

New York Small Group 2022 Plans Quarter 4

SYRACUSE REGION Broome, Cayuga, Chemung, Cortland, Onondaga, Schuyler, Steuben, Tioga, and Tompkins Counties



Platinum EPO			Platinum HMO		Gold EPO							Gold HMO								
1	3	5	2	6	1	2 QHDHP	3	4	6	8	11 New!	1	2 QHDHP	10	11 New!					
National Network (Cigna HealthCare)					Regional Network					National Network (Cigna HealthCare)							Regional Network			

Benefit amounts below are the co-pay or co-insurance after deductible is met, unless otherwise noted as not subject to deductible (NoDD). All plans include dependent care coverage to age 26. **Benefits in red** indicate a change from the 2021 plan.

Plan Deductible¹

Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$850/\$1,700	\$1,600/\$3,200 AGG	\$1,000/\$2,000	\$0/\$0	\$350/\$700	\$4,000/\$8,000	\$750/\$1,500	\$850/\$1,700	\$1,600/\$3,200 AGG	\$600/\$1,200	\$750/\$1,500
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Out-of-Pocket Maximum¹

Individual/Family	\$2,450/\$4,900	\$2,550/\$5,100	\$3,550/\$7,100	\$2,400/\$4,800	\$2,000/\$4,000	\$7,000/\$14,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,750/\$13,500	\$6,550/\$13,100	\$8,000/\$16,000	\$8,700/\$17,400	\$7,000/\$14,000	\$5,000/\$10,000	\$4,000/\$8,000	\$8,700/\$17,400
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Medical

Primary Care/Specialist Visit	3 PCP visits at \$0, then \$5/\$45	\$40/\$50	\$15/\$25	\$10/\$35	\$15/\$35	3 PCP visits at \$0, then \$15 NoDD/\$50	\$10/\$20	\$20/\$40	\$40/\$60	\$30 NoDD/\$50 NoDD	\$40 NoDD/\$60 NoDD	\$35 NoDD (\$0 to age 26)/\$50	3 PCP visits at \$0, then \$15 NoDD/\$50	\$10/\$20	\$25/\$40	\$35 NoDD (\$0 to age 26)/\$50
Hospital Facility Inpatient/Outpatient	\$300/\$100	\$300/\$200	\$550/\$300	\$300/\$200	\$500/\$100	\$500/\$200	\$200/\$200	\$800/\$100	\$750/\$300	\$1,000/\$300	20%/20%	\$1,000/\$300	\$500/\$200	\$200/\$200	\$1,000/\$100	\$1,000/\$300
Urgent Care/Emergency Room	\$45/\$100	\$50/\$200	\$25/\$200	\$35/\$200	\$35/\$100	\$50 NoDD/\$300 NoDD	\$20/\$75	\$40/\$300	\$60/\$500	\$50 NoDD/\$100 NoDD	\$60 NoDD/\$300 NoDD	\$50 NoDD/\$250	\$50 NoDD/\$300 NoDD	\$20/\$75	\$40/\$300	\$50 NoDD/\$250
Diagnostic Radiology/Laboratory Outpatient	\$45/\$45	\$50/\$50	\$25/\$25	\$35/\$35	\$35/\$35	\$50/\$50 NoDD	\$20/\$20	\$40/\$40	\$60/\$60	\$50 NoDD/\$50 NoDD	\$60 NoDD/\$60 NoDD	\$100/\$0 NoDD	\$50/\$50 NoDD	\$20/\$20	\$40/\$40	\$100/\$0 NoDD
Diabetic Supplies	\$5	\$40	\$15	\$10	\$15	\$15 NoDD	\$10	\$20	\$40	\$30 NoDD	\$40 NoDD	\$35 NoDD (\$0 to age 26)	\$15 NoDD	\$10	\$25	\$35 NoDD (\$0 to age 26)

Additional Benefits

Virtual Care Services

Gia virtual care services are \$0 on all plans, except qualified high-deductible health plans (QHDHPs) in 2022. The IRS now requires members enrolled in QHDHPs to pay for virtual care services until their plan deductible is met. After the deductible is met, virtual care services are \$0. While costs for care vary, Gia virtual care services are generally lower cost than the in-person alternative. Gia virtual care services include urgent/emergent care, primary care, behavioral health, psychiatry, nutrition, and lactation. Virtual physical therapy is also included on 2022 plans. In-person care or virtual care excluding Gia is subject to co-pay/cost-share per plan details.

