## New York Small Group Plans
### Buffalo Region | Quarter 3 Rates 2019

### Plan Deductible

<table>
<thead>
<tr>
<th>Platinum EPO Plans</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Network</td>
<td>$0/$0</td>
<td>$0/$0</td>
<td>$0/$0</td>
<td>$0/$0</td>
<td>$0/$0</td>
</tr>
<tr>
<td>Regional Network</td>
<td>$450/$1,700</td>
<td>$1,600/$3,200</td>
<td>$800/$1,600</td>
<td>$500/$700</td>
<td>$1,350/$2,700</td>
</tr>
</tbody>
</table>

### Out-of-Pocket Maximum (OOPM)

| Individual/Family | $45/$100 | $40/$200 | $25/$200 | $35/$200 | $55/$100 |

### Medical Visit Costs

- **Primary Care/Specialist**: 3 visits at $0, then $15/$50
- **Hospital Facility-Inpatient/Outpatient**: $100/$100
- **urgent Care/ Emergency Room**: $45/$100

### Pharmacy

- **Pharmacy Prescription**: $10/$35/$70
- **Integrated w/Medical**: $10/$30/$50

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

- **Preventive**: $25 co-pay, deductible applies to HDHP plans
- **Routine**: 20% co-insurance
- **Major**: 50% co-insurance, including medically necessary orthodontia

### Rates

<table>
<thead>
<tr>
<th>Rates (Effective July 1, 2019–September 30, 2019)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDHP National Network</td>
<td>$572.55</td>
<td>$961.18</td>
<td>$963.98</td>
<td>$674.83</td>
<td>$678.56</td>
</tr>
<tr>
<td>$242.73</td>
<td>$780.41</td>
<td>$905.60</td>
<td>$848.92</td>
<td>$857.88</td>
<td></td>
</tr>
<tr>
<td>$785.45</td>
<td>$779.40</td>
<td>$860.85</td>
<td>$573.53</td>
<td>$542.71</td>
<td></td>
</tr>
<tr>
<td>$579.84</td>
<td>$542.71</td>
<td>$1,147.06</td>
<td>$1,085.42</td>
<td>$985.73</td>
<td></td>
</tr>
</tbody>
</table>

### 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 9, and Bronze 10. In order to qualify, each of these plans must meet their minimum Health Reimbursement Arrangement (HRA) requirement. The HRA requirement is $100 for Bronze 6, $150 for Bronze 9, and $1,500 for Bronze 10.

For a full listing of plans, visit mvphc.com and select Employers, then Forms.

### Questions? We're here to help! Call 1-800-TALK-MVP (825-5687) or visit mvphc.com.
# New York Small Group Plans

## Buffalo Region

<table>
<thead>
<tr>
<th>Plan deductible</th>
<th>Silver EPO Plans</th>
<th>Silver HMO Plans</th>
<th>Bronze EPO Plans</th>
<th>Bronze HMO Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual/Family</td>
<td>$2,100/$4,200</td>
<td>$2,200/$4,400</td>
<td>$2,200/$4,400</td>
<td>$2,200/$4,400</td>
</tr>
<tr>
<td>2</td>
<td>$3,700/$7,400</td>
<td>$4,200/$8,400</td>
<td>$4,200/$8,400</td>
<td>$4,200/$8,400</td>
</tr>
<tr>
<td>3</td>
<td>$5,200/$10,500</td>
<td>$6,300/$12,600</td>
<td>$6,300/$12,600</td>
<td>$6,300/$12,600</td>
</tr>
<tr>
<td>4</td>
<td>$6,700/$13,400</td>
<td>$7,700/$15,400</td>
<td>$7,700/$15,400</td>
<td>$7,700/$15,400</td>
</tr>
<tr>
<td>5</td>
<td>$8,200/$16,400</td>
<td>$9,200/$18,400</td>
<td>$9,200/$18,400</td>
<td>$9,200/$18,400</td>
</tr>
<tr>
<td>6</td>
<td>$9,700/$19,400</td>
<td>$10,700/$21,400</td>
<td>$10,700/$21,400</td>
<td>$10,700/$21,400</td>
</tr>
<tr>
<td>7</td>
<td>$11,200/$22,400</td>
<td>$12,200/$24,400</td>
<td>$12,200/$24,400</td>
<td>$12,200/$24,400</td>
</tr>
<tr>
<td>8</td>
<td>$12,700/$25,400</td>
<td>$13,700/$27,400</td>
<td>$13,700/$27,400</td>
<td>$13,700/$27,400</td>
</tr>
</tbody>
</table>

### Out-of-Pocket Maximum (OOPM)

- **Bronze HMO Plans**: $6,550/$13,100
- **Silver HMO Plans**: $7,150/$14,300
- **Bronze EPO Plans**: $8,350/$16,700
- **Silver EPO Plans**: $9,100/$18,200

### Medical Visit Costs

#### Primary Care/ Specialist
- **$20 NoDD**
- **$30 NoDD**
- **$40 NoDD**
- **$50 NoDD**

#### Hospital Facility- Inpatient/Outpatient
- **$50 NoDD**
- **$100 NoDD**
- **$150 NoDD**
- **$200 NoDD**

#### Urgent Care/ Emergency Room
- **$25 NoDD**
- **$50 NoDD**
- **$75 NoDD**
- **$100 NoDD**

#### myVisitNow (Telemedicine)
- **$25 NoDD**
- **$50 NoDD**
- **$75 NoDD**
- **$100 NoDD**

### Pharmacy

#### Prescription Deductible
- **$50 NoDD**
- **$75 NoDD**
- **$100 NoDD**
- **$150 NoDD**

#### Prescription Co-Payment
- **$35 NoDD**
- **$50 NoDD**
- **$75 NoDD**
- **$100 NoDD**

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

#### Preventive
- **$25 co-pay, deductible applies to HMO plans**

#### Routine
- **$25 co-insurance**

#### Major
- **$50 co-insurance**, including medically necessary orthodontia

### Rates (Effective July 1, 2019 – September 30, 2019)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual/Family</th>
<th>Employee only</th>
<th>Employee + Spouse</th>
<th>Employee + Child(ren)</th>
<th>Employee + Employee + Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silver EPO Plans</td>
<td>$708.76</td>
<td>$640.53</td>
<td>$569.93</td>
<td>$695.55</td>
<td>$805.27</td>
</tr>
<tr>
<td>Silver HMO Plans</td>
<td>$708.76</td>
<td>$640.53</td>
<td>$569.93</td>
<td>$695.55</td>
<td>$805.27</td>
</tr>
<tr>
<td>Bronze EPO Plans</td>
<td>$708.76</td>
<td>$640.53</td>
<td>$569.93</td>
<td>$695.55</td>
<td>$805.27</td>
</tr>
<tr>
<td>Bronze HMO Plans</td>
<td>$708.76</td>
<td>$640.53</td>
<td>$569.93</td>
<td>$695.55</td>
<td>$805.27</td>
</tr>
</tbody>
</table>

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

---

### $0 Preventive Care

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

#### Special Savings at CVS

- Save 20% on more than 2,000 CVS brand health-related items with a CVS ExtraCare Health Card.
  - 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.

- 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 on prescriptions
  - Save 20% on more than 2,000 CVS brand health-related items with a CVS ExtraCare Health Card.
  - Save 20% on more than 2,000 CVS brand health-related items with a CVS ExtraCare Health Card.
  - Save 20% on more than 2,000 CVS brand health-related items with a CVS ExtraCare Health Card.

### 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.

### 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.