

NY Small Group HMO | Buffalo Region

MVP Health Care® Premier & Premier Plus Plans | Quarter 4 Rates



Plan Feature	MVP Premier Plus SM Plans (Non-Standard)			
	Platinum 1 Embedded	Platinum 2 Embedded	Gold 1 Embedded	Gold 2 HDHP Agg/Emb [†]
Plan Deductible				
Individual/Family	\$0/\$0	\$0/\$0	\$850/\$1,700	\$1,600/\$3,200 Agg
Out-of-Pocket Maximum				
Individual/Family	\$2,450/\$4,900	\$2,400/\$4,800	\$6,550/\$13,100	\$4,500/\$9,000 Emb
Medical				
Preventive Care	\$0	\$0	\$0	\$0
Primary Care	3 visits at \$0, then \$5	\$10	3 visits at \$0, then \$15 NoDD	\$10*
Specialist Visit	\$45	\$35	\$50*	\$20*
Hospital Facility Visit - Inpatient/Outpatient	\$300/\$100	\$300/\$200	\$500*/\$200*	\$200*/\$100*
Urgent Care	\$45	\$35	\$50 NoDD	\$20*
Emergency Room Visit	\$100	\$200	\$300 NoDD	\$75*
myVisitNow (Telemedicine)	\$5	\$10	\$15 NoDD	\$10*
Pharmacy				
Prescription Deductible Individual/Family	\$0/\$0	\$0/\$0	\$100/\$200 (Name Brand Only)	Integrated w/ Medical
Prescription Co-payment	\$5/\$30/\$50	\$5/\$30/\$50	\$5/\$35*/\$70*	\$5*/\$15*/\$25* (Preventive Drug NoDD)

Plan Feature	MVP Premier SM Plans (Standard)		
	Platinum Embedded	Gold Embedded	Gold 2 Embedded
Plan Deductible			
Individual/Family	\$0/\$0	\$600/\$1,200	\$650/\$1,300
Out-of-Pocket Maximum			
Individual/Family	\$2,000/\$4,000	\$4,000/\$8,000	\$5,000/\$10,000
Medical			
Preventive Care	\$0	\$0	\$0
Primary Care	\$15	\$25*	3 visits at \$25, then \$25*
Specialist Visit	\$35	\$40*	\$40*
Hospital Facility Visit - Inpatient/Outpatient	\$500/\$100	\$1,000*/\$100*	\$1,000*/\$100*
Urgent Care	\$55	\$60*	\$60*
Emergency Room Visit	\$100	\$150*	\$150*
myVisitNow (Telemedicine)	\$15	\$25*	\$25*
Pharmacy			
Prescription Deductible Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0
Prescription Co-payment	\$10/\$30/\$60	\$10/\$35/\$70	\$10/\$40/\$80

Rates (Effective 10/1/2018 - 12/31/2018. Rates Do Not Include Pediatric Dental Coverage)

	Platinum 1 Embedded	Platinum 2 Embedded	Gold 1 Embedded	Gold 2 HDHP Agg/Emb [†]	Platinum Embedded	Gold Embedded	Gold 2 Embedded
Single	\$655.43	\$654.08	\$561.72	\$533.61	\$657.49	\$567.46	\$571.93
Single + Spouse	\$1,310.86	\$1,308.16	\$1,123.44	\$1,067.22	\$1,314.98	\$1,134.92	\$1,143.86
Single + Child(ren)	\$1,114.23	\$1,111.94	\$954.92	\$907.14	\$1,117.73	\$964.68	\$972.28
Single + Spouse + Child(ren)	\$1,867.98	\$1,864.13	\$1,600.90	\$1,520.79	\$1,873.85	\$1,617.26	\$1,630.00

All plans include dependent care to age 26. NOTE: Benefits that are listed in red represent a plan change from 2017-2018.

