

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

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



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

See other side for New York Individual Direct plans.

MVP Premier Plus Plans (Non-Standard)
Non-Standard plans contain unique features that enhance the value of the benchmark benefits.

1	2 QHDP	13	Silver	2	Bronze	3 QHDP
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MVP Premier Plans (Standard)
Standard plans are based on what the state dictates must be included in benefit details.

1	1	1	Silver	2	Bronze	1	1	MVP Secure
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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	MVP Premier Plus Plans (Non-Standard)							MVP Premier Plans (Standard)												
	Individual/Family	Individual/Family	Medical	Primary Care/Specialist Visit	Hospital Facility Inpatient/Outpatient	Urgent Care/Emergency Room	Gia/Virtual Care Services	Diagnostic Radiology/Laboratory Outpatient	Diabetic Supplies	Eye Exam/Eyewear Annual Exam/Set of Eyewear	Pharmacy	Prescription Deductible Individual/Family	Prescription Cost-Share Tier 1/Tier 2/Tier 3	Premium Monthly Rates	Single	Single + Spouse	Single + Child (ren)	Single + Spouse + Child (ren)		
Individual/Family	\$1,200/\$2,400	\$1,600/\$3,200 AGG	\$2,650/\$5,300 AGG	\$2,800/\$5,600	\$6,400/\$12,800	\$6,500/\$13,000	\$1,200/\$2,400	\$1,600/\$3,200 AGG	\$2,650/\$5,300 AGG	\$2,800/\$5,600	\$6,400/\$12,800	\$6,500/\$13,000	\$0/\$0	\$600/\$1,200	\$2,100/\$4,200	\$6,100/\$12,200	\$4,600/\$9,200	\$9,450/\$18,900		
Out-of-Pocket Maximum	\$5,900/\$11,800	\$6,900/\$13,800	\$6,200/\$12,400	\$9,100/\$18,200	\$8,900/\$17,800	\$7,100/\$14,200	\$5,900/\$11,800	\$6,900/\$13,800	\$6,200/\$12,400	\$9,100/\$18,200	\$8,900/\$17,800	\$7,100/\$14,200	\$2,000/\$4,000	\$5,900/\$11,800	\$9,450/\$18,900	\$9,450/\$18,900	\$9,450/\$18,900	\$9,450/\$18,900		
Medical	3 PCP visits at \$0, then \$15 NoDD/\$50	\$5/\$25	\$30/\$60	\$35/\$50	3 PCP visits at \$0, then 40%/40%	\$30/\$50	3 PCP visits at \$0, then 40%/40%	\$400/\$100	\$500/\$200	\$500/\$150	40%/40%	30%/\$100	\$500/\$200	\$1,000/\$100	\$1,500/\$150	50%/50%	50%/50%	3 combined visit at \$50 NoDD/\$75 NoDD, then \$30/\$75	3 PCP visits at 0% NoDD, then 0%/0%	
Primary Care/Specialist Visit																				
Hospital Facility Inpatient/Outpatient																				
Urgent Care/Emergency Room																				
Gia/Virtual Care Services																				
Diagnostic Radiology/Laboratory Outpatient																				
Diabetic Supplies																				
Eye Exam/Eyewear Annual Exam/Set of Eyewear																				
Pharmacy																				
Prescription Deductible Individual/Family																				
Prescription Cost-Share Tier 1/Tier 2/Tier 3																				
Premium Monthly Rates																				
Single	\$886.09	\$1,772.18	\$1,462.99	\$2,525.36	\$2,041.31	\$1,540.68	\$866.09	\$1,772.18	\$1,462.99	\$2,525.36	\$2,041.31	\$1,540.68	\$1,101.91	\$904.89	\$711.17	\$542.13	\$561.79	\$315.27		
Single + Spouse																				
Single + Child (ren)																				
Single + Spouse + Child (ren)																				

Aggregate vs. Embedded
Aggregate (AGG): For a family plan with an aggregate deductible, all individuals on the plan pay together toward one deductible amount for the plan year. 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.
QHDP: Qualified High-Deductible Health Plan (NoDD) - Not subject to deductible (only applies to plans with a deductible).
NoDD: Non-deductible. The amount of the deductible is used as the out-of-pocket maximum for all deductibles. The amount of the deductible is used as the out-of-pocket maximum for all deductibles and co-payments.
MVP Health Care, Inc. is an Equal Opportunity Employer. All individuals are eligible for all services and counts.

Questions? We're here to help!
Call 1-800-TALK-MVP (1-800-825-5687) or visit mystateofhealth.com/shop.
To learn more about applying for health insurance, including Medicaid, Child Health Plus, Essential Plan, and Qualified Health Plans through NY State, visit www.stateofhealth.ny.gov or call 1-855-355-5777.

\$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.