| 2024 MVP HEALTH CARE - <u>STANDARD</u> PLANS FOR INDIVIDUALS Other than rates, Items in Red are changes for 2024 | | | | | | | | | | | | | | | |
|--|------------------|---------------------------------------|---|--|-------------------------------|----------------------------|---|--------------------------------------|-----------------------|-----------------------|----------------|-------|-------------------------------|----------------------|--|
| 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 Indiv/Spouse Parent/Child(ren) Family | \$1,052.91 \$2,105.82 \$1,789.95 \$3,000.79 | \$0/\$0 | \$2,000/\$4,000 | \$15 | \$35 | \$500 | \$100 | \$55 | \$100 | \$35/\$35 | \$15 | \$0 Deductible; Copayment \$10/\$30/\$60 |
| GOLD | Standard Plan | PREMIER GOLD 1 EMBEDDED | Individual Indiv/Spouse Parent/Child(ren) Family | \$864.65 \$1,729.30 \$1,469.91 \$2,464.25 | \$600/\$1,200 | \$5,900/\$11,800 | \$25 | \$40 | \$1,000 | \$100 | \$60 | \$150 | \$40/\$40 | \$25 | \$0 Deductible; Copayment \$10/\$35/\$70 |
| SILVER | Standard Plan | Premier Silver 1 Embedded | Individual Indiv/Spouse Parent/Child(ren) Family | \$679.54 \$1,359.08 \$1,155.22 \$1,936.69 | \$2,100/\$4,200 | \$9,450/\$18,900 | \$30 NoDD, then \$30 | \$65 NoDD | \$1,500 | \$150 | \$70 | \$500 | \$75/\$50 | \$30 | \$0 Deductible; Copayment \$15/\$40/\$75 |
| BRONZE | Standard Plan | PREMIER BRONZE 1 QHDHP EMBEDDED | Individual Indiv/Spouse Parent/Child(ren) Family | \$518.02 \$1,036.04 \$880.63 \$1,476.36 | \$6,100/\$12,200 | \$7,150/\$14,300 | 50% | 50% | 50% | 50% | 50% | 50% | 50%/50% | 50% | Ded. Integrated w/Medical; Copayment \$10/\$35/\$70 |
| | Standard Plan | PREMIER BRONZE 2 EMBEDDED | Individual Indiv/Spouse Parent/Child(ren) Family | \$536.81 \$1,073.62 \$912.58 \$1,529.91 | \$4,600/\$9,200 | \$9,450/\$18,900 | 3 PCP Visits @\$50 NoDD, then\$50 | 3 Visits @\$75 NoDD, then \$75 | \$1,500 | \$150 | \$75 | \$500 | \$75/\$50 | 5000% | Ded. Integrated w/Medical; Copayment \$10/\$35/\$70 |

NoDD: Not subject to Deductible

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.

^{*} Member amount after deductible is met.

| 2024 | MVP HEA | ALTH CARE - I | NON-STANDARD | PLANS FO | OR INDIVIDUALS | | Other than rat | es, Items in Re | ed are changes | for 2024 | | | | | |
|------------|--------------------------|---|---|--|-------------------------------|----------------------------|--|---------------------|-----------------------|-----------------------|----------------|------------|-----------------------------|------------------------------|---|
| 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 |
| Q109 | Non- Standard Plan | PREMIER PLUS GOLD 1 EMBEDDED | Individual Empl/Spouse Parent/Child(ren) Family | \$846.69 \$1,693.38 \$1,439.37 \$2,413.07 | \$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 QHDHP Aggregate- Embedded | Individual Indiv/Spouse Parent/Child(ren Family | \$822.31 \$1,644.62 \$1,397.93 \$2,343.58 | \$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 | \$881.00 \$1,762.00 \$1,497.70 \$2,510.85 | \$0/\$0 | \$8,000/\$16,000 | \$40 | \$50 | \$1,000 | \$300 | \$50 | \$500 | \$50/\$50 | \$40 | \$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 | \$684.40 \$1,368.80 \$1,163.48 \$1,950.54 | \$2,650/\$5,300 AGG | \$6,200/\$12,400 | \$30 | \$60 | \$500 | \$200 | \$60 | \$325 | \$60/\$60 | \$30 | 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 | \$696.19 \$1,392.38 \$1,183.52 \$1,984.14 | \$3,350/\$6,700 | \$9,260/\$18,500 | \$35 NoDD (\$0 to age 26) | \$50 | \$1,000 | \$400 | \$50 NoDD | \$350 | \$150/\$75 NoDD | \$35 Nodd (\$0 to age 26) | 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 | \$676.86 \$1,353.72 \$1,150.66 \$1,929.05 | \$2,800/\$5,600 | \$9,100/\$18,200 | \$35 | \$50 | \$500 | \$150 | \$50 | \$250 | \$50/\$50 NoDD | \$35 | No Deductible \$0/\$10/\$50 |
| | Non- Standard Plan | PREMIER PLUS BRONZE 2 EMBEDDED | Individual Empl/Spouse Parent/Child(ren) Family | \$516.55 \$1,033.10 \$878.14 \$1,472.17 | \$6,400/\$12,800 | \$8,900/\$17,800 | 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 | \$516.63 \$1,033.26 \$878.27 \$1,472.40 | \$6,500/\$13,000 | \$7,100/\$14,200 | \$30 | \$50 | 30% | \$100 | \$50 | \$500 | \$50*/\$50* | \$30 * | 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 | \$502.28 \$1,004.56 \$853.88 \$1,431.50 | \$9,450/\$18,900 | \$9,450/\$18,900 | 0% | 0% | 0% | 0% | 0% | 0% | 0%/0% | 0% | Ded. Integrated w/Medical; \$5 NoDD/0%/0% |

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