New York Small Group 2022 Plans Quarter 1

ALBANY REGION Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington Counties

	P	Platinum EP	0	Platinu	IM HMO				Gold EPO					Gold	НМО	
	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	lNetwork			National Ne	twork (Cigna	HealthCare)				Regional	Network	
	Benefit amoun	nts below are th	e co-pay or co-	insurance after	r deductible is n	net, unless otherv	vise noted as n	ot subject to de	ductible (NoDD). All plans inclu	ude dependent	care coverage t	o age 26. <mark>Benef</mark> i	<mark>ts in red</mark> indica	te a change froi	m the 2021 pla
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																
ndividual/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/\$17,40
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)/\$
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 (\$0 to age 26)	\$15 NoDD	\$10	\$25	\$35 NoDD (\$0 to age 26)
Additional Benefits											I					
Virtual Care Services	After the deducti	ble is met, virtual	care services are	\$0. While costs fo	or care vary, Gia v	lans (QHDHPs) in 20. irtual care services o is also included on 2	are generally low	er cost than the in	-person alternati	ive. Gia virtual ca	re services includ	e urgent/emergen				
MVP WellBeing Rewards	Earn up to \$600 p	er contract, per c	alendar year wit	n MVP WellBeing	Rewards.											
Pediatric Dental	Included with all	MVP New York Sn	nall Group plans.	Preventive servio	ces subject to \$25	co-pay (deductible a	pplies to QHDHP	s), routine service	s subject to 20% c	co-insurance, and	major services, i	ncluding medically	v necessary orthod	lontia, are subjec	t to 50% co-insur	ance.
Pharmacy									1							
Prescription Deductible Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$200/\$400 (Brand Name only)	Integrated with Medical	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	Integrated with Medical	\$200/\$400 (Brand Name only)	Integrated with Medical	\$0/\$0	Integrated with Medical
Prescription Cost-Share Tier1/Tier2/Tier3	\$5/\$30/\$50	\$10/\$30/\$50	\$10/\$40/\$60	\$5/\$30/\$50	\$10/\$30/\$60	\$10 NoDD/ \$35/\$70	\$10/\$30/\$50 (Preventive drugs NoDD)	\$10/\$35/50%	\$10/\$40/\$60	\$10/\$40/\$60	\$10/\$40/\$60	\$10 NoDD (\$0 to age 26)/ \$45/\$90	\$10 NoDD/ \$35/\$70	\$10/\$30/\$50 (Preventive drugs NoDD)	\$10/\$45/\$90	\$10 NoDD (\$0 to age 26)/ \$45/\$90
Premium Monthly Rates	Rates effective	January 1, 202	22–March 31,2	022.												
Employee	\$918.55	\$905.32	\$914.35	\$831.87	\$835.01	\$792.89	\$760.17	\$771.30	\$824.92	\$826.60	\$745.68	\$782.34	\$718.16	\$688.52	\$728.42	\$708.61
Employee + Spouse	\$1,837.10	\$1,810.64	\$1,828.70	\$1,663.74	\$1,670.02	\$1,585.78	\$1,520.34	\$1,542.60	\$1,649.84	\$1,653.20	\$1,491.36	\$1,564.68	\$1,436.32	\$1,377.04	\$1,456.84	\$1,417.22
Employee + Child(ren)	\$1,561.54	\$1,539.04	\$1,554.40	\$1,414.18	\$1,419.52	\$1,347.91	\$1,292.29	\$1,311.21	\$1,402.36	\$1,405.22	\$1,267.66	\$1,329.98	\$1,220.87	\$1,170.48	\$1,238.31	\$1,204.64
Employee + Spouse + Child(ren)	\$2,617.87	\$2,580.16	\$2,605.90	\$2,370.83	\$2,379.78	\$2,259.74	\$2,166.48	\$2,198.21	\$2,351.02	\$2,355.81	\$2,125.19	\$2,229.67	\$2,046.76	\$1,962.28	\$2,076.00	\$2,019.54
¹ Unless otherwise noted, all plan deductible These plan overviews are intended to provi Coverage (COC), Schedule of Benefits, Sum controlling. These documents can be found	ide a general outline of o mary of Benefits and Co	coverage. For compre overage (SBC), and an	hensive benefit deta y applicable Rider(s).	Your COC, SBC, and I	Rider(s) will be	QHDHP: Qualified Hig Plans still pending ap Health benefit plans a MVP Health Services (proval for Medicare C are issued and admin	reditable Coverage. A stered by MVP Health	ll QHDHPs can be pair Plan, Inc.; MVP Healt	h Insurance Company	; MVP Select Care, Inc	.; and	Questi Call 1-800-TAL visit mvphealt	K-MVP (1-800-8	- 25-5687) or)!





