New York Individual Direct 2021 Premier℠ & Premier Plus℠ Plans

Rochester Region | Livingston | Monroe | Ontario | Seneca | Wayne | Yates

MVP HEALTH CARE

	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	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	$3,000/$6,000	$6,600/$13,200	$6,100/$12,200	$6,200/$12,400	$6,900$13,800	$0/$0	$600/$1,200	$1,300/$2,600	$6,100/$12,200	$4,700/$9,400
Out-of-Pocket Maximum†															
Individual / Family	$5,900/$11,800	$6,900/$13,800	$6,750/$13,500	$6,900/$13,800	$5,700/$11,400	$7,800/$15,600	$8,100/$16,200	$8,400/$16,800	$6,900/$13,800	$6,900$13,800	$2,000/$4,000	$4,000/$8,000	$8,500/$17,000	$6,900/$13,800	$8,550/$17,100
Medical															
Primary Care / Specialist Visit	3 PCP visits at $0 NoDD, then $15 NoDD/$50	$5/$25	$40/$50	3 PCP visits at $0 NoDD, then $40 NoDD/$70	$30/$60	3 PCP visits at $0 NoDD, then $60 NoDD/$70 NoDD	$40/$80	3 PCP visits at $0 NoDD, then 40%/40%	$30/$50	$0/$0	$15/$35	$25/$40	$30/$50	50%/50%	3 combined visits at $50/$75 NoDD, then $50/$75
Hospital Facility Inpatient / Outpatient	$500/$200	$400/$100	$1,000/$300	20%/$200	$500/$200	50%/50%	$1,500/$300	40%/40%	30%/$100	$0/$0	$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	$70 NoDD/$500	$80/$500	40%/40%	$50/$500	$0/$0	$55/$100	$60/$150	$70/$300	50%/50%	50%/50%
Diagnostic Radiology / Laboratory Outpatient	$50/$50 NoDD	$25/$25	$50/$50	$70/$70 NoDD	$60/$60	$70 NoDD/$70 NoDD	$80/$80	40%/40%	$50/$50	$0/$0	$35/$35	$40/$40	$75/$50	50%/50%	50%/$50
Diabetic Supplies	$15 NoDD	$5	$40	$40 NoDD	$30	$60	$40	40%	$30	$0	$15	$25	$30	50%	50%, up to $100
Pediatric Vision One exam every twelve months	$50	$25	$50	$70	$60	$70 NoDD	$80	40%	$50	$0	$15	$25	$30	50%	50%
Telemedicine*	**New for 2021!** $0 telemedicine services*										**New for 2021!** $0 telemedicine services*				
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 (Brand Name Only)	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)	$15 NoDD/$45/$90	$10 NoDD/$45/$90	$5/$60/$80	$10/$45/$90 (Preventive Drugs NoDD)	$0/$0/$0 (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 as not subject to deductible (NoDD).															
Rates (Effective January 1, 2021–December 31, 2021)															
Single	$619.85	$606.35	$653.71	$514.70	$505.87	$529.62	$382.87	$369.63	$384.14	$384.13	$785.43	$643.21	$531.84	$387.72	$389.45
Single + Spouse	$1,239.70	$1,212.70	$1,307.42	$1,029.40	$1,011.74	$1,059.24	$765.74	$739.26	$768.28	$768.26	$1,570.86	$1,286.42	$1,063.68	$775.44	$778.90
Single + Child(ren)	$1,053.75	$1,030.80	$1,111.31	$874.99	$859.98	$900.35	$650.88	$628.37	$653.04	$653.02	$1,335.23	$1,093.46	$904.13	$659.12	$662.07
Single + Spouse + Child(ren)	$1,766.57	$1,728.10	$1,863.07	$1,466.90	$1,441.73	$1,509.42	$1,091.18	$1,053.45	$1,094.80	$1,094.77	$2,238.48	$1,833.15	$1,515.74	$1,105.00	$1,109.93

All plans include dependent care coverage to age 26. **Benefits shown in red represent a change from the 2020 plan.**

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

† Unless otherwise noted in the chart above, all plan deductibles and/or out-of-pocket maximums (OOPMs) are embedded.
*Telemedicine services from MVP Health Care are powered by Amwell, and UCM Digital Health. Regulatory restrictions may apply.

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. All MVP NY Individual Off-Marketplace plans pass for Medicare Creditable Coverage. For a full listing of plans, visit **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.

2021 Plan Highlights

Open Enrollment: November 1, 2020–January 31, 2021

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 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!

Select services are free for the plan year January 1, 2021–December 31, 2021 for new and renewing NY MVP Individual plans. Other fees may apply

Preferred Provider

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.*

$0 Telemedicine Services*

MVP's $0 telemedicine services include emergency, urgent and primary care, as well as mental health and psychiatry. All from your smartphone, phone, tablet or computer.