New York Small Group 2022 Plans Quarter 1





ROCHESTER REGION Livingston, Monroe, Ontario, Seneca, Wayne, and Yates Counties

Open Enrollment: November 16, 2021-January 31, 2022!

	/																	
	Platinum EPO			Platinum HMO		Gold EPO							Gold HMO					
	1	3	5	2	6	1	2 QHDHP	3	4	6	8	11 New!	1	2 QHDHP	10	11 New!		
	National Net	twork (Cigna	HealthCare)	Regional	Network	National Network (Cigna HealthCare)								Regional Network				
	Benefit amoun	ts below are th	ne co-pay or co-	insurance after	deductible is m	et, unless otherv	vise noted as n	ot subject to de	ductible (NoDI). All plans incl	ude dependent	care coverage to	o age 26. <mark>Benef</mark> i	ts in red indica	te a change fro	m the 2021 plan		
Plan Deductible ¹																		
Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$850/\$1,700	\$1,600/ \$3,200 AGG	\$1,000/\$2,000	\$0/\$0	\$350/\$700	\$4,000/\$8,000	\$750/\$1,500	\$850/\$1,700	\$1,600/ \$3,200 AGG	\$600/\$1,200	\$750/\$1,500		
Out-of-Pocket Maximum ¹																		
Individual/Family	\$2,450/\$4,900	\$2,550/\$5,100	\$3,550/\$7,100	\$2,400/\$4,800	\$2,000/\$4,000	\$7,000/\$14,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,750/\$13,500	\$6,550/\$13,100	\$8,000/\$16,000	\$8,700/\$17,400	\$7,000/\$14,000	\$5,000/\$10,000	\$4,000/\$8,000	\$8,700/\$17,400		
Medical																		
Primary Care/Specialist Visit	3 PCP visits at \$0, then \$5/\$45	\$40/\$50	\$15/\$25	\$10/\$35	\$15/\$35	3 PCP visits at \$0, then \$15 NoDD/\$50	\$10/\$20	\$20/\$40	\$40/\$60	\$30 NoDD/ \$50 NoDD	\$40 NoDD/ \$60 NoDD	\$35 NoDD (\$0 to age 26)/\$50	3 PCP visits at \$0, then \$15 NoDD/\$50	\$10/\$20	\$25/\$40	\$35 NoDD (\$0 to age 26)/\$50		
Hospital Facility Inpatient/Outpatient	\$300/\$100	\$300/\$200	\$550/\$300	\$300/\$200	\$500/\$100	\$500/\$200	\$200/\$200	\$800/\$100	\$750/\$300	\$1,000/\$300	20%/20%	\$1,000/\$300	\$500/\$200	\$200/\$200	\$1,000/\$100	\$1,000/\$300		
Urgent Care/Emergency Room	\$45/\$100	\$50/\$200	\$25/\$200	\$35/\$200	\$35/\$100	\$50 NoDD/ \$300 NoDD	\$20/\$75	\$40/\$300	\$60/\$500	\$50 NoDD/ \$100 NoDD	\$60 NoDD/ \$300 NoDD	\$50 NoDD/\$250	\$50 NoDD/ \$300 NoDD	\$20/\$75	\$40/\$300	\$50 NoDD/\$250		
Diagnostic Radiology/Laboratory Outpatient	\$45/\$45	\$50/\$50	\$25/\$25	\$35/\$35	\$35/\$35	\$50/\$50 NoDD	\$20/\$20	\$40/\$40	\$60/\$60	\$50 NoDD/ \$50 NoDD	\$60 NoDD/ \$60 NoDD	\$100/\$0 NoDD	\$50/\$50 NoDD	\$20/\$20	\$40/\$40	\$100/\$0 NoDD		
Diabetic Supplies	\$5	\$40	\$15	\$10	\$15	\$15 NoDD	\$10	\$20	\$40	\$30 NoDD	\$40 NoDD	\$35 NoDD	\$15 NoDD	\$10	\$25	\$35 NoDD		
z.azette oupplies												(\$0 to age 26)				(\$0 to age 26)		
Additional Benefits												(\$0 to age 26)				(\$0 to age 26)		
