	\$40	\$30 NoDD	20%*	\$40 NoDD	\$30*	\$35 NoDD	20%*	\$40*	40%*	\$30*	0%*	\$30 NoDD	30%*

\$15/\$35	\$25*/\$40*	3 visits at \$25, then \$25*/\$40*	\$30*/\$50*	50%*/50%*	50%*/50%*
\$500/\$100	\$1,000*/\$100*	\$1,000*/\$100*	\$1,500*/\$100*	50%*/50%*	50%*/50%*
\$55/\$100	\$60*/\$150*	\$60*/\$150*	\$70*/\$250*	50%*/50%*	50%*/50%*
\$15	\$25*	\$25*	\$30*	50%*	50%*

Pharmacy															
Prescription Deductible Individual/Family	\$100/\$200 (Brand Name only)	Integrated w/ Medical	\$0/\$0	\$0/\$0	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical (Brand Name only)	Integrated w/ Medical	\$300/\$600	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical (Brand Name only)	Integrated w/ Medical
Prescription Co-Payment	\$10/\$40*/\$60*	\$5*/\$15*/\$25* (Preventive Drugs NoDD)	\$10/\$40/\$60	\$5/\$30/\$50	\$10*/\$40*/\$60* (Preventive Drugs NoDD)	\$15*/\$40*/\$70*	\$10*/\$45*/\$90* (Preventive Drugs NoDD)	\$10/\$0*/\$0*	\$10*/\$40*/\$60* (Preventive Drugs NoDD)	\$10*/\$45*/\$90*	\$5*/\$60*/\$80*	\$10*/\$45*/\$90* (Preventive Drugs NoDD)	0%*/0%*/0%* (Preventive Drugs NoDD)	\$25/\$0*/\$0*	\$10*/\$50*/\$80* (Preventive Drugs NoDD)

\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	Integrated w/ Medical	Integrated w/ Medical
\$10/\$30/\$60	\$10/\$35/\$70	\$10/\$40/\$80	\$10/\$35/\$70	\$10*/\$35*/\$70*	\$10*/\$35*/\$70*

Rates (Effective January 1, 2019–December 31, 2019)															
Single	\$571.71	\$556.91	\$593.56	\$579.46	\$557.43	\$468.45	\$459.72	\$500.03	\$492.61	\$335.58	\$336.72	\$340.72	\$353.86	\$366.43	\$381.68
Single + Spouse	\$1,143.42	\$1,113.82	\$1,187.12	\$1,158.92	\$1,114.86	\$936.90	\$919.44	\$1,000.06	\$985.22	\$671.16	\$673.44	\$681.44	\$707.72	\$732.86	\$763.36
Single + Child(ren)	\$971.91	\$946.75	\$1,009.05	\$985.08	\$947.63	\$796.37	\$781.52	\$850.05	\$837.44	\$570.49	\$572.42	\$579.22	\$601.56	\$622.93	\$648.86
Single + Spouse + Child(ren)	\$1,629.37	\$1,587.19	\$1,691.65	\$1,651.46	\$1,588.68	\$1,335.08	\$1,310.20	\$1,425.09	\$1,403.94	\$956.40	\$959.65	\$971.05	\$1,008.50	\$1,044.33	\$1,087.79

\$718.39	\$582.99	\$587.22	\$492.64	\$329.29	\$325.86
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These plan overviews are 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.

Standard vs. Non-Standard

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