## 2020 Premier℠ & Premier Plus℠ Plans

### MVP Premier Plus Plans (Non-Standard)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Gold 1</th>
<th>Gold 2</th>
<th>Silver 1</th>
<th>Silver 2</th>
<th>Silver 3</th>
<th>Bronze 1</th>
<th>Bronze 2</th>
<th>Bronze 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual/Family</td>
<td>$1,200/$2,400</td>
<td>$1,600/$3,200</td>
<td>$2,650/$5,300</td>
<td>$3,500/$7,000</td>
<td>$5,850/$11,700</td>
<td>$6,600/$13,200</td>
<td>$5,100/$10,200</td>
<td>$5,900/$11,800</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$5,900/$11,800</td>
<td>$6,750/$13,500</td>
<td>$7,700/$14,400</td>
<td>$8,850/$11,700</td>
<td>$10,300/$16,600</td>
<td>$11,750/$23,500</td>
<td>$10,900/$21,800</td>
<td>$11,800/$23,600</td>
</tr>
<tr>
<td>Medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care/Specialist Visit</td>
<td>3 Visits at $50 NoDD, then $15 NoDD/$30</td>
<td>$5/$25</td>
<td>3 Visits at $50 NoDD, then $40 NoDD/$30</td>
<td>$30/$60</td>
<td>3 Visits at $50 NoDD, then $40 NoDD/$30</td>
<td>$40/$80</td>
<td>3 Visits at $50 NoDD, then $40 NoDD/$30</td>
<td>$30/$50</td>
</tr>
<tr>
<td>Hospital Facility Inpatient/Outpatient</td>
<td>$50/$100</td>
<td>$90/$180</td>
<td>$1,000/$2,000</td>
<td>$1,100/$2,200</td>
<td>$1,200/$2,400</td>
<td>$1,300/$2,600</td>
<td>$1,400/$2,800</td>
<td>$1,500/$3,000</td>
</tr>
<tr>
<td>Urgent Care/Emergency Room</td>
<td>$50/$100</td>
<td>$95/$190</td>
<td>$1,050/$2,100</td>
<td>$1,150/$2,300</td>
<td>$1,250/$2,500</td>
<td>$1,350/$2,700</td>
<td>$1,450/$3,000</td>
<td>$1,550/$3,100</td>
</tr>
<tr>
<td>myVisit® Telemedicine</td>
<td>$15 NoDD</td>
<td>$30 NoDD</td>
<td>$90/$180</td>
<td>$1,000/$2,000</td>
<td>$1,100/$2,200</td>
<td>$1,200/$2,400</td>
<td>$1,300/$2,600</td>
<td>$1,400/$2,800</td>
</tr>
<tr>
<td>Diagnostic Radiology/Laboratory Outpatient</td>
<td>$60/$120 NoDD</td>
<td>$90/$180</td>
<td>$1,000/$2,000</td>
<td>$1,100/$2,200</td>
<td>$1,200/$2,400</td>
<td>$1,300/$2,600</td>
<td>$1,400/$2,800</td>
<td>$1,500/$3,000</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>$15 NoDD</td>
<td>$30 NoDD</td>
<td>$90/$180</td>
<td>$1,000/$2,000</td>
<td>$1,100/$2,200</td>
<td>$1,200/$2,400</td>
<td>$1,300/$2,600</td>
<td>$1,400/$2,800</td>
</tr>
<tr>
<td>Chiropractic Benefit</td>
<td>$50</td>
<td>$90</td>
<td>$270</td>
<td>$540</td>
<td>$900</td>
<td>$1,620</td>
<td>$1,260</td>
<td>$2,400</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Integrated w/ Medical</td>
<td>Integrated w/ Medical</td>
<td>Integrated w/ Medical</td>
<td>Integrated w/ Medical</td>
<td>Integrated w/ Medical</td>
<td>Integrated w/ Medical</td>
<td>Integrated w/ Medical</td>
<td>Integrated w/ Medical</td>
</tr>
<tr>
<td>Prescription Deductible Individual/Family</td>
<td>$100/$200 (Brand Name Only)</td>
<td>$200/$400 (Brand Name Only)</td>
<td>$300/$600 (Brand Name Only)</td>
<td>$400/$800 (Brand Name Only)</td>
<td>$500/$1,000 (Brand Name Only)</td>
<td>$600/$1,200 (Brand Name Only)</td>
<td>$700/$1,400 (Brand Name Only)</td>
<td>$800/$1,600 (Brand Name Only)</td>
</tr>
<tr>
<td>Prescription Cost Share Tier 1 / Tier 2 / Tier 3</td>
<td>$15/$30/$60</td>
<td>$25/$50/$100</td>
<td>$35/$70/$140</td>
<td>$45/$90/$180</td>
<td>$55/$110/$220</td>
<td>$65/$130/$260</td>
<td>$75/$150/$300</td>
<td>$85/$170/$340</td>
</tr>
</tbody>
</table>