	Gia virtual care s After the deductil	ble is met, virtua	l care services ar	e \$0. While costs fo	or care vary, Gia vi	ans (QHDHPs) in 202 rtual care services a is also included on 2	are generally low	er cost than the in	-person alternat	ive. Gia virtual ca	re services includ	ntil their plan ded e urgent/emergen				(\$0 to age 26)		
Additional Benefits	Gia' virtual care s After the deductii care, behavioral	ble is met, virtua health, psychiati	l care services are y, nutrition, and	e \$0. While costs fo	or care vary, Gia vi physical therapy	rtual care services a	are generally low	er cost than the in	-person alternat	ive. Gia virtual ca	re services includ	ntil their plan ded e urgent/emergen				(\$0 to age 26)		
Additional Benefits Virtual Care Services	Gia' virtual care s After the deductil care, behavioral l Earn up to \$600 p	ble is met, virtua health, psychiatr er contract, per c	l care services are ry, nutrition, and calendar year wit	e \$0. While costs fo lactation. Virtual h MVP WellBeing	or care vary, Gia vi physical therapy i Rewards.	rtual care services a	are generally low 022 plans. In-per	er cost than the in son care or virtua	person alternat lacare excluding (ive. Gia virtual ca Gia is subject to co	re services includ -pay/cost-share p	ntil their plan ded e urgent/emergen er plan details.	t care, primary	lontia, are subjec	t to 50% co-insur			
Additional Benefits Virtual Care Services MVP WellBeing Rewards Pediatric Dental	Gia' virtual care s After the deductil care, behavioral l Earn up to \$600 p	ble is met, virtua health, psychiatr er contract, per c	l care services are ry, nutrition, and calendar year wit	e \$0. While costs fo lactation. Virtual h MVP WellBeing	or care vary, Gia vi physical therapy i Rewards.	rtual care services a is also included on 2	are generally low 022 plans. In-per	er cost than the in son care or virtua	person alternat lacare excluding (ive. Gia virtual ca Gia is subject to co	re services includ -pay/cost-share p	ntil their plan ded e urgent/emergen er plan details.	t care, primary	iontia, are subjec Integrated with Medical	t to 50% co-insur \$0/\$0			
Additional Benefits Virtual Care Services MVP WellBeing Rewards Pediatric Dental Pharmacy Prescription Deductible	Gia virtual care s After the deducti care, behavioral Earn up to \$600 p Included with all	ble is met, virtua health, psychiatr er contract, per c MVP New York Sn	l care services ard ry, nutrition, and calendar year wit mall Group plans.	e \$0. While costs fo lactation. Virtual h MVP WellBeing I Preventive servic	or care vary, Gia vi physical therapy i Rewards. es subject to \$25 c	rtual care services a is also included on 2 o-pay (deductible a \$200/\$400	are generally low 022 plans. In-per pplies to QHDHP. Integrated	er cost than the in son care or virtua s), routine service	person alternation of the control of	ive. Gia virtual ca Gia is subject to co Co-insurance, and	re services includ -pay/cost-share p major services, i	ntil their plan ded e urgent/emergeni er plan details. ncluding medically Integrated	rnecessary orthod	Integrated		ance.		
