

# New York Small Group Plans

Albany Region | Quarter 1 Rates 2019



Plan Deductible†	Platinum EPO Plans			Platinum HMO Plans		Gold EPO & PPO Plans								Gold HMO Plans					
	1	3	5	2	6	1	2 HDHP	3	4	6	7 HDHP	8	PPO		1	2 HDHP	10		
	National Network			Regional Network		National Network								In Network		Out-of-Network		Regional Network	
Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$850/\$1,700	\$1,600/\$3,200 AGG	\$800/\$1,600	\$0/\$0	\$350/\$700	\$1,350/\$2,700 AGG	\$4,000/\$8,000	\$700/\$1,400	\$4,000/\$8,000 AGG	\$850/\$1,700	\$1,600/\$3,200 AGG	\$600/\$1,200		

## Out-of-Pocket Maximum(OOPM)†

Individual/Family	\$2,450/\$4,900	\$2,800/\$5,600	\$3,550/\$7,100	\$2,400/\$4,800	\$2,000/\$4,000	\$6,550/\$13,100	\$4,500/\$9,000	\$4,400/\$8,800	\$6,750/\$13,500	\$6,550/\$13,100	\$2,700/\$5,400	\$7,900/\$15,800	\$7,150/\$14,300	\$8,000/\$16,000 AGG	\$6,550/\$13,100	\$4,500/\$9,000	\$4,000/\$8,000
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## Medical Visit Costs

Primary Care/Specialist	3 visits at \$0, then \$5/\$45	\$30/\$40	\$15/\$25	\$10/\$35	\$15/\$35	3 visits at \$0, then \$15 NoDD/\$50*	\$10*/\$20*	\$10*/\$40*	\$40/\$60	\$30 NoDD/\$50 NoDD	15%*/15%*	\$30 NoDD/\$50 NoDD	\$40 NoDD/\$60 NoDD	20%*/20%*	3 visits at \$0, then \$15 NoDD/\$50*	\$10*/\$20*	\$25*/\$40*
Hospital Facility-Inpatient/Outpatient	\$300/\$100	\$150/\$100	\$550/\$300	\$300/\$200	\$500/\$100	\$500*/\$200*	\$200*/\$100*	\$800*/\$100*	\$750/\$300	\$1,000*/\$300*	15%*/15%*	20%*/20%*	\$500*/\$300*	20%*/20%*	\$500*/\$200*	\$200*/\$100*	\$1,000*/\$100*
Urgent Care/Emergency Room	\$45/\$100	\$40/\$200	\$25/\$200	\$35/\$200	\$55/\$100	\$50 NoDD/\$300 NoDD	\$20*/\$75*	\$40*/\$300*	\$60/\$500	\$50 NoDD/\$100 NoDD	15%*/15%*	\$50 NoDD/\$300 NoDD	\$60*/\$300*	\$60*/\$300*	\$50 NoDD/\$300 NoDD	\$20*/\$75*	\$60*/\$150*
myVisitNow® (Telemedicine)	\$5	\$30	\$15	\$10	\$15	\$15 NoDD	\$10*	\$10*	\$40	\$30 NoDD	15%*	\$30 NoDD	\$40 NoDD	Not covered	\$15 NoDD	\$10*	\$25*

## Pharmacy

Prescription Deductible Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$100/\$200 (Brand Name Only)	Integrated w/ Medical	\$0/\$0	\$0/\$0	\$0/\$0	Integrated w/ Medical	\$0/\$0	\$0/\$0	Not covered	\$100/\$200 (Brand Name Only)	Integrated w/ Medical	\$0/\$0
Prescription Co-Payment	\$5/\$30/\$50	\$5/\$15/\$25	\$10/\$40/\$60	\$5/\$30/\$50	\$10/\$30/\$60	\$5/\$35*/\$70*	\$5*/\$15*/\$25* (Preventive Drugs NoDD)	\$10/\$35/50%	\$10/\$40/\$60	\$10/\$40/\$60	\$5*/\$35*/\$70* (Preventive Drugs NoDD)	\$10/\$40/\$60	\$10/\$40/\$60	Not covered	\$5/\$35*/\$70*	\$5*/\$15*/\$25* (Preventive Drugs NoDD)	\$10/\$35/\$70