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

New York Small Group 2022 Plans Quarter 1

ALBANY REGION Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington Counties

									Silver HMO			Bronze EPO					
	1	2	3 QHDHP	4 HRA ¹	7	8 QHDHP	3 QHDHP	12	13 New!	2	3 QHDHP	5 QHDHP	6 QHDHP	7 QHDHP	2	9 QHDHP	10 ²
	National Network (Cigna HealthCare)						Regional Network			National Network (Cigna HealthCare)					Regional Network		
	Benefit amou	nts below are	the co-pay or c	o-insurance af	fter deductible	e is met, unless	otherwise not	ed as not subj	ect to deductibl	e (NoDD). All pla	ans include de	oendent care c	overage to age	26. Benefits i	n red indicate	a change from	the 2021 pl
Plan Deductible ²																	
Individual/Family	\$2,100/\$4,200	\$4,500/\$9,000	\$2,200/ \$4,400 AGG	\$2,500/\$5,000	\$3,100/\$6,200	\$3,900/\$7,800	\$2,200/ \$4,400 AGG	\$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/\$16,6
Out-of-Pocket Maximum ²																	
Individual/Family	\$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/\$16,6
Medical																	
Primary Care/Specialist Visit	\$30 NoDD/\$50	\$35 NoDD/\$60	\$25/\$50	\$20/\$50	3 PCP visits at \$0, then \$30 NoDD/\$40	\$0/\$0	\$25/\$50	\$30/\$50	\$35 NoDD (\$0 to age 26)/ \$50	3 PCP visits at \$0, then \$35/\$60	\$30/\$50	\$5/50%	\$0/\$0	40%/40%	3 PCP visits at \$0, then \$35/\$60	50%/50%	\$0/\$0
Hospital Facility Inpatient/Outpatient	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
																	ćo.
Outpatient	\$30 NoDD	\$35 NoDD	\$25	\$20	\$30 NoDD	\$0	\$25	\$30	\$35 NoDD (\$0 to age 26)	\$35	\$30	\$5	\$0	40%	\$35	50%	\$0
Outpatient Diabetic Supplies	\$30 NoDD	\$35 NoDD	\$25	\$20	\$30 NoDD	\$0	\$25	\$30		\$35	\$30	\$5	\$0	40%	\$35	50%	ŞU
Outpatient Diabetic Supplies Additional Benefits Virtual Care Services	Gia' virtual care met. After the de	services are \$0 c eductible is met,	on all plans, exce virtual care serv	pt qualified high vices are \$0. Whil	-deductible heal e costs for care vi	lth plans (QHDHI ary, Gia virtual c	Ps) in 2022. The I are services are	RS now requires generally lower	(\$0 to age 26) members enrolled cost than the in-pe	l in QHDHPs to pay erson alternative.	y for virtual care Gia virtual care	services until the services include i	eir plan deductib urgent/emergen	le is t care,	\$35	50%	50
Outpatient Diabetic Supplies Additional Benefits Virtual Care Services	Gia' virtual care met. After the de	services are \$0 c eductible is met, ehavioral health	on all plans, exce virtual care serv , psychiatry, nut	pt qualified high vices are \$0. Whil rition, and lacta	-deductible heal e costs for care v tion. Virtual phys	lth plans (QHDHI ary, Gia virtual c	Ps) in 2022. The I are services are	RS now requires generally lower	(\$0 to age 26) members enrolled	l in QHDHPs to pay erson alternative.	y for virtual care Gia virtual care	services until the services include i	eir plan deductib urgent/emergen	le is t care,	\$35	50%	50
Outpatient Diabetic Supplies Additional Benefits Virtual Care Services MVP WellBeing Rewards	Gia' virtual care met. After the de primary care, be Earn up to \$600	services are \$0 c eductible is met, ehavioral health per contract, pel	on all plans, exce virtual care serv , psychiatry, nut r calendar year v	pt qualified high vices are \$0. Whil vrition, and lacta vith MVP WellBei	-deductible heal e costs for care v tion. Virtual phys ng Rewards.	lth plans (QHDHI ary, Gia virtual c sical therapy is a	Ps) in 2022. The I are services are lso included on 2	RS now requires generally lower 022 plans. In-pe	(\$0 to age 26) members enrolled cost than the in-pe	l in QHDHPs to pay erson alternative. al care excluding (y for virtual care Gia virtual care Gia is subject to c	services until the services include o-pay/cost-share	eir plan deductib urgent/emergen e per plan details	ıle is t care, s.			