Additional Benefits Virtual Care Services MVP WellBeing Rewards Pediatric Dental Pharmacy Prescription Deductible Individual/Family Prescription Cost-Share	Gia virtual care s After the deducticare, behavioral i Earn up to \$600 p Included with all	ble is met, virtua health, psychiatr er contract, per c MVP New York Sn \$0/\$0 \$10/\$30/\$50	l care services arr y, nutrition, and calendar year wit nall Group plans. \$0/\$0 \$10/\$40/\$60	s0. While costs for lactation. Virtual h MVP WellBeing I Preventive service \$0/\$0 \$5/\$30/\$50	or care vary, Gia vi physical therapy Rewards. ees subject to \$25 c \$0/\$0	o-pay (deductible a \$200/\$400 (Brand Name only) \$10 NoDD/	pre generally low 022 plans. In-per pplies to QHDHP. Integrated with Medical \$10/\$30/\$50 (Preventive	er cost than the in son care or virtua s), routine service \$0/\$0	-person alternat clare excluding (s subject to 20% (\$0/\$0	ive. Gia virtual ca gia is subject to ca co-insurance, and	re services includ -pay/cost-share p major services, i \$0/\$0	Intil their plan ded, e urgent/emergem er plan details. Including medically Integrated with Medical \$10 NoDD (50 to age 26)/	\$200/\$400 (Brand Name only)	Integrated with Medical \$10/\$30/\$50 (Preventive	\$0/\$0	Integrated with Medical \$10 NoDD (\$0 to age 26)/		
Additional Benefits Virtual Care Services MVP WellBeing Rewards Pediatric Dental Pharmacy Prescription Deductible Individual/Family Prescription Cost-Share Tier1/Tier2/Tier 3	Gia virtual care s After the deducticare, behavioral is Earn up to \$600 p Included with all \$0/\$0 \$5/\$30/\$50	ble is met, virtua health, psychiatr er contract, per c MVP New York Sn \$0/\$0 \$10/\$30/\$50	l care services arr y, nutrition, and calendar year wit nall Group plans. \$0/\$0 \$10/\$40/\$60	s0. While costs for lactation. Virtual h MVP WellBeing I Preventive service \$0/\$0 \$5/\$30/\$50	or care vary, Gia vi physical therapy Rewards. ees subject to \$25 c \$0/\$0	o-pay (deductible a \$200/\$400 (Brand Name only) \$10 NoDD/	pre generally low 022 plans. In-per pplies to QHDHP. Integrated with Medical \$10/\$30/\$50 (Preventive	er cost than the in son care or virtua s), routine service \$0/\$0	-person alternat clare excluding (s subject to 20% (\$0/\$0	ive. Gia virtual ca gia is subject to ca co-insurance, and	re services includ -pay/cost-share p major services, i \$0/\$0	Intil their plan ded, e urgent/emergem er plan details. Including medically Integrated with Medical \$10 NoDD (50 to age 26)/	\$200/\$400 (Brand Name only)	Integrated with Medical \$10/\$30/\$50 (Preventive	\$0/\$0	Integrated with Medical \$10 NoDD (\$0 to age 26)/		