## Pediatric Dental Included in all MVP NY Small Group Plans

Preventive	\$25 co-pay, deductible applies to HDHP plans	All MVP New York Small Group plans include pediatric dental benefits, as required by the Affordable Care Act (ACA). Covered dependents, up to age 19, have access to preventive, routine, and major services—from any licensed provider, giving members the freedom to choose any dentist they like!	MVP members simply use their MVP Member ID card to obtain these dental services. Dental services are subject to the medical deductible and out-of-pocket maximum (Preventive services are subject to the deductible only in HDHP plans). See plan details for more information.
Routine	20% co-insurance*		
Major	50% co-insurance*, including medically necessary orthodontia		

## Rates (Effective January 1, 2019–March 31, 2019)

Single	\$795.68	\$791.29	\$788.66	\$743.83	\$747.94	\$674.74	\$638.48	\$659.08	\$694.53	\$701.94	\$642.60	\$637.65	\$704.28	\$632.18	\$598.20	\$639.13
Single + Spouse	\$1,591.36	\$1,582.58	\$1,577.32	\$1,487.66	\$1,495.88	\$1,349.48	\$1,276.96	\$1,318.16	\$1,389.06	\$1,403.88	\$1,285.20	\$1,275.30	\$1,408.56	\$1,264.36	\$1,196.40	\$1,278.26
Single + Child(ren)	\$1,352.66	\$1,345.19	\$1,340.72	\$1,264.51	\$1,271.50	\$1,147.06	\$1,085.42	\$1,120.44	\$1,180.70	\$1,193.30	\$1,092.42	\$1,084.01	\$1,197.28	\$1,074.71	\$1,016.94	\$1,086.52
Single + Spouse + Child(ren)	\$2,267.69	\$2,255.18	\$2,247.68	\$2,119.92	\$2,131.63	\$1,923.01	\$1,819.67	\$1,878.38	\$1,979.41	\$2,000.53	\$1,831.41	\$1,817.30	\$2,007.20	\$1,801.71	\$1,704.87	\$1,821.52

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

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

† 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.

## More About Our Plans

All MVP New York Small Group HDHPs are HSA-qualified.

All MVP NY Small Group plans pass for Medicare Creditable Coverage except Bronze 6, Bronze 8, and Bronze 10. In order to qualify, each of these plans must meet their minimum Health Reimbursement Account (HRA) requirement. The HRA requirement is \$100 for Bronze 6, \$1,500 for Bronze 8, and \$1,400 for Bronze 10.

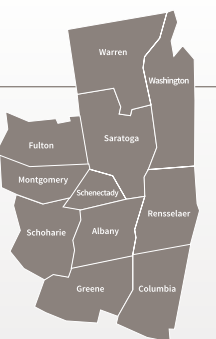
For a full listing of plans, visit [mvphealthcare.com](http://mvphealthcare.com) and select *Employers*, then *Forms*.

See reverse side for Silver and Bronze plan information. >

## Albany Region

Counties include:

Albany	Rensselaer
Columbia	Saratoga
Fulton	Schenectady
Greene	Schoharie
Montgomery	Warren
	Washington



# New York Small Group Plans

Albany Region | Quarter 1 Rates 2019



Plan Deductible <sup>†</sup>	Silver EPO Plans						Silver HMO Plans		Bronze EPO Plans						Bronze HMO Plans			
	1	2	3 HDHP	4 HRA <sup>‡</sup>	7	8 HDHP	3 HDHP	12	2	3 HDHP	5 HDHP	6 HDHP	7 HDHP	8	1	2	9 HDHP	10 <sup>#</sup>
	National Network						Regional Network		National Network						Regional Network			
Individual/Family	\$2,100/\$4,200	\$3,700/\$7,400	\$2,200/\$4,400 AGG	\$2,500/\$5,000	\$3,100/\$6,200	\$3,700/\$7,400	\$2,200/\$4,400 AGG	\$1,700/\$3,400	\$5,000/\$10,000	\$5,900/\$11,800	\$5,350/\$10,700	\$6,550/\$13,100	\$4,800/\$9,600	\$7,350/\$14,700	\$4,550/\$9,100	\$5,000/\$10,000	\$5,500/\$11,000	\$7,900/\$15,800

