

New York Small Group 2023 Plans Quarter 2

ALBANY REGION Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington Counties

We're here to help!
Call **1-800-TALK-MVP** (1-800-825-5687)
or visit mvphealthcare.com/shop.



See other side for Silver and Bronze plans.

Platinum EPO National Network			Platinum HMO Regional Network		Gold EPO National Network							Gold HMO Regional Network			
1	3	5	2	6	1	2 QHDHP	3	4	6	8	11	1	2 QHDHP	10	11

Cost-share 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. **Cost-shares in red** indicate a change from the 2022 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	\$4,200/\$8,400	\$8,700/\$17,400
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Medical

Primary Care/Specialist Visit	3 PCP visits at \$0, then \$5/\$45	\$30/\$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	\$250/\$100	\$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/\$150	\$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
Gia Virtual Care Services	\$0 NoDD except QHDHPs, QHDHPs are \$0 after the deductible is met.					\$0 NoDD except QHDHPs, QHDHPs are \$0 after the deductible is met.										
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	\$30	\$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)

Pediatric Dental and Vision for Dependents to Age 19

Pediatric Dental Class 1/Class 2/Class 3 and Orthodontia Two Dental Exams per Year	\$25/20%/50%	\$25/20%/50%	\$25/20%/50%	\$25/20%/50%	\$25/20%/50%	\$25 NoDD/20%/50%	\$25/20%/50%	\$25 NoDD/20%/50%	\$25/20%/50%	\$25 NoDD/20%/50%	\$25 NoDD/20%/50%	\$25 NoDD/20%/50%	\$25 NoDD/20%/50%	\$25/20%/50%	\$25 NoDD/20%/50%	\$25 NoDD/20%/50%
Pediatric Vision Annual Eye Exam/Set of Eyewear	\$45/50%	\$50/50%	\$25/50%	\$35/50%	\$35/50%	\$50/50%	\$20/50%	\$40/50%	\$60/50%	\$50 NoDD/50%	\$60 NoDD/50%	\$50/50%	\$50/50%	\$20/50%	\$40/50%	\$50/50%

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	\$5/\$25/\$40	\$10/\$40/\$60	\$5/\$30/\$50	\$10/\$30/\$60	\$10 NoDD/\$35/\$70	\$10/\$30/\$50 (Preventive Drugs NoDD)	\$10 NoDD/\$35 NoDD/50% NoDD	\$10/\$40/\$60	\$10 NoDD/\$40 NoDD/\$60 NoDD	\$10 NoDD/\$40 NoDD/\$60 NoDD	\$10 NoDD (\$0 to age 26)/\$45/\$90	\$10 NoDD/\$35/\$70	\$10/\$30/\$50 (Preventive Drugs NoDD)	\$10 NoDD/\$45 NoDD/\$90 NoDD	\$10 NoDD (\$0 to age 26)/\$45/\$90

Premium Monthly Rates Rates effective April 1, 2023–June 30, 2023.

Employee	\$1,034.40	\$1,025.28	\$1,029.78	\$961.23	\$964.97	\$893.43	\$859.20	\$871.20	\$928.78	\$930.67	\$839.52	\$888.21	\$830.33	\$798.52	\$842.21	\$825.48
Employee + Spouse	\$2,068.80	\$2,050.56	\$2,059.56	\$1,922.46	\$1,929.94	\$1,786.86	\$1,718.40	\$1,742.40	\$1,857.56	\$1,861.34	\$1,679.04	\$1,776.42	\$1,660.66	\$1,597.04	\$1,684.42	\$1,650.96
Employee + Child(ren)	\$1,758.48	\$1,742.98	\$1,750.63	\$1,634.09	\$1,640.45	\$1,518.83	\$1,460.64	\$1,481.04	\$1,578.93	\$1,582.14	\$1,427.18	\$1,509.96	\$1,411.56	\$1,357.48	\$1,431.76	\$1,403.32
Employee + Spouse + Child(ren)	\$2,948.04	\$2,922.05	\$2,934.87	\$2,739.51	\$2,750.16	\$2,546.28	\$2,448.72	\$2,482.92	\$2,647.02	\$2,652.41	\$2,392.63	\$2,531.40	\$2,366.44	\$2,275.78	\$2,400.30	\$2,352.62

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

Aggregate vs. Embedded Aggregate (AGG) Deductible: All family plan individuals pay together toward one deductible amount before the plan will make payments. **Embedded (EMB) Deductible:** Each family plan 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.

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.

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).

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.

\$600 Well-Being Reimbursement
Get reimbursed up to \$600 per contract, per calendar year for well-being items, programs, and activities.

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See other side for
Platinum and Gold plans.

Silver EPO National Network					Silver HMO Regional Network			Bronze EPO National Network					Bronze HMO Regional Network		
2	3 QHDHP	4 HRA ¹	7	8 QHDHP	3 QHDHP	12	13	2	3 QHDHP	5 QHDHP	6 QHDHP	7 QHDHP	2	9 QHDHP	10 ²

Cost-share 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. **Cost-shares in red** indicate a change from the 2022 plan.