Additional Benefits Virtual Care Services MVP WellBeing Rewards Pediatric Dental Pharmacy Prescription Deductible Individual/Family Prescription Cost-Share Tier1/Tier2/Tier 3 Premium Monthly Rates	Gia virtual cares After the deductil care, behavioral. Earn up to \$600 p Included with all \$0/\$0 \$5/\$30/\$50	ble is met, virtual health, psychiatr er contract, per c MVP New York Sn \$0/\$0 \$10/\$30/\$50	l care services arr y, nutrition, and calendar year wit nall Group plans. \$0/\$0 \$10/\$40/\$60	e \$0. While costs for lactation. Virtual h MVP WellBeing Preventive service \$0/\$0 \$5/\$30/\$50	preare vary, Gia vi physical therapy. Rewards. es subject to \$25 c \$0/\$0 \$10/\$30/\$60	s also included on 2 o-pay (deductible a \$200/\$400 (Brand Name only) \$10 NODD/ \$35/\$70	Integrated with Medical S10/S30/S50 (Preventive drugs NoDD)	son care or virtua son care or virtua s), routine service \$0/\$0 \$10/\$35/50%	-person alternat I care excluding to ss subject to 20% to \$0/\$0 \$10/\$40/\$60	ive. Gia virtual ca gia is subject to ca co-insurance, and \$0/\$0 \$10/\$40/\$60	reservices includ -pay/cost-share p 	Integrated with Medical S10 NoDD (S0 to age 26)/ \$45/\$90	\$200/\$400 (Brand Name only) \$10 NoDD/ \$35/\$70	Integrated with Medical \$10/\$30/\$50 (Preventive drugs NoDD)	\$0/\$0 \$10/\$45/\$90	Integrated with Medical \$10 NoDD (\$0 to age 26)/\$45/\$90		
Additional Benefits Virtual Care Services MVP WellBeing Rewards Pediatric Dental Pharmacy Prescription Deductible Individual/Family Prescription Cost-Share Tier1/Tier2/Tier3 Premium Monthly Rates Employee	Gia virtual cares After the deducticare, behavioral is Earn up to \$600 p Included with all \$0/\$0 \$5/\$30/\$50 Rates effective \$897.06	ble is met, virtual health, psychiatr er contract, per c MVP New York Sn \$0/\$0 \$10/\$30/\$50 January 1, 202	care services arr y, nutrition, and calendar year wit nall Group plans. \$0/\$0 \$10/\$40/\$60 \$22—March 31, 2 \$892.96	e \$0. While costs for lactation. Virtual th MVP WellBeing I Preventive service \$0/\$0 \$5/\$30/\$50	precare vary, Gia vi physical therapy i Rewards. es subject to \$25 c \$0/\$0 \$10/\$30/\$60	standicare services of is also included on 2 o-pay (deductible a \$200/\$400 (Brand Name only) \$10 NoDD/ \$35/\$70	Integrated with Medical S10/S30/S50 (Preventive drugs NoDD)	son care or virtual son care or virtual son care or virtual solves s), routine service \$0/\$0 \$10/\$35/50%	-person alternat It care excluding to s subject to 20% to \$0/\$0 \$10/\$40/\$60	ive. Gia virtual ca gia is subject to ca co-insurance, and \$0/\$0 \$10/\$40/\$60	reservices includ .pay/cost-share page .share page .sh	Integrated with Medical (Storage 26)/ \$45/\$90	\$200/\$400 (Brand Name only) \$10 NoDD/ \$35/\$70	Integrated with Medical \$10/\$30/\$50 (Preventive drugs NoDD) \$690.07	\$0/\$0 \$10/\$45/\$90 \$730.06	Integrated with Medical \$10 NoDD (\$0 to age 26)/ \$45/\$90 \$710.20		

