

2025 MVP HEALTH CARE - Small Businesses														
ALL PLANS INCLUDE DEPENDENT CARE TO AGE 26. Items in red indicate CHANGE for 2025														
METAL TIER	PRODUCT	TIER	MONTHLY RATE	Aggregate / Embedded	DEDUCTIBLE (SINGLE/FAMILY)	OOP MAX (SINGLE/FAMILY)	OFFICE VISIT	SPECIALIST VISIT	INPATIENT HOSPITAL	OUTPATIENT SURGERY	URGENT CARE/ER	DIAGNOSTIC RADIOLOGY LAB	DIABETIC SUPPLIES / INSULIN	PRESCRIPTION DRUGS
PLATINUM	PLATINUM EPO 3	Individual Empl/Spouse Parent/Child(ren) Family	\$1,220.86 \$2,441.72 \$2,075.46 \$3,479.45	N/A	\$0/\$0	\$2,550/\$5,100	3 PCP Visits at \$0, then \$30	\$50	\$250	\$100	\$50/\$150	\$50	\$30/\$0	\$5/\$25/\$40
GOLD	MVP GOLD 1 EPO	Individual Empl/Spouse Parent/Child(ren) Family	\$1,077.98 \$2,155.96 \$1,832.57 \$3,072.24	Embedded	\$850 / \$1,700	\$7,000/\$14,000	3 PCP Visits @ \$0, then \$15 No DD	\$50	\$500	\$200	\$50 NoDD; \$300 NoDD	\$50 NoDD	\$15 NoDD / \$0 NoDD	\$200/\$400 (name brand only); Copayment \$10/\$35/\$70
GOLD	MVP GOLD 2 EPO QHDHP	Individual Empl/Spouse Parent/Child(ren) Family	\$1,037.43 \$2,074.86 \$1,763.63 \$2,956.68	Agg/Emb	\$1,650/\$3,300 Aggregate	\$5,000/\$10,000	Preventive \$0; Office visit Deductible then \$10	Deductible then \$20	Deductible then \$200	Deductible then \$200	Deductible then \$20/\$75	Deductible then \$20/\$20	\$10 NoDD / \$0 NoDD	Ded. Integrated w/Medical; \$10/\$30/\$50 (preventive drugs NoDD)
GOLD	MVP GOLD 3 EPO	Individual Empl/Spouse Parent/Child(ren) Family	\$1,061.09 \$2,122.18 \$1,803.85 \$3,024.11	Embedded	\$1,100/\$2,200 - applies to all benefits except Rx	\$5,300/\$10,600	3 PCP visits at \$0, then \$20	\$40	\$800	\$100	\$40/\$300	\$40/\$40	\$20 / \$0 NoDD	Deductible \$0/\$0; Copayment \$10/\$35/50% NoDD
GOLD	MVP GOLD 4 EPO	Individual Empl/Spouse Parent/Child(ren) Family	\$1,116.00 \$2,232.00 \$1,897.20 \$3,180.60	Embedded	\$0/\$0	\$6,750 / \$13,500	3 PCP visits at \$0, then \$40	\$60	\$750	\$300	\$60/\$500	\$60/\$60	\$40 / \$0	Deductible \$0/\$0; Copayment \$10/\$40/\$60
GOLD	MVP GOLD 6 EPO	Individual Empl/Spouse Parent/Child(ren) Family	\$1,118.00 \$2,236.00 \$1,900.60 \$3,186.30	Embedded	\$350/\$700	\$6,550/\$13,100	3 PCP visits at \$0, then \$30 NoDD	\$50 NoDD	Ded then \$1000	Ded then \$300	\$50 NoDD / \$100 NoDD	\$50 NoDD/ \$50 NoDD	\$30 NoDD / \$0 NoDD	Deductible \$0/\$0; Copayment \$10/\$40/\$60 NoDD
GOLD	MVP GOLD 8 EPO	Individual Empl/Spouse Parent/Child(ren) Family	\$1,024.93 \$2,049.86 \$1,742.38 \$2,921.05	Embedded	\$4,000/\$8,000	\$8,000/\$16,000	3 PCP Visits at \$0, then \$40 NoDD	\$60 NoDD	Deductible then 20%	Deductible then 20%	\$60 NoDD / \$300 NoDD	\$60 NoDD/ \$60 NoDD	\$40 NoDD / \$0 NoDD	Deductible, \$0/\$0; copayment \$10/\$40/\$60 NoDD
SILVER	MVP SILVER 2 EPO	Individual Empl/Spouse Parent/Child(ren) Family	\$871.76 \$1,743.52 \$1,481.99 \$2,484.52	Embedded	\$4,300 / \$8,600	\$8,100 / \$16,200	3 PCP Visits at \$0, then \$35 NoDD	Ded. Then \$60	Deductible then 30%	Deductible then \$300	\$60 NoDD / then \$350	Deductible then \$60 /\$60 NoDD	35 NoDD / \$0 NoDD	Ded. Integrated w/Medical; then \$10/\$45/\$90
SILVER	MVP SILVER 3 EPO QHDHP	Individual Empl/Spouse Parent/Child(ren) Family	\$895.59 \$1,791.18 \$1,522.50 \$2,552.43	Aggregate	\$2,550/\$5,100 Aggregate	\$6,350/\$12,700	Ded. Then \$25	Ded. Then \$50	Deductible then \$500	Deductible then \$250	Deductible then \$50/\$300	Deductible then \$50/\$50	\$25 / \$0 NoDD	Ded. Integrated w/Medical; \$15/\$40/\$60 (preventive drugs NoDD)
SILVER	MVP Silver 7 EPO	Individual Empl/Spouse Parent/Child(ren) Family	\$915.63 \$1,831.26 \$1,556.57 \$2,609.55	Embedded	\$3,100/\$6,200	\$8,700/\$17,400	3 PCP visits at \$0, then \$35 NoDD	Ded. Then \$50	Deductible then \$750	Deductible then \$250	\$50 NoDD / Ded then \$250	Deductible then \$50/\$50 NoDD	\$35 NoDD / \$0 NoDD	\$15/\$45/\$90 All NoDD