MVP WellBeing Rewards

Earn up to \$600 per contract, per calendar year with MVP WellBeing Rewards.

Pediatric Dental

Included with all MVP New York Small Group plans. Preventive services subject to \$25 co-pay (deductible applies to QHDHPs), routine services subject to 20% co-insurance, and major services, including medically necessary orthodontia, are subject to 50% co-insurance.

Pharmacy

Prescription Deductible Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$200/\$400 (Brand Name only)	Integrated with Medical	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	Integrated with Medical	\$200/\$400 (Brand Name only)	Integrated with Medical	\$0/\$0	Integrated with Medical
Prescription Cost-Share Tier1/Tier2/Tier3	\$5/\$30/\$50	\$10/\$30/\$50	\$10/\$40/\$60	\$5/\$30/\$50	\$10/\$30/\$60	\$10 NoDD/\$35/\$70	\$10/\$30/\$50 (Preventive drugs NoDD)	\$10/\$35/50%	\$10/\$40/\$60	\$10/\$40/\$60	\$10/\$40/\$60	\$10 NoDD (\$0 to age 26)/\$45/\$90	\$10 NoDD/\$35/\$70	\$10/\$30/\$50 (Preventive drugs NoDD)	\$10/\$45/\$90	\$10 NoDD (\$0 to age 26)/\$45/\$90

Premium Monthly Rates

Rates effective October 1, 2022–December 31, 2022.

Employee	\$1,068.14	\$1,052.76	\$1,063.25	\$988.84	\$992.57	\$922.01	\$883.96	\$896.90	\$959.26	\$961.21	\$867.12	\$909.75	\$853.68	\$818.45	\$865.88	\$842.31
Employee + Spouse	\$2,136.28	\$2,105.52	\$2,126.50	\$1,977.68	\$1,985.14	\$1,844.02	\$1,767.92	\$1,793.80	\$1,918.52	\$1,922.42	\$1,734.24	\$1,819.50	\$1,707.36	\$1,636.90	\$1,731.76	\$1,684.62
Employee + Child(ren)	\$1,815.84	\$1,789.69	\$1,807.53	\$1,681.03	\$1,687.37	\$1,567.42	\$1,502.73	\$1,524.73	\$1,630.74	\$1,634.06	\$1,474.10	\$1,546.58	\$1,451.26	\$1,391.37	\$1,472.00	\$1,431.93
Employee + Spouse + Child(ren)	\$3,044.20	\$3,000.37	\$3,030.26	\$2,818.19	\$2,828.82	\$2,627.73	\$2,519.29	\$2,556.17	\$2,733.89	\$2,739.45	\$2,471.29	\$2,592.79	\$2,432.99	\$2,332.58	\$2,467.76	\$2,400.58

¹Unless otherwise noted, all plan deductibles and/or out-of-pocket maximums are embedded.

These plan overviews are intended to provide a general outline of coverage. For comprehensive benefit details, please review your Certificate of Coverage (COC), Schedule of Benefits, Summary of Benefits and Coverage (SBC), and any applicable Rider(s). Your COC, SBC, and Rider(s) will be controlling. These documents can be found in your MVP online account, or are available by request. For details, call 1-800-TALK-MVP (1-800-825-5687).

QHDHP: Qualified High-Deductible Health Plan **NoDD:** Not subject to deductible

All MVP NY Small Group plans pass for Medicare Creditable Coverage. All QHDHPs can be paired with a Health Savings Account. Health benefit plans are issued and 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 counties.

Questions? We're here to help!

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See other side for Silver and Bronze plans.

