

# NY Individual Off-Exchange | Albany Region

MVP Health Care® Premier & Premier Plus Plans



Plan Feature	MVP Premier Plus™ Plans (Non-Standard)									
	Platinum 1 Embedded	Platinum 2 Embedded	<b>NEW</b> Platinum National Embedded	Gold 1 Embedded	Gold 2 HDHP Agg/Emb †	Gold 4 Embedded	Gold 5 Embedded	<b>NEW</b> Gold 8 Embedded	<b>NEW</b> Gold 9 Embedded	<b>NEW</b> Gold National HDHP Embedded

Plan Deductible	Platinum 1 Embedded	Platinum 2 Embedded	<b>NEW</b> Platinum National Embedded	Gold 1 Embedded	Gold 2 HDHP Agg/Emb †	Gold 4 Embedded	Gold 5 Embedded	<b>NEW</b> Gold 8 Embedded	<b>NEW</b> Gold 9 Embedded	<b>NEW</b> Gold National HDHP Embedded
Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0	\$950/\$1,900	<b>\$1,350/\$2,700</b> Agg	\$0/\$0	\$1,200/\$2,400	\$4,000/\$8,000	\$4,000/\$8,000	\$1,350/\$2,700

Out-of-Pocket Maximum	Platinum 1 Embedded	Platinum 2 Embedded	<b>NEW</b> Platinum National Embedded	Gold 1 Embedded	Gold 2 HDHP Agg/Emb †	Gold 4 Embedded	Gold 5 Embedded	<b>NEW</b> Gold 8 Embedded	<b>NEW</b> Gold 9 Embedded	<b>NEW</b> Gold National HDHP Embedded
Individual/Family	<b>\$2,200/\$4,400</b>	<b>\$2,400/\$4,800</b>	\$2,300/\$4,600	<b>\$5,500/\$11,000</b>	<b>\$4,100/\$8,200</b> Emb	\$6,750/\$13,500	\$4,700/\$9,400	\$7,150/\$14,300	\$4,000/\$8,000	\$5,600/\$11,200

## Medical

Preventive Care	Platinum 1 Embedded	Platinum 2 Embedded	<b>NEW</b> Platinum National Embedded	Gold 1 Embedded	Gold 2 HDHP Agg/Emb †	Gold 4 Embedded	Gold 5 Embedded	<b>NEW</b> Gold 8 Embedded	<b>NEW</b> Gold 9 Embedded	<b>NEW</b> Gold National HDHP Embedded
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care	3 visits at \$0, then <b>\$10</b>	<b>\$10</b>	\$15	3 visits at \$0, then \$15 NoDD	\$5*	\$40	\$30 NoDD	\$30 NoDD	\$30 NoDD	20%*
Specialist Visit	\$45	\$35	\$45	\$50*	\$25*	\$50	\$50 NoDD	\$50 NoDD	0%*	20%*
Hospital Facility Visit - Inpatient/Outpatient	\$300/\$100	\$300/\$200	\$500/\$200	\$500*/\$200*	<b>\$400*/\$100*</b>	\$1,000/\$300	20%*/20%*	20%*/20%*	0%*/0%*	20%*/20%*
Urgent Care	\$45	\$35	\$45	\$50 NoDD	\$25*	\$50	\$50 NoDD	\$50 NoDD	0%*	20%*
Emergency Room Visit	\$200	\$200	\$200	\$350 NoDD	\$75*	\$500	\$300 NoDD	\$150 NoDD	0%*	20%*
myVisitNow (Telemedicine)	<b>\$10</b>	<b>\$10</b>	\$15	\$15 NoDD	\$5*	\$40	\$30 NoDD	\$30 NoDD	\$30 NoDD	20%*