**Amounts listed above are the co-pay or co-insurance after the deductible is met, unless otherwise noted (NoDD). NoDD: Not subject to deductible**

### Rates

<table>
<thead>
<tr>
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<th>Bronze 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$900.89</td>
<td>$884.70</td>
<td>$752.28</td>
<td>$726.52</td>
<td>$738.67</td>
<td>$522.21</td>
<td>$527.21</td>
<td>$548.58</td>
</tr>
<tr>
<td>Single + Spouse</td>
<td>$1,813.78</td>
<td>$1,769.40</td>
<td>$1,504.56</td>
<td>$1,453.04</td>
<td>$1,557.78</td>
<td>$1,044.42</td>
<td>$1,054.42</td>
<td>$1,097.16</td>
</tr>
<tr>
<td>Single + Child(ren)</td>
<td>$1,541.71</td>
<td>$1,503.99</td>
<td>$1,278.88</td>
<td>$1,235.08</td>
<td>$1,324.11</td>
<td>$887.76</td>
<td>$896.26</td>
<td>$932.59</td>
</tr>
<tr>
<td>Single + Spouse + Child(ren)</td>
<td>$2,584.64</td>
<td>$2,521.40</td>
<td>$2,144.00</td>
<td>$2,070.58</td>
<td>$2,198.84</td>
<td>$1,488.30</td>
<td>$1,502.55</td>
<td>$1,563.45</td>
</tr>
</tbody>
</table>

### 2020 Plan Highlights

#### Open Enrollment: November 1, 2019 – January 31, 2020

- **Up to $600 with WellBeing Rewards**
- **Preferred Provider Facilities**

### Questions? We’re here to help!

Call 1-800-TALK-MVP (825-5687) or visit mvphcare.com
2020 Plan Highlights

Up to $600 with WellBeing Rewards

Members can be reimbursed $200 for wellness-related expenses, earn $200 for completing healthy activities, and get an additional $200 for reaching quarterly goals through activity tracking, per contract, per calendar year.

No HSA Monthly Fee!

For all individual Qualified High Deductible Health Plans, MVP will waive the monthly fee for a Health Savings Account (HSA). Making it easier for you to pay for out-of-pocket expenses!

2020 Plan Options

Open Enrollment: November 1, 2019–January 31, 2020

National Plan includes the Cigna National Network

Members enrolled in the Bronze National plan have access to the Cigna HealthCare network—giving members full national coverage by allowing them access to providers outside of the MVP regional network.

Preferred Provider Facilities

By utilizing preferred provider facilities for laboratory, radiology, and ambulatory/outpatient surgery services, members enrolled in a Non-Standard plan will pay as little as $0 or pay a reduced cost share if they have an unmet annual deductible. Preferred provider facilities are not available in all counties.

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Mid-Hudson Region Delaware Dutchess Orange Putnam Sullivan Ulster


Gold Silver Bronze National

Platinum 1 Gold Silver Bronze 1

1 2 HDHP 2 HDHP 3 HDHP 4 HDHP 5 HDHP 6 HDHP National HDHP

Out-of-Pocket Maximum

Individual / Family $5,900/$11,300 $6,750/$13,500 $6,750/$13,500 $5,700/$11,400 $5,850/$11,700 $8,100/$16,200 $8,000/$16,000 $6,750/$13,500 $6,750/$13,500 $6,750/$13,500

Preferred provider facilities are not available in all counties.

Aggregate vs. Embedded

Aggregate (AG): In a family plan with an aggregate deductible, all individuals on the plan pay toward a single deductible amount, before they start paying payments.

Embedded: In a family plan with an embedded deductible, each member pays their own, individual deductible. Once an individual has met their deductible, no further deductible is required of them for that plan year. Other family members continue to pay toward their individual deductibles until the family deductible is met. An embedded out-of-pocket maximum works the same way.

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 HealthCare, Inc. Not all plans available in all states and counties.

Standard vs. Non-Standard

Standard plans are based on what the state dictates must be included in benefit details. Non-Standard plans contain unique features that enhance the value of the benchmark benefits.

Learn More About Our Plans

All MVP NY Individual Off-Marketplace HDHPs are HSA-qualified. For a full listing of plans, visit mvphc.com and select Employers, then Forms. 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.

All plans include dependent care coverage to age 26. NOTE: Benefits shown in red represent a change from the 2019 plan.

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

**Mid-Hudson Region**

Delaware Dutchess Orange Putnam Sullivan Ulster

**New York Individual Off-Marketplace**

2020 Premier™ & Premier Plus℠ Plans

**MVP Premier Plans (Non-Standard)**

**MVP Premier Plans (Standard)**

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