New York Small Group 2022 Plans Quarter 4

SYRACUSE REGION Broome, Cayuga, Chemung, Cortland, Onondaga, Schuyler, Steuben, Tioga, and Tompkins Counties



Silver EPO						Silver HMO			Bronze EPO					Bronze HMO		
1	2	3 QHDHP	4 HRA ¹	7	8 QHDHP	3 QHDHP	12	13 New!	2	3 QHDHP	5 QHDHP	6 QHDHP	7 QHDHP	2	9 QHDHP	10 ²
National Network (Cigna HealthCare)						Regional Network			National Network (Cigna HealthCare)					Regional Network		

Benefit amounts below are the co-pay or co-insurance after deductible is met, unless otherwise noted as not subject to deductible (NoDD). All plans include dependent care coverage to age 26. **Benefits in red** indicate a change from the 2021 plan.

Plan Deductible²

Individual/Family	\$2,100/\$4,200	\$4,500/\$9,000	\$2,200/\$4,400 AGG	\$2,500/\$5,000	\$3,100/\$6,200	\$3,900/\$7,800	\$2,200/\$4,400 AGG	\$1,700/\$3,400	\$2,850/\$5,700	\$6,000/\$12,000	\$6,200/\$12,400	\$6,250/\$12,500	\$6,900/\$13,800	\$6,200/\$12,400	\$6,000/\$12,000	\$6,100/\$12,200	\$8,300/\$16,600
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Out-of-Pocket Maximum²

Individual/Family	\$7,800/\$15,600	\$8,400/\$16,800	\$5,200/\$10,400	\$6,350/\$12,700	\$8,000/\$16,000	\$6,000/\$12,000	\$5,200/\$10,400	\$7,900/\$15,800	\$8,700/\$17,400	\$8,400/\$16,800	\$6,900/\$13,800	\$6,900/\$13,800	\$6,900/\$13,800	\$6,900/\$13,800	\$8,400/\$16,800	\$6,900/\$13,800	\$8,300/\$16,600
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Medical

Primary Care/Specialist Visit	\$30 NoDD/\$50	3 PCP visits at \$0, then \$35 NoDD/\$60	\$25/\$50	\$20/\$50	\$30 NoDD/\$40	\$0/\$0	\$25/\$50	\$30/\$50	\$35 NoDD (\$0 to age 26)/\$50	3 PCP visits at \$0, then \$35/\$60	\$30/\$50	\$5/50%	\$0/\$0	40%/40%	3 PCP visits at \$0, then \$35/\$60	50%/50%	\$0/\$0
Hospital Facility Inpatient/Outpatient	20%/300	30%/300	\$500/\$200	\$800/\$200	\$500/\$200	\$0/\$0	\$500/\$200	\$1,500/\$200	\$1,000/\$300	30%/300	30%/100	50%/50%	\$0/\$0	40%/40%	30%/300	50%/50%	\$0/\$0
Urgent Care/Emergency Room	\$50 NoDD/\$350	\$60 NoDD/\$350	\$50/\$300	\$50/\$300	\$40 NoDD/\$200	\$0/\$0	\$50/\$300	\$50/\$250	\$50 NoDD/\$250	\$60/\$350	\$50/\$300	50%/100	\$0/\$0	40%/40%	\$60/\$350	50%/50%	\$0/\$0
Diagnostic Radiology/Laboratory Outpatient	\$50/\$50 NoDD	\$60/\$60 NoDD	\$50/\$50	\$50/\$50	\$40/\$40 NoDD	\$0/\$0	\$50/\$50	\$50/\$50	\$100/\$50 NoDD	\$60/\$60	\$50/\$50	50%/50%	\$0/\$0	40%/40%	\$60/\$60	50%/50%	\$0/\$0
Diabetic Supplies	\$30 NoDD	\$35 NoDD	\$25	\$20	\$30 NoDD	\$0	\$25	\$30	\$35 NoDD (\$0 to age 26)	\$35	\$30	\$5	\$0	40%	\$35	50%	\$0