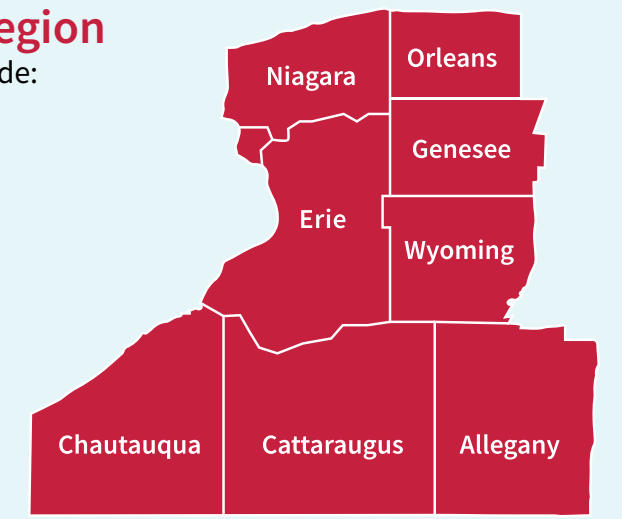
NoDD: Not subject to deductible. *Member amount after deductible is met.
[†]This plan features an Aggregate deductible and an Embedded out-of-pocket maximum.
 All MVP Premier and Premier Plus high deductible health plans (HDHPs) are HSA-qualified.
 All MVP Premier and Premier Plus plans pass for Medicare Creditable Coverage. For a full listing of plans, visit mvphealthcare.com and choose Employers, then Forms.
 MVPCOMM0004 (Updated 05/10/2018) ©2018 MVP Health Care, Inc.

Marketplace certified

Buffalo Region

Counties include:

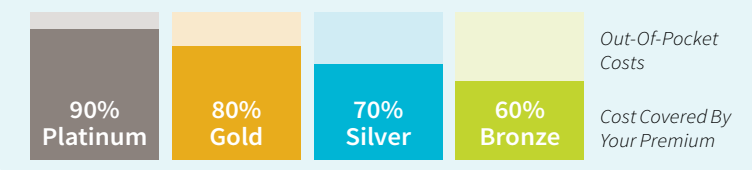
- Allegany*
- Cattaraugus*
- Chautauqua*
- Erie*
- Genesee
- Niagara*
- Orleans
- Wyoming



*MVP is not licensed to sell in this county.

Levels of Coverage

Health plans are offered in a tiered format based on four metal levels that match the percentage of costs covered. As the metal level goes down, the monthly premium goes down while the member's out-of-pocket cost share goes up.



MVP Premier Plans (Standard)

Plans are based on the same plan designs that every health insurer must offer. Standard plans are designed by the State and the benefit details do not vary from one carrier to the next.

MVP Premier Plus Plans (Non-Standard)

Plans contain unique features that enhance the value of the benchmark benefits offered in the Standard plan designs, such as lowering the member cost-sharing for the most common health care needs.

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 (Emb) Each member will pay toward, but never exceed, their individual deductible and/or OOPM until the larger Family deductible and/or OOPM is met. Once the Family deductible and/or OOPM has been met, the plan will begin payment of services for all members on the contract, regardless of the status of any remaining individual deductible and/or OOPM levels.

For plan details, call **1-800-TALK-MVP (825-5687)** or visit mvphealthcare.com.

See reverse side for Silver and Bronze plans.

