New York Individual Direct 2024 Premier® & Premier Plus® Plans

ROCHESTER REGION Livingston, Monroe, Ontario, Seneca, Wayne, and Yates Counties

Open Enrollment: November 16, 2023–January 31, 2024!

MVP HEALTH CARE

See other side for New York Individual Marketplace plans.

MVP Premier Plus Plans (Non-Standard)

Non-Standard plans contain unique features that enhance the value of the benchmark benefits.

MVP Premier Plans (Standard)

Standard plans are based on what the state dictates must be included in benefit details.

Gold				Silver			Bronze				Platinum	Gold	Silver	Bronze	
1	2 QHDHP	4	12 *NEW!*	3 QHDHP	12	13	2	3 QHDHP	6 QHDHP	7	1	1	1	1 QHDHP	2

Cost-share amounts below are the co-pay or co-insurance after the deductible is met, unless noted as not subject to deductible (NoDD). All plans include dependent care coverage until the end of the year the dependent turns 26. **Cost-shares in red indicate a change from the 2023 plan.**

Plan Deductible

Individual/Family	$1,200/$2,400	$1,600/ $3,200 AGG	$0/$0	$0/$0	$2,650/ $5,300 AGG	$3,350/$6,700	$2,800/$5,600	$6,400/$12,800	$6,500/$13,000	$7,100/$14,200	$9,450/$18,900	$0/$0	$600/$1,200	$2,100/$4,200	$6,100/$12,200	$4,600/$9,200

Out-of-Pocket Maximum

Individual/Family	$5,900/$11,800	$6,900/$13,800	$8,000/$16,000	$5,600/$11,200	$6,200/$12,400	$9,250/$18,500	$9,100/$18,200	$8,900/$17,800	$7,100/$14,200	$7,100/$14,200	$9,450/$18,900	$2,000/$4,000	$5,900/$11,800	$9,450/$18,900	$7,150/$14,300	$9,450/$18,900

Medical

Primary Care/Specialist Visit	3 PCP visits at $0, then $15 NoDD/$50	$5/$25	$40/$50	$0/50%	$30/$60	$35 NoDD ($0 to age 26)/$50	$35/$50	3 PCP visits at $0, then 40%/40%	$30/$50	$0/$0	0%/0%	$15/$35	$25/$40	1 combined visit at $30/$65 NoDD, then $30/$65	50%/50%	3 combined visits at $50/$75 NoDD, then $50/$75
Hospital Facility Inpatient/Outpatient	$500/$200	$400/$100	$1,000/$300	50%/50%	$500/$200	$1,000/$400	$500/$150	40%/40%	30%/$100	$0/$0	0%/0%	$500/$100	$1,000/$100	$1,500/$150	50%/50%	$1,500/$150
Urgent Care/Emergency Room	$50 NoDD/ $350 NoDD	$25/$75	$50/$500	50%/50%	$60/$325	$50 NoDD/$350	$50/$250	40%/40%	$50/$500	$0/$0	0%/0%	$55/$100	$60/$150	$70/$500	50%/50%	$75/$500
Gia® Virtual Care Services	$0 NoDD	$0 NoDD	$0	$0	$0 NoDD	$0 NoDD	$0 NoDD	$0 NoDD	$0 NoDD	$0 NoDD	$0 NoDD	$0	$0 NoDD	$0 NoDD	$0 NoDD	$0 NoDD
Diagnostic Radiology/Laboratory Outpatient	$50/$50 NoDD	$25/$25	$50/$50	50%/50%	$60/$60	$150/$75 NoDD	$50/$50	40%/40%	$50/$50	$0/$0	0%/0%	$35/$35	$40/$40	$75/$50	50%/50%	$75/$50
Diabetic Supplies	$15 NoDD	$5	$40	0%	$30	$35 NoDD ($0 to age 26)	$35	40%	$30	$0	0%	$15	$25	$30	50%	$50

Pediatric Vision for Dependents to Age 19

Eye Exam/Eyewear Annual Exam/Set of Eyewear	$50/50%	$25/50%	$50/50%	50%/50%	$60/50%	$50/50%	$50/50%	40%/40%	$50/50%	$0/0%	0%/0%	$15/10%	$25/20%	$30/30%	50%/50%	$50/50%

Pharmacy

Prescription Deductible Individual/Family	$100/$200 (Brand Name only)	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	$0/$0	$0/$0	$0/$0	Integrated with Medical	Integrated with Medical
Prescription Cost-Share Tier1/Tier2/Tier 3	$10 NoDD/ $40/$60	$5/$15/$25 (Preventive Drugs NoDD)	$10 NoDD/ $40 NoDD/ $60 NoDD	50%/50%/50%	$10/$45/$90 (Preventive Drugs NoDD)	$15 NoDD ($0 to age 26)/ $45/$90	$0 NoDD/ $10 NoDD/ $50 NoDD	$5/$60/$80	$10/$45/$90 (Preventive Drugs NoDD)	$0/$0/$0 (Preventive Drugs NoDD)	$5 NoDD/0%/0%	$10/$30/$60	$10 NoDD/ $35 NoDD/ $70 NoDD	$15 NoDD/ $40 NoDD/ $75 NoDD	$10/$35/$70	$10/$35/$70

Premium Monthly Rates

Rates effective January 1, 2024–December 31, 2024.

Single	$886.09	$860.58	$922.00	$849.06	$716.25	$728.59	$708.37	$540.59	$540.68	$540.95	$525.66	$1,101.91	$904.89	$711.17	$542.13	$561.79
Single + Spouse	$1,772.18	$1,721.16	$1,844.00	$1,698.12	$1,432.50	$1,457.18	$1,416.74	$1,081.18	$1,081.36	$1,081.90	$1,051.32	$2,203.82	$1,809.78	$1,422.34	$1,084.26	$1,123.58
Single + Child(ren)	$1,506.35	$1,462.99	$1,567.40	$1,443.40	$1,217.63	$1,238.60	$1,204.23	$919.00	$919.16	$919.62	$893.62	$1,873.25	$1,538.31	$1,208.99	$921.62	$955.04
Single + Spouse + Child(ren)	$2,525.36	$2,452.65	$2,627.70	$2,419.82	$2,041.31	$2,076.48	$2,018.85	$1,540.68	$1,540.94	$1,541.71	$1,498.13	$3,140.44	$2,578.94	$2,026.83	$1,545.07	$1,601.10

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

QHDHP: Qualified High-Deductible Health Plan

NoDD: Not subject to deductible (only applies to plans with a deductible)

Premium rates include a 2% broker commission.

MVP NY Individual plans are pending approval from Medicare Creditable Coverage Qualification.

All QHDHPs can be paired with a Health Savings Account.

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.

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

Included on all MVP NY Individual plans!

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

Questions? We're here to help!

Call **1-800-TALK-MVP** (1-800-825-5687) or visit **mvphealthcare.com/shop**.

nystateofhealth The Official Health Plan Marketplace

To learn more about applying for health insurance, including Medicaid, Child Health Plus, Essential Plan, and Qualified Health Plans through NY State of Health, The Official Health Plan Marketplace, visit www.nystateofhealth.ny.gov or call 1-855-355-5777.

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