Outpatient Diabetic Supplies Additional Benefits Virtual Care Services MVP WellBeing Rewards Pediatric Dental	Gia' virtual care met. After the de primary care, be Earn up to \$600	services are \$0 c eductible is met, ehavioral health per contract, pel	on all plans, exce virtual care serv , psychiatry, nut r calendar year v	pt qualified high vices are \$0. Whil vrition, and lacta vith MVP WellBei	-deductible heal e costs for care v tion. Virtual phys ng Rewards.	lth plans (QHDHI ary, Gia virtual c sical therapy is a	Ps) in 2022. The I are services are lso included on 2	RS now requires generally lower 022 plans. In-pe	(\$0 to age 26) members enrolled cost than the in-pe erson care or virtue	l in QHDHPs to pay erson alternative. al care excluding (y for virtual care Gia virtual care Gia is subject to c	services until the services include o-pay/cost-share	eir plan deductib urgent/emergen e per plan details	ıle is t care, s.			
Outpatient Diabetic Supplies Additional Benefits Virtual Care Services MVP WellBeing Rewards Pediatric Dental Pharmacy Prescription Deductible	Gia' virtual care met. After the de primary care, be Earn up to \$600	services are \$0 c eductible is met, ehavioral health per contract, pel	on all plans, exce virtual care serv , psychiatry, nut r calendar year v	pt qualified high vices are \$0. Whil vrition, and lacta vith MVP WellBei	-deductible heal e costs for care v tion. Virtual phys ng Rewards.	lth plans (QHDHI ary, Gia virtual c sical therapy is a	Ps) in 2022. The I are services are lso included on 2	RS now requires generally lower 022 plans. In-pe	(\$0 to age 26) members enrolled cost than the in-pe erson care or virtue	l in QHDHPs to pay erson alternative. al care excluding (y for virtual care Gia virtual care Gia is subject to c	services until the services include o-pay/cost-share	eir plan deductib urgent/emergen e per plan details	ıle is t care, s.			nce.
Outpatient Diabetic Supplies Additional Benefits Virtual Care Services MVP WellBeing Rewards	Gia' virtual care met. After the de primary care, be Earn up to \$600 Included with al \$100/\$200 (Brand Name	services are \$0 c eductible is met, ehavioral health per contract, per I MVP New York \$ Integrated	on all plans, exce virtual care serv , psychiatry, nut r calendar year v Small Group plan Integrated	pt qualified high vices are \$0. Whil rition, and lactar vith MVP WellBei ns. Preventive se	-deductible heal e costs for care v tion. Virtual phys ng Rewards. rvices subject to	lth plans (QHDHI ary, Gia virtual c sical therapy is a \$25 co-pay (dedu Integrated	Ps) in 2022. The I are services are lso included on 2 uctible applies to Integrated	RS now requires generally lower 022 plans. In-pe QHDHPs), routi	(\$0 to age 26) members enrolled cost than the in-pe erson care or virtue ine services subjec	t in QHDHPs to pay erson alternative. al care excluding (t to 20% co-insurc Integrated	y for virtual care Gia virtual care Gia is subject to c unce, and major s Integrated	services until the services include o-pay/cost-share services, includin Integrated	eir plan deductib urgent/emergen e per plan details ng medically neco Integrated	le is t care, s. essary orthodon Integrated	<i>tia, are subject t</i>	o 50% co-insural	
Outpatient Diabetic Supplies 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 met. After the de primary care, be Earn up to \$600 Included with al \$100/\$200 (Brand Name only) \$15 NoDD/	services are \$0 c eductible is met, ehavioral health per contract, per I MVP New York \$ Integrated with Medical \$10/\$45/\$90	on all plans, exce virtual care serv , psychiatry, nut r calendar year v Small Group plan Integrated with Medical \$15/\$40/\$60 (Preventive drugs NoDD)	pt qualified high vices are \$0. Whil rition, and lactar vith MVP WellBei ns. Preventive ser \$0/\$0 \$10/\$35/50%	-deductible head e costs for care vi tion. Virtual phys ng Rewards. rvices subject to \$0/\$0	Ith plans (QHDHI ary, