### New York Small Group Plans

#### Mid-Hudson Region | Quarter 3 Rates 2019

<table>
<thead>
<tr>
<th>Plan Deductible[^1]</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual/Family</td>
<td>$0/$0</td>
<td>$0/$0</td>
<td>$0/$0</td>
<td>$0/$0</td>
<td>$0/$0</td>
<td>$0/$0</td>
<td>$0/$0</td>
<td>$850/$1,700</td>
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<tr>
<td>Out-of-Pocket Maximum (OOPM)[^7]</td>
<td>$850/$1,700</td>
<td>$1,600/$3,200</td>
<td>AGG</td>
<td>$800/$1,600</td>
<td>$50/$500</td>
<td>$350/$700</td>
<td>$1,350/$2,700</td>
<td>AGG</td>
</tr>
</tbody>
</table>

### Medical Visit Costs

- **Primary Care/Primary Office Visit**
  - 3 visits at $0, then $15/$35
  - $35/$70

- **Hospital Facility–Inpatient/Outpatient**
  - $100/$100
  - $500/$500
  - $1,000/$1,500

- **Emergency Room**
  - $45/$50
  - $25/$25

- **Preventive, Routine, and Major Services**
  - from any licensed provider

### Pharmacy

<table>
<thead>
<tr>
<th>Prescription Co-Payment</th>
<th>$0/$0</th>
<th>$0/$0</th>
<th>$0/$0</th>
<th>$0/$0</th>
<th>$100/$200 Integrated w/Medical</th>
<th>$0/$0</th>
<th>$0/$0</th>
<th>$0/$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual/Family</td>
<td>$5/$50</td>
<td>$15/$100</td>
<td>$5/$50</td>
<td>$20/$100</td>
<td>$30/$150</td>
<td>$50/$200</td>
<td>$100/$300</td>
<td>$150/$750</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Prescription Deductible Individual/Family</th>
<th>$0/$0</th>
<th>$0/$0</th>
<th>$0/$0</th>
<th>$0/$0</th>
<th>$5/$50 Integrated w/Medical</th>
<th>$0/$0</th>
<th>$0/$0</th>
<th>$0/$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Co-Payment</td>
<td>$5/$50</td>
<td>$15/$100</td>
<td>$5/$50</td>
<td>$20/$100</td>
<td>$30/$150</td>
<td>$50/$200</td>
<td>$100/$300</td>
<td>$150/$750</td>
</tr>
</tbody>
</table>

### Pediatric Dental

- **Preventive**
  - $25 co-pay, deductible applies to HDHP plans
- **Routine**
  - 20% co-insurance[^2]*
- **Major**
  - 50% co-insurance[^3]*, including medically necessary orthodontia

### Rates[^4]

- **Effective July 1, 2019—September 30, 2019**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual/Family</th>
<th>Employee + Spouse</th>
<th>Employee + Child(ren)</th>
<th>Employee + Spouse + Child(ren)</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>$3,193.51</td>
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<td>$1,782.89</td>
<td>$3,193.51</td>
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<tr>
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<td>$950.22</td>
<td>$1,718.28</td>
<td>$1,615.37</td>
<td>$2,972.12</td>
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<tr>
<td>7</td>
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<td>$1,856.34</td>
<td>$1,571.89</td>
<td>$2,972.12</td>
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<tr>
<td>8</td>
<td>$928.17</td>
<td>$1,916.36</td>
<td>$1,662.48</td>
<td>$2,972.12</td>
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<tr>
<td>9</td>
<td>$978.08</td>
<td>$1,956.16</td>
<td>$1,680.48</td>
<td>$2,972.12</td>
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<tr>
<td>10</td>
<td>$988.52</td>
<td>$1,977.04</td>
<td>$1,758.42</td>
<td>$2,972.12</td>
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<tr>
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<td>$1,809.90</td>
<td>$1,758.42</td>
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<tr>
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<tr>
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<td>$1,772.88</td>
<td>$1,758.42</td>
<td>$2,972.12</td>
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<tr>
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<td>$1,758.42</td>
<td>$2,972.12</td>
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<td>$839.80</td>
<td>$1,792.36</td>
<td>$1,758.42</td>
<td>$2,972.12</td>
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</tbody>
</table>

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

[^2]: Member amount after the deductible is met.

[^3]: 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.

### Questions? We're here to help!

Call 1-800-TALK-MVP (825-5687) or visit mvphc.com.

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**Mid-Hudson Region**

**Counties include:**

- Delaware
- Dutchess
- Putnam
- Sullivan
- Ulster

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[^1]: Not subject to deductible.

[^2]: Member amount after the deductible is met.

[^3]: Not subject to deductible.