NY Small Group HMO

MVP Health Care® Premier & Premier Plus Plans

Buffalo Region Quarter 4 Rates



Plan Feature	MVP Premier Plus SM Plans (Non-Standard)						MVP Premier SM Plans (Standard)			
	Silver 1 Embedded	Silver 2 Embedded	Silver 3 HDHP Agg/Emb [†]	Bronze 1 Embedded	Bronze 2 Embedded	Bronze 3 HDHP Embedded	Silver Embedded	Silver 2 Embedded	Bronze 1 HDHP Embedded	Bronze 2 Embedded
Plan Deductible										
Individual/Family	\$2,100/\$4,200	\$3,400/\$6,800	\$2,200/\$4,400 Agg	\$4,150/\$8,300	\$5,000/\$10,000	\$5,900/\$11,800	\$2,000/\$4,000	\$2,350/\$4,700	\$5,500/\$11,000	\$4,000/\$8,000
Out-of-Pocket Maximum										
Individual/Family	\$6,550/\$13,100	\$7,150/\$14,300	\$4,800/\$9,600 Emb	\$7,350/\$14,700	\$7,150/\$14,300	\$6,550/\$13,100	\$6,750/\$13,500	\$7,150/\$14,300	\$6,550/\$13,100	\$7,150/\$14,300
Medical										
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care	\$30 NoDD	3 visits at \$0, then \$40 NoDD	\$25*	\$35*	3 visits at \$0, then \$35*	\$30*	\$30*	3 visits at \$35, then \$35*	50%*	50%*
Specialist Visit	\$50*	\$70*	\$50*	\$80*	\$60*	\$50*	\$50*	\$55*	50%*	50%*
Hospital Facility Visit - Inpatient/Outpatient	20%*/\$300*	20%*/\$200*	\$500*/\$200*	50%*/\$300*	30%*/\$300*	30%*/\$100*	\$1,500*/\$100*	\$1,500*/\$100*	50%*/50%*	50%*/50%*
Urgent Care	\$50*	\$70 NoDD	\$50*	\$80*	\$60*	\$50*	\$70*	\$70*	50%*	50%*
Emergency Room Visit	\$350*	\$500 NoDD	\$300*	50%*	\$350*	\$300*	\$250*	\$250*	50%*	50%*
myVisitNow (Telemedicine)	\$30 NoDD	\$40 NoDD	\$25*	\$35*	\$35*	\$30*	\$30*	\$35*	50%*	50%*
Pharmacy										
Prescription Deductible Individual/Family	\$100/\$200 (Name Brand Only)	Integrated w/ Medical	Integrated w/ Medical	\$200/\$400	Integrated w/ Medical	Integrated w/ Medical	\$0/\$0	\$0/\$0	Integrated w/ Medical	Integrated w/ Medical
Prescription Co-payment	\$8/\$35*/\$70*	\$15*/\$40*/\$70*	\$10*/\$40*/\$60* (Preventive Drugs NoDD)	\$10*/\$40*/50%*	\$10*/\$40*/\$60*	\$10*/\$40*/\$60* (Preventive Drugs NoDD)	\$10/\$35/\$70	\$10/\$40/\$80	\$10*/\$35*/\$70*	\$10*/\$35*/\$70*

Rates (Effective 10/1/2018 - 12/31/2018. Rates Do Not Include Pediatric Dental Coverage)

Single	\$488.79	\$452.86	\$470.51	\$397.03	\$386.38	\$392.29	\$479.04	\$490.00	\$380.47	\$381.06
Single + Spouse	\$977.58	\$905.72	\$941.02	\$794.06	\$772.76	\$784.58	\$958.08	\$980.00	\$760.94	\$762.12
Single + Child(ren)	\$830.94	\$769.86	\$799.87	\$674.95	\$656.85	\$666.89	\$814.37	\$833.00	\$646.80	\$647.80
Single + Spouse + Child(ren)	\$1,393.05	\$1,290.65	\$1,340.95	\$1,131.54	\$1,101.18	\$1,118.03	\$1,365.26	\$1,396.50	\$1,084.34	\$1,086.02

All plans include dependent care to age 26. NOTE: Benefits that are listed in red represent a plan change from 2017-2018.

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

[†]This plan features an Aggregate deductible and an Embedded out-of-pocket maximum.

For plan details, call **1-800-TALK-MVP (825-5687)** or visit **mvphealthcare.com**.

See reverse side for **Platinum and Gold plans.**

myVisitNowSM—24/7 Online Doctor Visits
 With myVisitNow from MVP, you can access urgent care providers via video, 24 hours a day, 365 days a year. You also have access to convenient self-scheduling with behavioral health specialists, nutritionists, dietitians, and lactation consultants—all from the comfort of your own home, or nearly anywhere in the U.S.!

Register an account today at **myvisitnow.com** and download the **myVisitNow mobile app**.
 myVisitNow from MVP Health Care is powered by American Well. Regulatory restrictions may apply.

Up to \$125 in Healthy Lifestyle Credits
 All MVP Premier & Premier Plus plans include up to \$125, per subscriber, per calendar year, in reimbursement for gym and fitness club memberships, youth sports and fitness fees, healthy weight support programs, tobacco cessation courses, and massage therapy. Plans also include access to MVP's suite of online wellness tools and activities.

MVP Rx Members Save at CVS
 You can **save 20%** on more than 2,200 CVS-branded health care items with the **MVP-CVS ExtraCare Health Card**.
 • Use your discount at any CVS store nationwide or online at **cv.com**.
 • Includes over-the-counter medications, contact lens solution, first aid and oral hygiene products...literally thousands of items.

Acupuncture and Adult Vision Benefits at a Glance
 Don't forget, with every MVP Premier Plus (Non-Standard) small group plan, members have access to:
 • Twelve acupuncture visits per year; see plan details for specific cost-share.
 • 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.

Notes:

This plan overview is 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 countries.