

2022 MVP HEALTH CARE - STANDARD PLANS FOR INDIVIDUALS		ITEMS IN RED INDICATE NEW PLAN OR A PLAN CHANGE FROM 2021													
METAL TIER		PRODUCT	TIER	MONTHLY RATE	DEDUCTIBLE (SINGLE/FAMILY)	OOP MAX (SINGLE/FAMILY)	OFFICE VISIT	SPECIALIST VISIT	INPATIENT HOSPITAL	OUTPATIENT SURGERY	URGENT CARE	ER	DIAGNOSTIC RADIOLOGY/LAB	DIABETIC SUPPLIES	PRESCRIPTION DRUGS
PLATINUM	Standard Plan	PREMIER PLATINUM 1 EMBEDDED	Individual	\$942.66	\$0/\$0	\$2,000/\$4,000	\$15	\$35	\$500	\$100	\$55	\$100	\$35/\$35	\$15 *	\$0 Deductible; Copayment \$10/\$30/\$60
			Indiv/Spouse	\$1,885.32											
			Parent/Child(ren)	\$1,602.52											
			Family	\$2,686.58											
GOLD	Standard Plan	PREMIER GOLD 1 EMBEDDED	Individual	\$772.46	\$600/\$1,200	\$4,000/\$8,000	\$25*	\$40*	\$1,000*	\$100*	\$60*	\$150*	\$40*/\$40*	\$25 *	\$0 Deductible; Copayment \$10/\$35/\$70
			Indiv/Spouse	\$1,544.92											
			Parent/Child(ren)	\$1,313.18											
			Family	\$2,201.51											
SILVER	Standard Plan	PREMIER SILVER 1 EMBEDDED	Individual	\$637.68	\$1,300/\$2,600	\$8,500/\$17,000	\$30*	\$50*	\$1,500*	\$150*	\$70*	\$300*	\$75*/\$50*	\$30 *	\$0 Deductible; Copayment \$10/\$35/\$70
			Indiv/Spouse	\$1,275.36											
			Parent/Child(ren)	\$1,084.06											
			Family	\$1,817.39											
BRONZE	Standard Plan	PREMIER BRONZE 1 QHDHP EMBEDDED	Individual	\$469.92	\$6,100/\$12,200	\$6,900/\$13,800	50%*	50%*	50%*	50%*	50%*	50%*	50%*/50%*	50%	Ded. Integrated w/Medical; Copayment \$10*/\$35*/\$70*
			Indiv/Spouse	\$939.84											
			Parent/Child(ren)	\$798.86											
			Family	\$1,339.27											
BRONZE	Standard Plan	PREMIER BRONZE 2 EMBEDDED	Individual	\$487.36	\$4,700/\$9,400	\$8,700/\$17,400	3 PCP Visits @ \$50 NoDD, then \$50	3 Visits @ \$75 NoDD, then \$75	\$1,500 *	\$150 *	\$75 *	\$500 *	\$75*/\$50*	\$50 *	Ded. Integrated w/Medical; Copayment \$10*/\$35*/\$70*
			Indiv/Spouse	\$974.72											
			Parent/Child(ren)	\$828.51											
			Family	\$1,388.98											

NoDD: Not subject to Deductible * Member amount after deductible is met. NOTE: In case of a discrepancy in the display of these plan details and rates, The carrier's actual plan details and rates prevail.

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

EMBEDDED: Each member must meet their individual deductible before plan makes payments. The individual deductible also applies to family deductible level. Once family deductible is met, plan begins payment of services for all contract members.

WELLBEING REWARDS - Earn up to \$600 per contract, per calendar year.

VIRTUAL CARE: GIA virtual care services are \$0 on all plans except qualified high-deductible plans in 2022. The IRA requires members enrolled in QHDHPs to pay for virtual care services until their plan deductible is met.

PEDIATRIC DENTAL COVERAGE TO AGE 19 is included with all MVP NEW York Small Group plans. Preventative services subject to \$25 co-pay (deductible applies to QHDHP), routine services subject to 20% co-insurance, and major services, including medically necessary orthodontia, are subject to a 50% co-insurance.

TELEMEDICINE BENEFIT - access care anywhere, anytime on your computer, tablet or smartphone with 24/7 online doctor visits. Board-certified doctors and therapists.