## Pharmacy

Prescription Deductible Individual/Family	Platinum 1 Embedded	Platinum 2 Embedded	<b>NEW</b> Platinum National Embedded	Gold 1 Embedded	Gold 2 HDHP Agg/Emb †	Gold 4 Embedded	Gold 5 Embedded	<b>NEW</b> Gold 8 Embedded	<b>NEW</b> Gold 9 Embedded	<b>NEW</b> Gold National HDHP Embedded
Prescription Deductible Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0	\$100/\$200 (Name Brand only)	Integrated w/ Medical	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	Integrated w/ Medical
Prescription Co-payment	\$10/\$40/\$60	\$5/\$30/\$50	\$5/\$30/\$50	\$10/\$40*/\$60*	\$5*/\$15*/\$25* (Preventive Drugs NoDD)	\$10/\$40/\$60	\$5/\$30/\$50	\$10/\$35/\$70	\$10/\$40/\$60	\$10*/\$40*/\$60* (Preventive Drugs NoDD)

## Rates (Effective 1/1/2018-12/31/2018. Rates Do Not Include Pediatric Dental Coverage)

Single	Platinum 1 Embedded	Platinum 2 Embedded	<b>NEW</b> Platinum National Embedded	Gold 1 Embedded	Gold 2 HDHP Agg/Emb †	Gold 4 Embedded	Gold 5 Embedded	<b>NEW</b> Gold 8 Embedded	<b>NEW</b> Gold 9 Embedded	<b>NEW</b> Gold National HDHP Embedded
Single	\$730.46	\$733.49	\$756.20	\$625.43	\$611.17	\$648.24	\$633.27	\$605.47	\$586.94	\$598.88
Single + Spouse	\$1,460.92	\$1,466.98	\$1,512.40	\$1,250.86	\$1,222.34	\$1,296.48	\$1,266.54	\$1,210.94	\$1,173.88	\$1,197.76
Single + Child(ren)	\$1,241.78	\$1,246.93	\$1,285.54	\$1,063.23	\$1,038.99	\$1,102.01	\$1,076.56	\$1,029.30	\$997.80	\$1,018.10
Single + Spouse + Child(ren)	\$2,081.81	\$2,090.45	\$2,155.17	\$1,782.48	\$1,741.83	\$1,847.48	\$1,804.82	\$1,725.59	\$1,672.78	\$1,706.81

All plans include dependent care to age 26. **NOTE: Benefits that are listed in red represent a plan change from 2017-2018.**

NoDD: Not subject to deductible. \*Member amount after deductible is met.

†This plan features an Aggregate deductible and an Embedded out-of-pocket maximum.

All MVP Premier and Premier Plus high deductible health plans (HDHPs) are HSA-qualified.

All MVP Premier and Premier Plus plans pass for Medicare Creditable Coverage. For a full listing of plans, visit [mvphealthcare.com](http://mvphealthcare.com) and choose Employers, then Forms.

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MVP Premier™ Plans (Standard)		
Platinum Embedded	Gold Embedded	Gold 2 Embedded

Individual/Family	\$0/\$0	\$600/\$1,200	\$650/\$1,300
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Individual/Family	\$2,000/\$4,000	\$4,000/\$8,000	\$5,000/\$10,000
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Preventive Care	\$0	\$0	\$0
Primary Care	\$15	\$25*	3 visits at \$25, then \$25*
Specialist Visit	\$35	\$40*	\$40*
Hospital Facility Visit - Inpatient/Outpatient	\$500/\$100	\$1,000*/\$100*	\$1,000*/\$100*
Urgent Care	\$55	\$60*	\$60*
Emergency Room Visit	\$100	\$150*	\$150*
myVisitNow (Telemedicine)	\$15	\$25*	\$25*

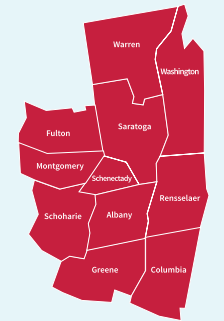
Prescription Deductible Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0
Prescription Co-payment	\$10/\$30/\$60	\$10/\$35/\$70	\$10/\$40/\$80

Single	\$737.29	\$636.84	\$641.83
Single + Spouse	\$1,474.58	\$1,273.68	\$1,283.66
Single + Child(ren)	\$1,253.39	\$1,082.63	\$1,091.11
Single + Spouse + Child(ren)	\$2,101.28	\$1,814.99	\$1,829.22

