# New York Small Group Plans

## New York City Region | Quarter 3 Rates 2019

### Platinum EPO Plans

<table>
<thead>
<tr>
<th>Plan</th>
<th>National Network</th>
<th>Regional Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$0/$0</td>
<td>$0/$0</td>
</tr>
<tr>
<td>2</td>
<td>$0/$0</td>
<td>$0/$0</td>
</tr>
<tr>
<td>3</td>
<td>$0/$0</td>
<td>$0/$0</td>
</tr>
<tr>
<td>4</td>
<td>$0/$0</td>
<td>$0/$0</td>
</tr>
</tbody>
</table>

### Platinum HMO Plans

<table>
<thead>
<tr>
<th>Plan</th>
<th>National Network</th>
<th>Regional Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$0/$0</td>
<td>$0/$0</td>
</tr>
<tr>
<td>2</td>
<td>$0/$0</td>
<td>$0/$0</td>
</tr>
<tr>
<td>3</td>
<td>$0/$0</td>
<td>$0/$0</td>
</tr>
<tr>
<td>4</td>
<td>$0/$0</td>
<td>$0/$0</td>
</tr>
</tbody>
</table>

### Gold EPO & PPO Plans

<table>
<thead>
<tr>
<th>Plan</th>
<th>National Network</th>
<th>In Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$0/$0</td>
<td>$0/$0</td>
<td>$0/$0</td>
</tr>
<tr>
<td>2</td>
<td>$0/$0</td>
<td>$0/$0</td>
<td>$0/$0</td>
</tr>
<tr>
<td>3</td>
<td>$0/$0</td>
<td>$0/$0</td>
<td>$0/$0</td>
</tr>
<tr>
<td>4</td>
<td>$0/$0</td>
<td>$0/$0</td>
<td>$0/$0</td>
</tr>
</tbody>
</table>

### Gold HMO Plans

<table>
<thead>
<tr>
<th>Plan</th>
<th>National Network</th>
<th>In Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$0/$0</td>
<td>$0/$0</td>
<td>$0/$0</td>
</tr>
</tbody>
</table>

### Medical Visit Costs

- **Primary Care/ Specialist**
  - 3 visits at $0, then $5/$45: $30/$300
  - $10/$350

- **Hospital Facility-Inpatient/Outpatient**
  - $300/$300

- **Urgent Care/ Emergency Room**
  - $45/$100

### Prescription Deductible

- Individual/Family: $5/$50

### Prescription Co-Payment

- Individual/Family: $5/$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 (Effective July 1, 2019 – September 30, 2019)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Employee</th>
<th>Employee + Spouse</th>
<th>Employee + Child(ren)</th>
<th>Employee + Spouse + Child(ren)</th>
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</thead>
<tbody>
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<tr>
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<tr>
<td>3</td>
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<td>$3,769.35</td>
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</tbody>
</table>

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

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

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### 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 mvphealthcare.com and select Employers, then Forms.

### New York City Region

Counties include:

- Bronx
- Queens
- Kings
- Richmond
- New York (Staten Island)
- Rockland
- Westchester

* MVP can only sell EPO/PPO plans to Associations in this county.

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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. ‡ MVP can only sell EPO/PPO plans to Associations in this county.
4. ‡ MVP is not licensed to sell HMO plans in this county.
5. MVPCOMM0004 (Revised 04/05/2019) ©2019 MVP Health Care, Inc.
# New York Small Group Plans

## New York City Region | Quarter 3 Rates 2019

### Silver EPO Plans

<table>
<thead>
<tr>
<th>Plan Deductible1</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>HDNP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$1,200/$4,000</td>
<td>$3,700/$11,400</td>
<td>$2,200/$4,000</td>
<td>$4,150/$10,000</td>
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<td>$1,700/$3,400</td>
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### Silver HMO Plans