¹Unless otherwise noted, all plan deductibles and/or out-of-pocket maximums are embedded.

These plan overviews are intended to provide a general outline of coverage. For comprehensive benefit details, please review your Certificate of Coverage (COC), Schedule of Benefits, Summary of Benefits and Coverage (SBC), and any applicable Rider(s), Your COC, SBC, and Rider(s) will be controlling. These documents can be found in your WPO enline account, or are available by request. For details, call 1-800-TALK-MVP (1-800-825-5687).

QHDHP: Qualified High-Deductible Health Plan NoDD: Not subject to deductible Plans still pending approval for Medicare Creditable Coverage. All QHDHPs can be paired with a Health Savings Account. Health benefit plans are issued and administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., poperating subsidiaties of MVP Health Care, Inc. Not all plans available in all states and counties.

? Questions? We're here to help!

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Silver EPO **Silver HMO Bronze EPO Bronze HMO** 3 OHDHP 4 HRA 8 OHDHP 3 OHDHP 12 13 New! National Network (Cigna HealthCare) **Regional Network** National Network (Cigna HealthCare) **Regional Network** Benefit amounts below are the co-pay or co-insurance after deductible is met, unless otherwise noted as not subject to deductible (NoDD). All plans include dependent care coverage to age 26. Benefits in red indicate a change from the 2021 plan. \$2,100/\$4,200 \$4,500/\$9,000 \$2,200/ \$2,500/\$5,000 \$3,100/\$6,200 \$3,900/\$7,800 \$2,200/ \$1,700/\$3,400 \$2,850/\$5,700 \$6,000/\$12,000 \$6,200/\$12,400 \$6,250/\$12,500 \$6,900/\$13,800 \$6,200/\$12,400 \$6,000/\$12,000 \$6,100/\$12,200 \$8,300/\$16,600 \$4,400 AGG \$4,400 AGG Out-of-Pocket Maximum² \$7,800/\$15,600 \$8,400/\$16,800 \$5,200/\$10,400 \$6,350/\$12,700 \$8,000/\$16,000 \$6,000/\$12,000 \$5,200/\$10,400 \$7,900/\$15,800 \$8,700/\$17,400 \$8,400/\$16,800 \$6,900/\$13,800 \$6,900/\$13,800 \$6,900/\$13,800 \$6,900/\$13,800 \$8,400/\$16,800 \$6,900/\$13,800 \$8,300/\$16,600 \$30 NoDD/\$50 \$35 NoDD/\$60 \$25/\$50 \$20/\$50 3 PCP visits \$0/\$0 \$25/\$50 \$30/\$50 \$35 NoDD 3 PCP visits \$30/\$50 \$5/50% \$0/\$0 40%/40% 3 PCP visits 50%/50% \$0/\$0 at \$0, then (\$0 to age 26)/ at \$0, then at \$0, then \$30 NoDD/\$40 \$50 \$35/\$60 \$35/\$60 20%/\$300 30%/\$300 \$500/\$200 \$800/\$200 \$500/\$200 \$0/\$0 \$500/\$200 \$1,500/\$200 \$1,000/\$300 30%/\$300 30%/\$100 50%/50% \$0/\$0 40%/40% 30%/\$300 50%/50% \$0/\$0 **Urgent Care/Emergency Room** \$50 NoDD/\$350 \$60 NoDD/\$350 \$50/\$300 \$50/\$300 \$40 NoDD/\$200 \$0/\$0 \$50/\$300 \$50/\$250 \$50 NoDD/\$250 \$60/\$350 \$50/\$300 50%/\$100 \$0/\$0 40%/40% \$60/\$350 50%/50% \$0/\$0 Diagnostic Radiology/Laboratory \$50/\$50 NoDD \$60/\$60 NoDD \$50/\$50 \$50/\$50 \$40/\$40 NoDD \$0/\$0 \$50/\$50 \$50/\$50 \$100/\$50 NoDD \$60/\$60 \$50/\$50 50%/50% \$0/\$0 40%/40% \$60/\$60 50%/50% \$0/\$0 \$30 NoDD \$35 NoDD \$25 \$20 \$30 NoDD ĊΩ \$25 \$30 \$35 NoDD \$35 \$30 \$5 \$0 40% \$35 50% \$0 (\$0 to age 26)

Additional Benefits

Plan Deductible² Individual/Family

Individual/Family

Hospital Facility

Inpatient/Outpatient

Primary Care/Specialist Visit

Medical

Outpatient Diabetic Supplies

Virtual Care Services Gia' virtual care services are \$0 on all plans, except qualified high-deductible health plans (QHDHPs) in 2022. The IRS now requires members enrolled in QHDHPs to pay for virtual care services until their plan deductible is met. After the deductible is met, virtual care services are \$0. While costs for care vary, Gia virtual care services are generally lower cost than the in-person alternative. Gia virtual care services include urgent/emergent care, primary care, behavioral health, psychiatry, nutrition, and lactation. Virtual physical therapy is also included on 2022 plans. In-person care or virtual care excluding Gia is subject to co-pay/cost-share per plan details.