2022 MVP HEALTH CARE - NON-STANDARD PLANS FOR INDIVIDUALS ITEMS IN RED INDICATE NEW PLAN OR A PLAN CHANGE FROM 2021

METAL TIER	PRODUCT	TIER	MONTHLY RATE	DEDUCTIBLE (SINGLE/FAMILY)	OOP MAX (SINGLE/FAMILY)	OFFICE VISIT	SPECIALIST VISIT	INPATIENT HOSPITAL	OUTPATIENT SURGERY	URGENT CARE	ER	DIAGNOSTIC RADIOLOGY/LAB	DIABETIC SUPPLIES	PRESCRIPTION DRUGS
GOLD	Non-Standard Plan PREMIER PLUS GOLD 1 EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$744.23 \$1,488.46 \$1,265.19 \$2,121.06	\$1,200/\$2,400	\$5,900/\$11,800	3 PCP visits @ \$0 NoDD Then \$15 NoDD	\$50*	\$500*	\$200*	\$50 NoDD	\$350 NoDD	\$50* /\$50 NoDD	\$15 NoDD	\$100/\$200 Deductible (Name brand only); Copayment \$10 NoDD/\$40*/\$60*
	Non-Standard Plan PREMIER PLUS GOLD 2 HDHP Aggregate-Embedded	Individual Indiv/Spouse Parent/Child(ren) Family	\$728.68 \$1,457.36 \$1,238.76 \$2,076.74	\$1,400/\$2,800 AGG	\$6,900/\$13,800 Change for 2021	\$5*	\$25*	\$400*	\$100*	\$25*	\$75*	\$25*/\$25*	\$5 *	Ded. Integrated w/Medical; Copayment \$5*/\$15*/\$25* (preventive drugs NoDD)
	Non-Standard Plan PREMIER PLUS GOLD 4 Embedded	Individual Indiv/Spouse Parent/Child(ren) Family	\$786.19 \$1,572.38 \$1,336.52 \$2,240.64	\$0/\$0	\$6,750/\$13,500	\$40*	\$50*	\$1,000*	\$300*	\$50*	\$500*	\$50*/\$50*	\$40 *	\$0/\$0 deductible; Copayment \$10/\$40/\$60
SILVER	Non-Standard Plan PREMIER PLUS SILVER 2 EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	\$619.18 \$1,238.36 \$1,052.61 \$1,764.66	\$2,650/\$5,300	\$6,900/\$13,800	3 visits at \$0 NoDD then \$40 NoDD	\$70*	20%*	\$200*	\$70 NoDD	\$500 NoDD	\$70*/\$70 NoDD	\$70 *	Ded. Integrated w/Medical; Copayment \$15*/\$40*/\$70*
	Non-Standard Plan PREMIER PLUS SILVER 3 QHDHP AGGREGATE / EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	\$608.63 \$1,217.26 \$1,034.67 \$1,734.60	\$2,500/\$5,000 AGG	\$5,700/\$11,400	\$30*	\$60*	\$500*	\$200*	\$60*	\$300*	\$60*/\$60*	\$40 *	Ded. Integrated w/Medical; Copayment \$10*/\$45*/\$90* (preventive drugs NoDD)
	Non-Standard Plan PREMIER PLUS SILVER 11 EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	\$639.02 \$1,278.04 \$1,086.33 \$1,821.21	\$3,000/\$6,000	\$8,600/\$17,200	3 Visits at \$0, then \$60 NoDD	\$70 NoDD	50%*	50%*	\$70 NoDD	\$500 *	\$70 NoDD /\$70 NoDD	\$60 NoDD	Ded. Integrated w/Medical; (brand name only) \$15 NoDD/\$45*/\$90*
BRONZE	Non-Standard Plan PREMIER PLUS BRONZE 1 EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$462.20 \$924.40 \$785.74 \$1,317.27	\$6,600/\$13,200	\$8,100/\$16,200	\$40*	\$80*	\$1,500*	\$300*	\$80*	\$500*	\$80*/\$80*	\$40 *	\$300/\$600 Ded. (Brand Name Only); \$10 NoDD/\$45*/\$90*
	Non-Standard Plan PREMIER PLUS BRONZE 2 EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$454.24 \$908.48 \$772.21 \$1,294.58	\$6,100/\$12,200	\$8,400/\$16,800	3 visits @ \$0 NoDD, then 40%*	40%*	40%*	40%*	40%*	40%*	40%*/40%*	40%	Ded. Integrated w/Medical; Copayment \$5*/\$60*/\$80*
	Non-Standard Plan PREMIER PLUS BRONZE 3 QHDHP EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$464.85 \$929.70 \$790.25 \$1,324.82	\$6,200/\$12,400	\$6,900/\$13,800	\$30*	\$50*	30%	\$100*	\$50*	\$500*	\$50*/\$50*	\$40 *	Ded. Integrated w/Medical; Copayment \$10*/\$45*/\$90* (preventive drugs NoDD)

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