<table>
<thead>
<tr>
<th>Plan Deductible1</th>
<th>Individual/Family</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>HDNP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$2,000/$4,000</td>
<td>$4,500/$10,000</td>
<td>$3,200/$5,000</td>
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<td>$3,500/$10,700</td>
<td>$6,550/$13,100</td>
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### Bronze EPO Plans

<table>
<thead>
<tr>
<th>Plan Deductible1</th>
<th>Individual/Family</th>
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<th>2</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>HDNP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$5,000/$10,000</td>
<td>$10,000/$20,000</td>
<td>$5,500/$11,000</td>
<td>$10,000/$22,000</td>
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<td>$10,000/$22,000</td>
<td>$5,500/$11,000</td>
<td>$10,000/$22,000</td>
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### Out-of-Pocket Maximum (OOPM)†

<table>
<thead>
<tr>
<th>Plan Deductible1</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>HDNP</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$7,900/$15,800</td>
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<td>$15,600/$31,200</td>
<td>$7,350/$14,700</td>
<td>$15,600/$31,200</td>
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</tr>
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</table>

## Medical Visit Costs

### Primary Care/Specialist

- $30 ND/$60* Fam.
- 20%* co-pay, deductible applies to HDHP plans
- $100/$200/20%*
- 3 visits 30%, then 50%*:
  - $50*/$100*
  - $100*/$200*
  - $250*/$500*

### Hospital Facility–Inpatient/Outpatient

- 20%* co-pays
- $150*/$300* Fam.
- $100*/$200* Fam.
- $200*/$400* Fam.

### Urgent Care/Emergency Room

- $100*/$200* Fam.
- $75*/$150* Fam.
- $150*/$300* Fam.
- $300*/$600* Fam.

## Pharmacy

### Prescription

<table>
<thead>
<tr>
<th>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>HDNP</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100/$200</td>
<td>Integrated w/ Medical</td>
<td>$50*/$100*</td>
<td>$50*/$100*</td>
<td>$30*/$60*</td>
<td>$0*/$0*</td>
<td>$50*/$100*</td>
<td>$70*/$250*</td>
<td>$60*/$350*</td>
<td>$50*/$200*</td>
<td>50%<em>/$100</em></td>
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### Co-Payment

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<thead>
<tr>
<th>Drug Class</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>HDNP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Drugs w/ Medical</td>
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<td>$10*/$40*/$60*</td>
<td>$10*/$40*/$60*</td>
<td>$10*/$40*/$60*</td>
<td>$10*/$40*/$60*</td>
<td>$10*/$40*/$60*</td>
<td>$10*/$40*/$60*</td>
<td>$10*/$40*/$60*</td>
<td>$10*/$40*/$60*</td>
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</table>

### Dental

### 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

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<th>7</th>
<th>8</th>
<th>HDNP</th>
</tr>
</thead>
<tbody>
<tr>
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<td>$900.00</td>
<td>$750.15</td>
<td>$761.64</td>
<td>$790.99</td>
</tr>
</tbody>
</table>

### Questions

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## Special Savings at CVS

- Save on more than 2,200 CVS brand health-related items with a CVS ExtraCare 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.

## 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 Benefits

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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1 Unless otherwise noted in the chart above, all plan deductibles and/or out-of-pocket maximums (OOPM) are included.
2 Silver HMO Remuneration Arrangement (HRA) comes with an Embedded HRA plan and an employer contribution of $85.
3 Bronze does not meet the minimum actuarial value of 60%.
4 Employee + Spouse or Family.
5 Without dental benefits.
6 Deductible amount is met.
7 Out-of-Pocket Maximum (OOPM). See plan details for out-of-pocket maximums.
8 All MVP New York Small Group plans now include pediatric dental benefits, as required by the Affordable Care Act (ACA).
9 MVP members simply use their MVP Member ID card to obtain these dental services.
10 Dental services are subject to the deductible only in HDHP plans. See plan details for more information.

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**Adult Vision Benefits**

- 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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