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BRONZE	MVP BRONZE 2 EPO EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$738.30 \$1,476.60 \$1,255.11 \$2,104.16	Embedded	\$6,150/\$12,300	\$8,900/\$17,800	3 visits at \$0 NoDD, Deductible then \$35	Deductible then \$60	Deductible then 30%	Deductible then \$300	Deductible then \$60/\$350	Deductible then \$60/ Deductible then \$60	Deductible then \$35 / \$0 NoDD	Ded. Integrated with Medical; Copayment \$10/\$40/\$60			
BRONZE	MVP BRONZE 6 EPO QHDHP EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$797.76 \$1,595.52 \$1,356.19 \$2,273.62	Embedded	\$7,100/\$14,200	\$7,100/\$14,200	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	Deductible then 0%	\$0*/\$0*	0% / 0% NoDD	Ded. Integrated w/Medical; \$0/\$0/\$0(preventive drugs NoDD)			
BRONZE	MVP BRONZE 7 EPO QHDHP EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$763.90 \$1,527.80 \$1,298.63 \$2,177.12	Embedded	\$6,350/\$14,200	\$7,100/\$14,200	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	\$40*/\$40*	40% / \$0 NoDD	Ded. Integrated w/Medical; \$10/\$40/\$60 (preventive drugs NoDD)			

* 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.

MVP'S Wellbeing Rewards Program - Earn up to \$600 per contract, per calendar year for making healthy choices: up to \$200 for completing activities, \$200 with Connected! Tracking, and up to \$200 in reimbursements.

VIRTUAL CARE SERVICES: 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.