Additional Benefits

Virtual Care Services	<i>Gia virtual care services are \$0 on all plans, except qualified high-deductible health plans (QHDHPs) in 2022. The IRS now requires members enrolled in QHDHPs to pay for virtual care services until their plan deductible is met. After the deductible is met, virtual care services are \$0. While costs for care vary, Gia virtual care services are generally lower cost than the in-person alternative. Gia virtual care services include urgent/emergent care, primary care, behavioral health, psychiatry, nutrition, and lactation. Virtual physical therapy is also included on 2022 plans. In-person care or virtual care excluding Gia is subject to co-pay/cost-share per plan details.</i>																
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Pediatric Dental	<i>Included with all MVP New York Small Group plans. Preventive services subject to \$25 co-pay (deductible applies to QHDHPs), routine services subject to 20% co-insurance, and major services, including medically necessary orthodontia, are subject to 50% co-insurance.</i>																

Pharmacy

Prescription Deductible Individual/Family	\$100/\$200 (Brand Name only)	Integrated with Medical	Integrated with Medical	\$0/\$0	\$0/\$0	Integrated with Medical	Integrated with Medical	\$0/\$0	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Prescription Cost-Share Tier1/Tier2/Tier 3	\$15 NoDD/\$35/\$70	\$10/\$45/\$90	\$15/\$40/\$60 (Preventive drugs NoDD)	\$10/\$35/50%	\$15/\$45/\$90	\$15/\$40/\$60 (Preventive drugs NoDD)	\$15/\$40/\$60 (Preventive drugs NoDD)	\$10/\$35/\$70	\$15 NoDD (\$0 to age 26)/\$45/\$90	\$10/\$40/\$60	\$10/\$40/\$60 (Preventive drugs NoDD)	\$5/\$30/50% (Preventive drugs NoDD)	\$0/\$0/\$0 (Preventive drugs NoDD)	\$10/\$40/\$60 (Preventive drugs NoDD)	\$10/\$40/\$60	\$10/\$35/\$70 (Preventive drugs NoDD)	\$0/\$0/\$0

Premium Monthly Rates Rates effective October 1, 2022–December 31, 2022.

Employee	\$784.37	\$718.67	\$773.10	\$757.04	\$779.89	\$746.87	\$715.82	\$728.87	\$696.10	\$613.70	\$640.24	\$630.92	\$662.43	\$636.21	\$568.24	\$587.11	\$567.95
Employee + Spouse	\$1,568.74	\$1,437.34	\$1,546.20	\$1,514.08	\$1,559.78	\$1,493.74	\$1,431.64	\$1,457.74	\$1,392.20	\$1,227.40	\$1,280.48	\$1,261.84	\$1,324.86	\$1,272.42	\$1,136.48	\$1,174.22	\$1,135.90
Employee + Child(ren)	\$1,333.43	\$1,221.74	\$1,314.27	\$1,286.97	\$1,325.81	\$1,269.68	\$1,216.89	\$1,239.08	\$1,183.37	\$1,043.29	\$1,088.41	\$1,072.56	\$1,126.13	\$1,081.56	\$966.01	\$998.09	\$965.52
Employee + Spouse + Child(ren)	\$2,235.45	\$2,048.21	\$2,203.34	\$2,157.56	\$2,222.69	\$2,128.58	\$2,040.09	\$2,077.28	\$1,983.89	\$1,749.05	\$1,824.68	\$1,798.12	\$1,887.93	\$1,813.20	\$1,619.48	\$1,673.26	\$1,618.66

¹Silver 4 Health Reimbursement Arrangement (HRA) comes with an Embedded HRA plan and requires a \$50 employer contribution.

²Unless otherwise noted, all plan deductibles and/or out-of-pocket maximums are embedded.

QHDHP: Qualified High-Deductible Health Plan **HRA:** Health Reimbursement Arrangement **NoDD:** Not subject to deductible
All MVP New York Small Group plans pass for Medicare Creditable Coverage and all QHDHPs are Health Savings Account qualified.

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