

# New York Individual Off-Marketplace 2020 Premier<sup>SM</sup> & Premier Plus<sup>SM</sup> Plans



Albany Region Albany | Columbia | Fulton | Greene | Montgomery | Rensselaer | Saratoga | Schenectady | Schoharie | Warren | Washington

	MVP Premier Plus Plans (Non-Standard)											MVP Premier Plans (Standard)				
	Gold			Silver			Bronze					Platinum	Gold	Silver	Bronze	
	1	2 HDHP	4	2	3 HDHP	11	1	2	3 HDHP	6 HDHP	National HDHP	1	1	1	1 HDHP	2
Plan Deductible†																
Individual/ Family	\$1,200/\$2,400	\$1,400/\$2,800 AGG	\$0/\$0	\$2,650/\$5,300	\$2,500/\$5,000 AGG	\$5,850/\$11,700	\$6,600/\$13,200	\$5,100/\$10,200	\$5,900/\$11,800	\$6,750/\$13,500	\$4,200/\$8,400	\$0/\$0	\$600/\$1,200	\$1,300/\$2,600	\$5,500/\$11,000	\$4,425/\$8,850
Out-of-Pocket Maximum†																
Individual/ Family	\$5,900/\$11,800	\$6,750/\$13,500	\$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	\$2,000/\$4,000	\$4,000/\$8,000	\$7,900/\$15,800	\$6,550/\$13,100	\$8,150/\$16,300
Medical																
Primary Care / Specialist Visit	3 Visits at \$0 NoDD, then \$15 NoDD/\$50	\$5/\$25	\$40/\$50	3 Visits at \$0 NoDD, then \$40 NoDD/\$70	\$30/\$60	3 Visits at \$0 NoDD, then \$35 NoDD/\$55 NoDD	\$40/\$80	3 Visits at \$0 NoDD, then 40%/40%	\$30/\$50	\$0/\$0	30%/30%	\$15/\$35	\$25/\$40	\$30/\$50	50%/50%	3 Visits at \$0 NoDD, then 50%/50%
Hospital Facility Inpatient / Outpatient	\$500/\$200	\$400/\$100	\$1,000/\$300	20%/\$200	\$500/\$200	\$0/\$0	\$1,500/\$300	40%/40%	30%/\$100	\$0/\$0	30%/30%	\$500/\$100	\$1,000/\$100	\$1,500/\$150	50%/50%	50%/50%
Urgent Care / Emergency Room	\$50 NoDD/\$350 NoDD	\$25/\$75	\$50/\$500	\$70 NoDD/\$500 NoDD	\$60/\$300	\$55 NoDD/\$0	\$80/\$500	40%/40%	\$50/\$500	\$0/\$0	30%/30%	\$55/\$100	\$60/\$150	\$70/\$250	50%/50%	50%/50%
myVisitNow® Telemedicine	\$15 NoDD	\$5	\$40	\$40 NoDD	\$30	\$35 NoDD	\$40	40%	\$30	\$0	30%	\$15	\$25	\$30	50%	50%
Diagnostic Radiology / Laboratory Outpatient	\$60/\$50 NoDD	\$30/\$25	\$50/\$50	\$125/\$70 NoDD	\$100/\$60	\$0/\$55 NoDD	\$100/\$80	40%/40%	\$100/\$50	\$0/\$0	30%/30%	\$35/\$35	\$40/\$40	\$50/\$50	50%/50%	50%/50%
Diabetic Supplies	\$15 NoDD	\$5	\$40	\$40 NoDD	\$30	\$35 NoDD	\$40	40%	\$30	\$0	30%	\$15	\$25	\$30	50%	50%
Chiropractic Benefit	\$50	\$25	\$50	\$70	\$60	\$55 NoDD	\$80	40%	\$50	\$0	30%	\$35	\$40	\$50	50%	50%
Pharmacy																
Prescription Deductible Individual / Family	\$100/\$200 (Brand Name Only)	Integrated w/ Medical	\$0/\$0	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical (Brand Name Only)	\$300/\$600	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical	\$0/\$0	\$0/\$0	\$0/\$0	Integrated w/ Medical	Integrated w/ Medical
Prescription Cost Share Tier 1 / Tier 2 / Tier 3	\$10 NoDD/\$40/\$60	\$5/\$15/\$25 (Preventive Drugs NoDD)	\$10/\$40/\$60	\$15/\$40/\$70	\$10/\$45/\$90 (Preventive Drugs NoDD)	\$10 NoDD/\$0/\$0	\$10/\$45/\$90	\$5/\$60/\$80	\$10/\$45/\$90 (Preventive Drugs NoDD)	\$0/\$0/\$0 (Preventive Drugs NoDD)	\$10/\$50/\$80 (Preventive Drugs NoDD)	\$10/\$30/\$60	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70