MVP WellBeing Rewards Earn up to \$600 per contract, per calendar year with MVP WellBeing Rewards.

Pediatric Dental Included with all MVP New York Small Group plans. Preventive services subject to \$25 co-pay (deductible applies to QHDHPs), routine services subject to 20% co-insurance, and major services, including medically necessary orthodontia, are subject to 50% co-insurance.

Pharmacy

Prescription Deductible Individual/Family	\$100/\$200 (Brand Name only)	Integrated with Medical	Integrated with Medical	\$0/\$0	\$0/\$0	Integrated with Medical	Integrated with Medical	\$0/\$0	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Prescription Cost-Share Tier1/Tier2/Tier3	\$15 NoDD/ \$35/\$70	\$10/\$45/\$90	\$15/\$40/\$60 (Preventive drugs NoDD)	\$10/\$35/50%	\$15/\$45/\$90	\$15/\$40/\$60 (Preventive drugs NoDD)	\$15/\$40/\$60 (Preventive drugs NoDD)	\$10/\$35/\$70	\$15 NoDD (\$0 to age 26)/ \$45/\$90	\$10/\$40/\$60	\$10/\$40/\$60 (Preventive drugs NoDD)	\$5/\$30/50% (Preventive drugs NoDD)	\$0/\$0/\$0 (Preventive drugs NoDD)	\$10/\$40/\$60 (Preventive drugs NoDD)	\$10/\$40/\$60	\$10/\$35/\$70 (Preventive drugs NoDD)	\$0/\$0/\$0
Premium Monthly Rates Rates effective January 1, 2022–March 31, 2022.																	
Employee	\$658.74	\$603.57	\$649.29	\$635.79	\$654.98	\$627.26	\$603.54	\$614.54	\$586.90	\$515.42	\$537.70	\$529.86	\$556.33	\$534.32	\$479.11	\$495.02	\$478.86
Employee + Spouse	\$1,317.48	\$1,207.14	\$1,298.58	\$1,271.58	\$1,309.96	\$1,254.52	\$1,207.08	\$1,229.08	\$1,173.80	\$1,030.84	\$1,075.40	\$1,059.72	\$1,112.66	\$1,068.64	\$958.22	\$990.04	\$957.72
Employee + Child(ren)	\$1,119.86	\$1,026.07	\$1,103.79	\$1,080.84	\$1,113.47	\$1,066.34	\$1,026.02	\$1,044.72	\$997.73	\$876.21	\$914.09	\$900.76	\$945.76	\$908.34	\$814.49	\$841.53	\$814.06
Employee + Spouse + Child(ren)	\$1,877.41	\$1,720.17	\$1,850.48	\$1,812.00	\$1,866.69	\$1,787.69	\$1,720.09	\$1,751.44	\$1,672.67	\$1,468.95	\$1,532.45	\$1,510.10	\$1,585.54	\$1,522.81	\$1,365.46	\$1,410.81	\$1,364.75

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m 1}$ Silver 4 Health Reimbursement Arrangement (HRA) comes with an Embedded HRA plan and requires a \$50 employer contribution. ²Unless otherwise noted, all plan deductibles and/or out-of-pocket maximums are embedded.

OHDHP: Qualified High-Deductible Health Plan HPA: Health Reimbursement Arrangement NoDD: Not subject to deductible All MVP New York Small Group plans pass for Medicare Creditable Coverage and all QHDHPs are Health Savings Account qualified.

These plan overviews are intended to provide a general outline of coverage. For comprehensive benefit details, please review your Certificate of Coverage (COC), Schedule of Benefits, Summary of Benefits and Coverage (SBC), and any applicable Rider(s). Your COC, SBC, and Rider(s) will be controlling. These documents can be found in your MVP online account, or are available by request. For details, call 1-800-TALK-MVP (1-800-825-5687). Health benefit plans are issued and 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.

(?) Questions? We're here to help!

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See other side for Platinum and Gold plans.

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