Plan Deductible²

Individual/Family	\$4,500/\$9,000	\$2,500/ \$5,000 AGG	\$2,800/\$5,600	\$3,000/\$6,000	\$4,400/\$8,800	\$2,500/ \$5,000 AGG	\$1,850/\$3,700	\$3,400/\$6,800	\$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	\$9,100/\$18,200
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Out-of-Pocket Maximum²

Individual/Family	\$8,400/\$16,800	\$5,900/\$11,800	\$6,600/\$13,200	\$8,700/\$17,400	\$6,900/\$13,800	\$5,900/\$11,800	\$8,200/\$16,400	\$9,100/\$18,200	\$8,400/\$16,800	\$6,900/\$13,800	\$6,900/\$13,800	\$6,900/\$13,800	\$6,900/\$13,800	\$6,900/\$13,800	\$8,400/\$16,800	\$6,900/\$13,800	\$9,100/\$18,200
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Medical

	2	3 QHDHP	4 HRA ¹	7	8 QHDHP	3 QHDHP	12	13	2	3 QHDHP	5 QHDHP	6 QHDHP	7 QHDHP	2	9 QHDHP	10 ²
Primary Care/Specialist Visit	3 PCP visits at \$0, then \$35 NoDD/\$60	\$25/\$50	\$20/\$50	\$30 NoDD/\$50	\$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	30%/300	\$500/\$200	\$800/\$200	\$750/\$250	\$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	\$60 NoDD/\$350	\$50/\$300	\$50/\$300	\$50 NoDD/\$250	\$0/\$0	\$50/\$300	\$50/\$250	\$50 NoDD/\$275	\$60/\$350	\$50/\$300	50%/100	0%/0%	40%/40%	\$60/\$350	50%/50%	\$0/\$0
Gia[®] Virtual Care Services	\$0 NoDD except QHDHPs, QHDHPs are \$0 after the deductible is met.															
Diagnostic Radiology/Laboratory Outpatient	\$60/\$60 NoDD	\$50/\$50	\$100/\$50	\$50/\$50 NoDD	\$0/\$0	\$50/\$50	\$50/\$50	\$150/\$50 NoDD	\$60/\$60	\$50/\$50	50%/50%	0%/0%	40%/40%	\$60/\$60	50%/50%	\$0/\$0
Diabetic Supplies	\$35 NoDD	\$25	\$20	\$30 NoDD	\$0	\$25	\$30	\$35 NoDD (\$0 to age 26)	\$35	\$30	\$5	0%	40%	\$35	50%	\$0

Pediatric Dental and Vision for Dependents to Age 19

Pediatric Dental Class 1/Class 2/Class 3 and Orthodontia Two Dental Exams per Year	\$25 NoDD/20%/50%	\$25/20%/50%	\$25 NoDD/20%/50%	\$25 NoDD/20%/50%	\$25/20%/50%	\$25/20%/50%	\$25 NoDD/20%/50%	\$25 NoDD/20%/50%	\$25 NoDD/20%/50%	\$25 NoDD/20%/50%	\$25/20%/50%	\$25/20%/50%	0%/0%/0%	\$25/20%/50%	\$25 NoDD/20%/50%	\$25/20%/50%	0%/0%/0%
Pediatric Vision Annual Eye Exam/Set of Eyewear	\$60/50%	\$50/50%	\$50/50%	\$50/50%	\$0/\$0	\$50/50%	\$50/50%	\$50/50%	\$60/50%	\$50/50%	50%/50%	0%/0%	40%/40%	\$60/50%	50%/50%	0%/0%	

Pharmacy

Prescription Deductible Individual/Family	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	\$10/\$45/\$90	\$15/\$40/\$60 (Preventive Drugs NoDD)	\$15 NoDD/\$40 NoDD/50% NoDD	\$15 NoDD/\$45 NoDD/\$90 NoDD	\$15/\$40/\$60 (Preventive Drugs NoDD)	\$15/\$40/\$60 (Preventive Drugs NoDD)	\$10 NoDD/\$35 NoDD/\$70 NoDD	\$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 April 1, 2023–June 30, 2023.

Employee	\$696.68	\$734.64	\$723.08	\$750.22	\$711.21	\$682.75	\$703.45	\$665.91	\$596.44	\$623.10	\$609.40	\$647.58	\$618.16	\$554.32	\$572.68	\$539.98
Employee + Spouse	\$1,393.36	\$1,469.28	\$1,446.16	\$1,500.44	\$1,422.42	\$1,365.50	\$1,406.90	\$1,331.82	\$1,192.88	\$1,246.20	\$1,218.80	\$1,295.16	\$1,236.32	\$1,108.64	\$1,145.36	\$1,079.96
Employee + Child(ren)	\$1,184.36	\$1,248.89	\$1,229.24	\$1,275.37	\$1,209.06	\$1,160.68	\$1,195.87	\$1,132.05	\$1,013.95	\$1,059.27	\$1,035.98	\$1,100.89	\$1,050.87	\$942.34	\$973.56	\$917.97
Employee + Spouse + Child(ren)	\$1,985.54	\$2,093.72	\$2,060.78	\$2,138.13	\$2,026.95	\$1,945.84	\$2,004.83	\$1,897.84	\$1,699.85	\$1,775.84	\$1,736.79	\$1,845.60	\$1,761.76	\$1,579.81	\$1,632.14	\$1,538.94

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

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Aggregate vs. Embedded Aggregate (AGG): For 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 (EMB):** For 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.

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