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 (Effective January 1, 2020–December 31, 2020)

Single	\$716.48	\$698.95	\$754.48	\$594.33	\$573.98	\$615.35	\$412.57	\$416.52	\$433.40	\$448.55	\$522.22	\$911.00	\$739.16	\$615.10	\$418.46	\$411.28
Single + Spouse	\$1,432.96	\$1,397.90	\$1,508.96	\$1,188.66	\$1,147.96	\$1,230.70	\$825.14	\$833.04	\$866.80	\$897.10	\$1,044.44	\$1,822.00	\$1,478.32	\$1,230.20	\$836.92	\$822.56
Single + Child(ren)	\$1,218.02	\$1,188.22	\$1,282.62	\$1,010.36	\$975.77	\$1,046.10	\$701.37	\$708.08	\$736.78	\$762.54	\$887.77	\$1,548.70	\$1,256.57	\$1,045.67	\$711.38	\$699.18
Single + Spouse + Child(ren)	\$2,041.97	\$1,992.01	\$2,150.27	\$1,693.84	\$1,635.84	\$1,753.75	\$1,175.82	\$1,187.08	\$1,235.19	\$1,278.37	\$1,488.33	\$2,596.35	\$2,106.61	\$1,753.04	\$1,192.61	\$1,172.15

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

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

## Aggregate vs. Embedded

**Aggregate (AGG):** In a family plan with an aggregate deductible, all individuals on the plan pay together toward one deductible amount, before the plan will make 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 Health Care, 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 [mvphealthcare.com](https://mvphealthcare.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.

**Questions? We're here to help!** Call 1-800-TALK-MVP (825-5687) or visit [mvphealthcare.com](https://mvphealthcare.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!

## 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 can 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.*



# New York Individual Marketplace 2020 Premier<sup>SM</sup> & Premier Plus<sup>SM</sup> Plans

Albany Region Albany | Columbia | Fulton | Greene | Montgomery | Rensselaer | Saratoga | Schenectady | Schoharie | Warren | Washington



