

2025 MVP HEALTH CARE - STANDARD PLANS FOR INDIVIDUALS															
Other than rates, Items in Red are changes for 2025															
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 / INSULIN	PRESCRIPTION DRUGS
PLATINUM	Standard Plan	PREMIER PLATINUM 1 EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	\$1,287.66	\$0/\$0	\$2,000/\$4,000	\$15	\$35	\$500	\$100	\$55	\$100	\$35/\$35	\$15 / \$0	\$0 Deductible; Copayment \$10/\$30/\$60
				\$2,575.32											
				\$2,189.02											
				\$3,669.83											
GOLD	Standard Plan	PREMIER GOLD 1 EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	\$1,058.21	\$600/\$1,200	\$7,900/\$15,800	\$25	\$40	\$1,000	\$100	\$60	\$150	\$40/\$40	\$25 / \$0 NoDD	\$0 Deductible; Copayment \$10/\$35/\$70
				\$2,116.42											
				\$1,798.96											
				\$3,015.90											
SILVER	Standard Plan	PREMIER SILVER 1 EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	\$840.16	\$2,100/\$4,200	\$9,200/\$18,400	\$30 NoDD, then \$30	\$65 NoDD	\$1,500	\$150	\$70	\$500	\$75/\$50	\$30 / \$0 NoDD	\$0 Deductible; Copayment \$15/\$40/\$75
				\$1,680.32											
				\$1,428.27											
				\$2,394.46											
BRONZE	Standard Plan	PREMIER BRONZE 1 QHDHP EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	\$629.72	\$5,500/\$11,000	\$8,050/\$16,100	50%	50%	50%	50%	50%	50%	50%/50%	50% / \$0 NoDD	Ded. Integrated w/Medical; Copayment \$10/\$35/\$70
				\$1,259.44											
				\$1,070.52											
				\$1,794.70											
	Standard Plan	PREMIER BRONZE 2 EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	\$686.14	\$3,800/\$7,600	\$9,200/\$18,400	3 PCP Visits @ \$50 NoDD, then \$50	3 Visits @ \$75 NoDD, then \$75	\$1,500	\$150	\$75	\$500	\$75/\$50	\$50 / \$0 NoDD	Ded. Integrated w/Medical; Copayment \$10/\$35/\$70
				\$1,372.28											
				\$1,166.44											
				\$1,955.50											

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. 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.

2025 MVP HEALTH CARE - NON-STANDARD PLANS FOR INDIVIDUALS															
Other than rates, Items in Red are changes for 2025															
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 / INSULIN	PRESCRIPTION DRUGS
GOLD	Non-Standard Plan	PREMIER PLUS GOLD 1 EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$1,036.36 \$2,072.72 \$1,761.81 \$2,953.63	\$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 / \$0 NoDD	\$100/\$200 Deductible (Name brand only); Copayment \$10 NoDD/\$40/\$60
	Non-Standard Plan	PREMIER PLUS GOLD 2 QHDHP Aggregate-Embedded	Individual Indiv/Spouse Parent/Child(ren) Family	\$1,003.19 \$2,006.38 \$1,705.42 \$2,859.09	\$1,600/\$4,300 AGG	\$6,900/\$13,800	\$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	\$1,083.74 \$2,167.48 \$1,842.36 \$3,088.66	\$0/\$0	\$8,200/\$16,400	3 PCP Visits at \$0, then \$40	\$50	\$1,000	\$350	\$50	\$500	\$50/\$50	\$40 / \$0	Ded. \$0/\$0 \$10 NoDD/\$40 NoDD/\$60 NoDD
SILVER	Non-Standard Plan	PREMIER PLUS SILVER 3 QHDHP AGGREGATE / EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	\$846.13 \$1,692.26 \$1,438.42 \$2,411.47	\$2,650/\$5,300 AGG	\$6,200/\$12,400	\$30	\$60	\$500	\$200	\$60	\$325	\$60/\$60	\$30 / \$0 NoDD	Ded. Integrated w/Medical; Copayment \$10/\$45/\$90 (preventive drugs NoDD)
	Non-Standard Plan	PREMIER PLUS SILVER 12 EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	\$862.00 \$1,724.00 \$1,465.40 \$2,456.70	\$3,350/\$6,700	\$9,200/\$18,400	3 PCP visits at \$0, then \$35 NoDD (\$0 to age 26)	\$50	\$1,000	\$400	\$50 NoDD	\$350	\$150/\$75 NoDD	\$35 Nodd (\$0 to age 26) / \$0 NoDD	Ded. Integrated with Medical; \$15 NoDD (\$0 to age 26)/ \$45/\$90
	Non-Standard Plan	PREMIER PLUS SILVER 13 EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	\$847.48 \$1,694.96 \$1,440.72 \$2,415.32	\$2,900/\$5,800	\$9,100/\$18,200	3 PCP visits at \$0 NoDD, then \$35	\$50	\$500	\$250	\$50	\$250	\$50/\$50	\$35 / \$0 NoDD	No Deductible \$0/\$10/\$50
	Non-Standard Plan	PREMIER PLUS BRONZE 2 EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$641.92 \$1,283.84 \$1,091.26 \$1,829.47	\$6,400/\$12,800	\$8,900/\$17,800	3 PCP visits @ \$0 NoDD, then 40%	40%	40%	40%	40%	40%	40%*/40%*	40% / \$0 NoDD	Ded. Integrated w/Medical; Copayment \$5/\$60/\$80
	Non-Standard Plan	PREMIER PLUS BRONZE 3 QHDHP EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$643.53 \$1,287.06 \$1,094.00 \$1,834.06	\$6,000/\$12,000	\$7,100/\$14,200	\$30	\$50	30%	\$100	\$50	\$500	\$50*/\$50*	\$30 * / \$0 NoDD	Ded. Integrated w/Medical; Copayment \$10/\$45/\$90 (preventive drugs NoDD)
	Non-Standard Plan	PREMIER PLUS BRONZE 7 EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$642.35 \$1,284.70 \$1,092.00 \$1,830.70	\$9,200/\$18,400	\$9,200/\$18,400	3 PCP Visits at \$0 NoDD, then 0%	0%	0%	0%	0%	0%	0%/0%	0% / 0% NoDD	Ded. Integrated w/Medical; \$5 NoDD/0%/0%

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