[^4]: 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 Arrangement (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 mvphc.com and select Employers, then Forms.
# New York Small Group Plans

## Mid-Hudson Region | Quarter 3 Rates 2019

### Silver HMO Plans

<table>
<thead>
<tr>
<th>Plan Deductible*</th>
<th>Individual/Family</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>HDHP</th>
<th>Regional Network</th>
<th>National Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual/Family</td>
<td>$1,200/$2,400</td>
<td>$3,700/$7,400</td>
<td>$2,200/$4,400</td>
<td>$1,500/$3,000</td>
<td>$3,200/$6,400</td>
<td>$3,700/$7,400</td>
<td>$2,200/$4,400</td>
<td>$1,700/$3,400</td>
<td>$5,000/$10,000</td>
<td>$5,900/$11,800</td>
<td>$5,350/$10,700</td>
<td>$6,550/$13,100</td>
</tr>
</tbody>
</table>

### Silver EPO Plans

<table>
<thead>
<tr>
<th>Plan Deductible*</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>HDHP</th>
<th>Regional Network</th>
<th>National Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual/Family</td>
<td>$6,550/$13,100</td>
<td>$7,900/$15,900</td>
<td>$4,300/$8,600</td>
<td>$6,350/$12,700</td>
<td>$7,700/$15,400</td>
<td>$5,100/$10,200</td>
<td>$4,400/$8,800</td>
<td>$7,350/$15,000</td>
<td>$5,150/$10,300</td>
<td>$6,550/$13,100</td>
<td>$6,550/$13,100</td>
<td>$6,550/$13,100</td>
</tr>
</tbody>
</table>

### Bronze HMO Plans

<table>
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<tr>
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<th>8</th>
<th>HDHP</th>
<th>Regional Network</th>
<th>National Network</th>
</tr>
</thead>
</table>

### Medical Visit Costs

**Primary Care/ Specialist**
- $295
- $105
- $304
- $50

**Hospital Facility- Inpatient/Outpatient**
- $210
- $100
- $260
- $50

**Urgent Care/ Emergency Room**
- $50
- $150
- $150
- $50

**myVisitNow (Telemedicine)**
- $30

### Prescription

#### Deductible

<table>
<thead>
<tr>
<th>Individual/Family</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<th>8</th>
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<th>National Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual/Family</td>
<td>$100/$200</td>
<td>$125</td>
<td>$20</td>
<td>$30</td>
<td>$0</td>
<td>$25</td>
<td>$30</td>
<td>$0</td>
<td>$25</td>
<td>$0</td>
<td>$25</td>
</tr>
</tbody>
</table>

### Pediatric Dental Benefits

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

**Routine**
- $100 co-insurance, includes medically necessary orthodontia

**Major**
- $500 co-insurance, including medically necessary orthodontia

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

| Employee | $816.60 | $738.00 | $783.38 | $766.78 | $807.74 | $759.03 | $730.81 | $757.66 | $631.62 | $642.37 | $641.29 | $660.82 | $629.47 | $693.95 | $593.26 | $589.24 | $578.21 | $565.18 |
| Employee + Spouse | $1,633.20 | $1,476.00 | $1,566.67 | $1,533.56 | $1,615.48 | $1,583.06 | $1,463.62 | $1,515.29 | $1,263.24 | $1,284.74 | $1,285.82 | $1,232.04 | $1,258.94 | $1,286.52 | $1,378.90 | $1,464.12 | $1,440.36 |
| Employee + Child(ren) | $1,388.22 | $1,254.60 | $1,331.75 | $1,303.53 | $1,373.16 | $1,290.35 | $1,242.38 | $1,288.02 | $1,073.75 | $1,092.03 | $1,090.19 | $1,132.23 | $1,070.10 | $1,179.72 | $1,080.54 | $1,001.71 | $982.96 | $960.81 |
| Employee + Child(ren) | $2,327.31 | $2,103.30 | $2,232.63 | $2,185.32 | $2,302.06 | $2,163.24 | $2,082.81 | $2,159.33 | $1,800.12 | $1,830.75 | $1,827.68 | $1,898.16 | $1,793.99 | $1,977.93 | $1,690.79 | $1,679.33 | $1,647.90 | $1,610.76 |

### Questions? We’re here to help!

1. Call (825-5687) or visit mvphealthcare.com

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1. Preventive Care

With MVP plans, you can save on all plan deductibles and out-of-pocket maximums (OPPMs) are included.

2. Silver 4 Health Brand Affordability

Voted #1 for the Affordability Award by the Affordable Care Act (ACA).

### 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.

### 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.

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### Special Savings at CVS

Save 20% on more than 2,200 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.

### 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.

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*All MVP Small Group plans include preferred provider facilities to help reduce out-of-pocket costs for laboratory, radiology, and ambulatory services.*