## Albany Region

Counties include:

- Albany
- Columbia
- Fulton
- Greene
- Montgomery
- Rensselaer
- Saratoga
- Schenectady
- Schoharie
- Warren
- Washington



## New for 2018:

### “National” Plans include Cigna National Network

Members enrolled in a new **National** plan have access to the Cigna HealthCare network—providing members full national coverage by allowing them access to providers outside the MVP regional network. Our complete network is composed of more than 500,000 providers nationally with more than 5,000 facilities. National plans are available at all metal levels.

## New for 2018:

### Get More Upfront for Your Premium Dollar

We want you to get the services you need and use most, at a lower cost, and before meeting your plan deductible. That's why we've added new plans for 2018—Gold 9, Silver 10, and Bronze 8—that feature unlimited “first dollar coverage” for primary care physician (PCP) visits and prescription drugs.

Note: on the Bronze 8 plan, generic drugs are “first dollar” and brand drugs are subject to the deductible. See plan details.

## Levels of Coverage

Health plans are offered in a tiered format based on four metal levels that match the percentage of costs covered. As the metal level goes down, the monthly premium goes down while the member's out-of-pocket cost share goes up.



## Aggregate (Agg)

For any policy with two or more members, the deductible must be met by any one or any combination of members before the plan will make payments.

## Embedded (Emb)

Each member will pay towards, but never exceed, their individual deductible and/or OOPM until the larger Family deductible and/or OOPM is met. Once the Family deductible and/or OOPM has been met, the plan will begin payment of services for all members on the contract, regardless of the status of any remaining individual deductible and/or OOPM levels.

For plan details, call **1-800-TALK-MVP (825-5687)** or visit [mvphealthcare.com](http://mvphealthcare.com).

See reverse side for Silver and Bronze plans.

# NY Individual Off-Exchange | Albany Region

MVP Health Care® Premier & Premier Plus Plans



Plan Feature	MVP Premier Plus <sup>SM</sup> Plans (Non-Standard)											MVP Premier <sup>SM</sup> Plans (Standard)			
	Silver 1 Embedded	Silver 2 Embedded	Silver 3 HDHP Agg/Emb <sup>†</sup>	NEW Silver 10 Embedded	NEW Silver National HDHP Embedded	Bronze 1 Embedded	Bronze 2 Embedded	Bronze 3 HDHP Embedded	Bronze 6 HDHP Embedded	NEW Bronze 8 Embedded	NEW Bronze National HDHP Embedded	Silver Embedded	Silver 2 Embedded	Bronze 1 HDHP Embedded	Bronze 2 Embedded
<b>Plan Deductible</b>	\$1,800/\$3,600	\$3,400/\$6,800	\$2,500/\$5,000 Agg	\$6,550/\$13,100	\$2,000/\$4,000	\$4,500/\$9,000	\$5,100/\$10,200	\$5,900/\$11,800	\$6,550/\$13,100	\$7,350/\$14,700	\$3,200/\$6,400	\$2,000/\$4,000	\$2,350/\$4,700	\$5,500/\$11,000	\$4,000/\$8,000
<b>Out-of-Pocket Maximum</b>	\$6,800/\$13,600	\$6,350/\$12,700	\$5,000/\$10,000 Emb	\$6,550/\$13,100	\$6,550/\$13,100	\$7,350/\$14,700	\$7,150/\$14,300	\$6,550/\$13,100	\$6,550/\$13,100	\$7,350/\$14,700	\$6,550/\$13,100	\$6,750/\$13,500	\$7,150/\$14,300	\$6,550/\$13,100	\$7,150/\$14,300