	MVP Premier Plus Plans (Non-Standard)							
	Gold		Silver			Bronze		
	1	2 HDHP	2	3 HDHP	11	1	2	3 HDHP
Plan Deductible <sup>†</sup>								
Individual / Family	\$1,200/\$2,400	\$1,400/\$2,800 AGG	\$2,650/\$5,300	\$2,500/\$5,000 AGG	\$5,850/\$ 11,700	\$6,600/\$13,200	\$5,100/\$10,200	\$5,900/\$11,800
Out-of-Pocket Maximum <sup>†</sup>								
Individual / Family	\$5,900/\$11,800	\$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
Medical								
Primary Care / Specialist Visit	3 Visits at \$0 NoDD, then \$15 NoDD/\$50	\$5/\$25	3 Visits at \$0 NoDD, then \$40 NoDD/\$70	\$30/\$60	3 Visits at \$0 NoDD, then \$35 NoDD/\$55 NoDD	\$40/\$80	3 Visits at \$0 NoDD, then 40%/40%	\$30/\$50
Hospital Facility Inpatient / Outpatient	\$500/\$200	\$400/\$100	20%/\$200	\$500/\$200	\$0/\$0	\$1,500/\$300	40%/40%	30%/\$100
Urgent Care / Emergency Room	\$50 NoDD/\$350 NoDD	\$25/\$75	\$70 NoDD/\$500 NoDD	\$60/\$300	\$55 NoDD/\$0	\$80/\$500	40%/40%	\$50/\$500
myVisitNow <sup>®</sup> Telemedicine	\$15 NoDD	\$5	\$40 NoDD	\$30	\$35 NoDD	\$40	40%	\$30
Diagnostic Radiology / Laboratory Outpatient	\$60/\$50 NoDD	\$30/\$25	\$125/\$70 NoDD	\$100/\$60	\$0/\$55 NoDD	\$100/\$80	40%/40%	\$100/\$50
Diabetic Supplies	\$15 NoDD	\$5	\$40 NoDD	\$30	\$35 NoDD	\$40	40%	\$30
Chiropractic Benefit	\$50	\$25	\$70	\$60	\$55 NoDD	\$80	40%	\$50
Pharmacy								
Prescription Deductible Individual / Family	\$100/\$200 (Brand Name Only)	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical	\$300/\$600	Integrated w/ Medical	Integrated w/ Medical
Prescription Cost Share Tier 1 / Tier 2 / Tier 3	\$10 NoDD/\$40/\$60	\$5/\$15/\$25 (Preventive Drugs NoDD)	\$15/\$40/\$70	\$10/\$45/\$90 (Preventive Drugs NoDD)	\$10 NoDD/\$0/\$0	\$10/\$45/\$90	\$5/\$60/\$80	\$10/\$45/\$90 (Preventive Drugs NoDD)

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Rates (Effective January 1, 2020–December 31, 2020)

Single	\$716.48	\$698.95	\$594.33	\$573.98	\$615.35	\$412.57	\$416.52	\$433.40
Single + Spouse	\$1,432.96	\$1,397.90	\$1,188.66	\$1,147.96	\$1,230.70	\$825.14	\$833.04	\$866.80
Single + Child(ren)	\$1,218.02	\$1,188.22	\$1,010.36	\$975.77	\$1,046.10	\$701.37	\$708.08	\$736.78
Single + Spouse + Child(ren)	\$2,041.97	\$1,992.01	\$1,693.84	\$1,635.84	\$1,753.75	\$1,175.82	\$1,187.08	\$1,235.19

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MVP Premier Plans (Standard)					
Platinum	Gold	Silver	Bronze		MVP Secure
1	1	1	1 HDHP	2	1
\$0/\$0	\$600/\$1,200	\$1,300/\$2,600	\$5,500/\$11,000	\$4,425/\$8,850	\$8,150/\$16,300
\$2,000/\$4,000	\$4,000/\$8,000	\$7,900/\$15,800	\$6,550/\$13,100	\$8,150/\$16,300	\$8,150/\$16,300
\$15/\$35	\$25/\$40	\$30/\$50	50%/50%	3 Visits at \$0 NoDD, then 50%/50%	3 Visits at 0% NoDD, then 0%/0%
\$500/\$100	\$1,000/\$100	\$1,500/\$150	50%/50%	50%/50%	0%/0%
\$55/\$100	\$60/\$150	\$70/\$250	50%/50%	50%/50%	0%/0%
\$15	\$25	\$30	50%	50%	0%
\$35/\$35	\$40/\$40	\$50/\$50	50%/50%	50%/50%	0%/0%
\$15	\$25	\$30	50%	50%	0%
\$35	\$40	\$50	50%	50%	0%
\$0/\$0	\$0/\$0	\$0/\$0	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical
\$10/\$30/\$60	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70	0%/0%/0%

\$911.00	\$739.16	\$615.10	\$418.46	\$411.28	\$242.25
\$1,822.00	\$1,478.32	\$1,230.20	\$836.92	\$822.56	\$484.50
\$1,548.70	\$1,256.57	\$1,045.67	\$711.38	\$699.18	\$411.83
\$2,596.35	\$2,106.61	\$1,753.04	\$1,192.61	\$1,172.15	\$690.41

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