Out-of-Pocket Maximum(OOPM) <sup>†</sup>	1	2	3 HDHP	4 HRA <sup>‡</sup>	7	8 HDHP	3 HDHP	12	2	3 HDHP	5 HDHP	6 HDHP	7 HDHP	8	1	2	9 HDHP	10 <sup>#</sup>
Individual/Family	\$6,550/\$13,100	\$7,900/\$15,800	\$4,800/\$9,600	\$6,350/\$12,700	\$7,700/\$15,400	\$5,500/\$11,000	\$4,800/\$9,600	\$7,500/\$15,000	\$7,150/\$14,300	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100	\$7,350/\$14,700	\$7,900/\$15,800	\$7,150/\$14,300	\$6,550/\$13,100	\$7,900/\$15,800

Medical Visit Costs	1	2	3 HDHP	4 HRA <sup>‡</sup>	7	8 HDHP	3 HDHP	12	2	3 HDHP	5 HDHP	6 HDHP	7 HDHP	8	1	2	9 HDHP	10 <sup>#</sup>
Primary Care/Specialist	\$30 NoDD/\$50*	3 visits at \$0, then \$40 NoDD/\$70*	\$25*/\$50*	\$20*/\$50*	\$30 NoDD/\$40*	\$0*/\$0*	\$25*/\$50*	\$30*/\$50*	3 visits \$0, then \$35*/\$60*	\$30*/\$50*	\$5*/\$50*	\$0*/\$0*	40%*/40%*	\$30 NoDD/0%*	\$35*/\$80*	3 visits at \$0, then \$35*/\$60*	50%*/50%*	\$0*/\$0*
Hospital Facility-Inpatient/Outpatient	20%*/\$300*	20%*/\$200*	\$500*/\$200*	\$800*/\$200*	\$500*/\$150*	\$0*/\$0*	\$500*/\$200*	\$1,500*/\$100*	30%*/\$300*	30%*/\$100*	50%*/50%*	\$0*/\$0*	40%*/40%*	0%*/0%*	50%*/\$300*	30%*/\$300*	50%*/50%*	\$0*/\$0*
Urgent Care/Emergency Room	\$50*/\$350*	\$70 NoDD/\$500 NoDD	\$50*/\$300*	\$50*/\$300*	\$40*/\$200*	\$0*/\$0*	\$50*/\$300*	\$70*/\$250*	\$60*/\$350*	\$50*/\$300*	50%*/\$100*	\$0*/\$0*	40%*/40%*	0%*/0%*	\$80*/50%*	\$60*/\$350*	50%*/50%*	\$0*/\$0*
myVisitNow <sup>®</sup> (Telemedicine)	\$30 NoDD	\$40 NoDD	\$25*	\$20*	\$30 NoDD	\$0*	\$25*	\$30*	\$35*	\$30*	\$5*	\$0*	40%*	\$30 NoDD	\$35*	\$35*	50%*	\$0*

Pharmacy	1	2	3 HDHP	4 HRA <sup>‡</sup>	7	8 HDHP	3 HDHP	12	2	3 HDHP	5 HDHP	6 HDHP	7 HDHP	8	1	2	9 HDHP	10 <sup>#</sup>	
Prescription Deductible Individual/Family	\$100/\$200 (Brand Name Only)	Integrated w/ Medical	Integrated w/ Medical	\$0/\$0	\$0/\$0	Integrated w/ Medical	Integrated w/ Medical	\$0/\$0	Integrated w/ Medical	Integrated w/ Medical	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	Integrated w/ Medical
Prescription Co-Payment	\$8/\$35*/\$70*	\$15*/\$40*/\$70*	\$10*/\$40*/\$60* (Preventive Drugs NoDD)	\$10/\$35/50%	\$10/\$40/\$60	\$10*/\$40*/\$60* (Preventive Drugs NoDD)	\$10*/\$40*/\$60* (Preventive Drugs NoDD)	\$10/\$35/\$70	\$10*/\$40*/\$60*	\$10*/\$40*/\$60* (Preventive Drugs NoDD)	\$5*/\$30*/50%* (Preventive Drugs NoDD)	\$0*/\$0*/\$0* (Preventive Drugs NoDD)	\$10*/\$40*/\$60* (Preventive Drugs NoDD)	\$25/0%/0%*	\$10*/\$40*/50%*	\$10*/\$40*/\$60*	\$10*/\$35*/\$70* (Preventive Drugs NoDD)	\$0*/\$0*/\$0*	