Medical	Silver 1 Embedded	Silver 2 Embedded	Silver 3 HDHP Agg/Emb <sup>†</sup>	NEW Silver 10 Embedded	NEW Silver National HDHP Embedded	Bronze 1 Embedded	Bronze 2 Embedded	Bronze 3 HDHP Embedded	Bronze 6 HDHP Embedded	NEW Bronze 8 Embedded	NEW Bronze National HDHP Embedded	Silver Embedded	Silver 2 Embedded	Bronze 1 HDHP Embedded	Bronze 2 Embedded
<b>Preventive Care</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Primary Care</b>	\$40 NoDD	3 visits at \$0, then \$40 NoDD	\$30*	\$30 NoDD	20%*	\$40*	3 visits at \$0, then 40%*	\$30*	0%*	\$30 NoDD	30%*	\$30*	3 visits at 35, then \$35*	50%*	50%*
<b>Specialist Visit</b>	\$60*	\$70*	\$60*	0%*	20%*	\$80*	40%*	\$50*	0%*	0%*	30%*	\$50*	\$55*	50%*	50%*
<b>Hospital Facility Visit - Inpatient/Outpatient</b>	20%*/\$300*	20%*/\$200*	\$500*/\$200*	0%*/0%*	20%*/20%*	\$1,500*/\$300*	40%*/40%*	30%*/\$100*	0%*/0%*	0%*/0%*	30%*/30%*	\$1,500*/\$100*	\$1,500*/\$100*	50%*/50%*	50%*/50%*
<b>Urgent Care</b>	\$60*	\$70 NoDD	\$60*	0%*	20%*	\$80*	40%*	\$50*	0%*	0%*	30%*	\$70*	\$70*	50%*	50%*
<b>Emergency Room Visit</b>	\$500*	\$500 NoDD	\$300*	0%*	20%*	\$500*	40%*	\$500*	0%*	0%*	30%*	\$250*	\$250*	50%*	50%*
<b>myVisitNow (Telemedicine)</b>	\$40 NoDD	\$40 NoDD	\$30*	\$30 NoDD	20%*	\$40*	40%*	\$30*	0%*	\$30 NoDD	30%*	\$30*	\$35*	50%*	50%*

Pharmacy	Silver 1 Embedded	Silver 2 Embedded	Silver 3 HDHP Agg/Emb <sup>†</sup>	NEW Silver 10 Embedded	NEW Silver National HDHP Embedded	Bronze 1 Embedded	Bronze 2 Embedded	Bronze 3 HDHP Embedded	Bronze 6 HDHP Embedded	NEW Bronze 8 Embedded	NEW Bronze National HDHP Embedded	Silver Embedded	Silver 2 Embedded	Bronze 1 HDHP Embedded	Bronze 2 Embedded
<b>Prescription Deductible Individual/Family</b>	\$0/\$0	Integrated w/ Medical	Integrated w/ Medical	\$0/\$0	Integrated w/ Medical	\$200/\$400	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical (Name Brand Only)	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical
<b>Prescription Co-payment</b>	\$10/\$45/\$90	\$15*/\$40*/\$70*	\$10*/\$45*/\$90* (Preventive Drugs NoDD)	\$10/\$40/\$60	\$10*/\$40*/\$60* (Preventive Drugs NoDD)	\$10*/\$45*/\$90*	\$5*/\$60*/\$80*	\$10*/\$45*/\$90* (Preventive Drugs NoDD)	0%*/0%*/0%* (Preventive Drugs NoDD)	\$25/0%*/0%*	\$10*/\$50*/\$80* (Preventive Drugs NoDD)	\$10/\$35/\$70	\$10/\$40/\$80	\$10*/\$35*/\$70*	\$10*/\$35*/\$70*

**Rates (Effective 1/1/2018 – 12/31/2018. Rates Do Not Include Pediatric Dental Coverage)**

	Silver 1 Embedded	Silver 2 Embedded	Silver 3 HDHP Agg/Emb <sup>†</sup>	NEW Silver 10 Embedded	NEW Silver National HDHP Embedded	Bronze 1 Embedded	Bronze 2 Embedded	Bronze 3 HDHP Embedded	Bronze 6 HDHP Embedded	NEW Bronze 8 Embedded	NEW Bronze National HDHP Embedded	Silver Embedded	Silver 2 Embedded	Bronze 1 HDHP Embedded	Bronze 2 Embedded
<b>Single</b>	\$561.77	\$522.67	\$526.86	\$526.86	\$559.78	\$444.66	\$436.08	\$440.70	\$455.88	\$470.40	\$484.58	\$552.69	\$565.26	\$428.16	\$428.82
<b>Single + Spouse</b>	\$1,123.54	\$1,045.34	\$1,053.72	\$1,053.72	\$1,119.56	\$889.32	\$872.16	\$881.40	\$911.76	\$940.80	\$969.16	\$1,105.38	\$1,130.52	\$856.32	\$857.64
<b>Single + Child(ren)</b>	\$955.01	\$888.54	\$895.66	\$895.66	\$951.63	\$755.92	\$741.34	\$749.19	\$775.00	\$799.68	\$823.79	\$939.57	\$960.94	\$727.87	\$728.99
<b>Single + Spouse + Child(ren)</b>	\$1,601.04	\$1,489.61	\$1,501.55	\$1,501.55	\$1,595.37	\$1,267.28	\$1,242.83	\$1,256.00	\$1,299.26	\$1,340.64	\$1,381.05	\$1,575.17	\$1,610.99	\$1,220.26	\$1,222.14

All plans include dependent care to age 26. **NOTE: Benefits that are listed in red represent a plan change from 2017–2018.**

NoDD: Not subject to deductible. \*Member amount after deductible is met. †This plan features an Aggregate deductible and an Embedded out-of-pocket maximum. This plan overview is 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. 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.

**myVisitNow<sup>SM</sup>—24/7 Online Doctor Visits**  
 With myVisitNow from MVP, you can access urgent care providers via video, 24-hours a day, 365-days a year. You also have access to convenient self-scheduling with behavioral health specialists, nutritionists, dietitians, and lactation consultants—all from the comfort of your own home, or nearly anywhere in the U.S.!

Register an account today at [myvisitnow.com](http://myvisitnow.com) and download the myVisitNow mobile app.

myVisitNow from MVP Health Care is powered by American Well. Regulatory restrictions may apply.

**Up to \$125 in Healthy Lifestyle Credits**  
 All plans for individuals include up to \$125, per subscriber, per calendar year, in reimbursement for gym and fitness club memberships, youth sports and fitness fees, healthy weight support programs, tobacco cessation courses, and massage therapy. Plans also include access to MVP's suite of online wellness tools and activities.

**MVP Rx Members Save at CVS**  
 You can **save 20%** on more than 2,200 CVS-branded health care items with the MVP-CVS ExtraCare Health Card.

- Includes over-the-counter medications, contact lens solution, first aid and oral hygiene products...literally thousands of items.
- Use your discount at any CVS store nationwide or online at [cvs.com](http://cvs.com).

**Open Enrollment: November 1, 2017–January 31, 2018**  
 New Yorkers can begin to enroll in Qualified Health Plans beginning November 1, 2017 for coverage starting January 1, 2018. The Open Enrollment Period will end on January 31, 2018.

**Special Enrollment Period**  
 Certain life events—like marriage, having a baby, or a job change—may qualify you to enroll in a new health plan outside of the Open Enrollment period. To find out what other events qualify you for the Special Enrollment Period, call **1-800-TALK-MVP** (825-5687) or visit [mvphealthcare.com](http://mvphealthcare.com).

**MVP Premier Plans (Standard)**  
 Plans are based on the same plan designs that every health insurer must offer. Standard plans are designed by the State and the benefit details do not vary from one carrier to the next.

**MVP Premier Plus Plans (Non-Standard)**  
 Plans contain unique features that enhance the value of the benchmark benefits offered in the Standard plan designs, such as lowering the member cost-sharing for the most common health care needs.

For plan details, call **1-800-TALK-MVP** (825-5687) or visit [mvphealthcare.com](http://mvphealthcare.com).

See reverse side for Platinum and Gold plans.