## Pediatric Dental Included in all MVP NY Small Group Plans

Preventive	\$25 co-pay, deductible applies to HDHP plans	All MVP New York Small Group plans now include pediatric dental benefits, as required by the Affordable Care Act (ACA). Covered dependents, up to age 19, have access to preventive, routine, and major services—from any licensed provider, giving members the freedom to choose any dentist they like!	MVP members simply use their MVP Member ID card to obtain these dental services. Dental services are subject to the medical deductible and out-of-pocket maximum (Preventive services are subject to the deductible only in HDHP plans). See plan details for more information.
Routine	20% co-insurance*		
Major	50% co-insurance*, including medically necessary orthodontia		

## Rates (Effective January 1, 2019–March 31, 2019)

Single	\$579.86	\$524.05	\$556.28	\$544.48	\$573.57	\$538.98	\$521.19	\$540.34	\$448.51	\$456.14	\$455.38	\$472.93	\$446.98	\$492.77	\$423.09	\$420.23	\$412.36	\$403.07
Single + Spouse	\$1,159.72	\$1,048.10	\$1,112.56	\$1,088.96	\$1,147.14	\$1,077.96	\$1,042.38	\$1,080.68	\$897.02	\$912.28	\$910.76	\$945.86	\$893.96	\$985.54	\$846.18	\$840.46	\$824.72	\$806.14
Single + Child(ren)	\$985.76	\$890.89	\$945.68	\$925.62	\$975.07	\$916.27	\$886.02	\$918.58	\$762.47	\$775.44	\$774.15	\$803.98	\$759.87	\$837.71	\$719.25	\$714.39	\$701.01	\$685.22
Single + Spouse + Child(ren)	\$1,652.60	\$1,493.54	\$1,585.40	\$1,551.77	\$1,634.67	\$1,536.09	\$1,485.39	\$1,539.97	\$1,278.25	\$1,300.00	\$1,297.83	\$1,347.85	\$1,273.89	\$1,404.39	\$1,205.81	\$1,197.66	\$1,175.23	\$1,148.75

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

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

<sup>‡</sup> Silver 4 Health Reimbursement Arrangement (HRA) comes with an Embedded HRA plan and requires an employer contribution of \$85.

\* Bronze 10 does not meet the minimum actuarial value of 60%.

\* Member amount after the deductible is met.

NoDD: Not subject to deductible.

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. MVPCOMM0004 (Revised 10/25/2018) ©2018 MVP Health Care, Inc.

## \$0 Preventive Care

With MVP plans, you can save on medical costs by paying \$0 for preventive care, per recommended age and gender guidelines.

## Receive up to \$325 in WellBeing Rewards

Earn up to \$200 in rewards, per contract, per calendar year, for completing health related activities. Plus, each plan includes an additional \$125 reimbursement 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 brand health related items with a **CVS ExtraCare Health Card<sup>®</sup>**.

- Includes over-the-counter medications, contact lens solution, first aid, oral hygiene products, and thousands of more items.
- Use your discount at any CVS store nationwide or at [cvs.com](http://cvs.com).

## National Network Access

Members enrolled in a **National Network** plan have access to Cigna HealthCare's full national network outside of the MVP service area.

## Preferred Provider Facilities

All MVP Small Group plans include preferred provider facilities\*\* to help reduce out-of-pocket costs for laboratory, radiology, and ambulatory services. By utilizing preferred provider facilities, you can pay as little as \$0 or pay a reduced cost share in plans with an unmet annual deductible.

\*\*Preferred provider facilities are not available in all counties.

## Adult Vision Benefit

NY Small Group plans cover one adult vision exam every two plan years and a \$60 allowance toward the price of one pair of eyeglasses or contact lenses every two plan years.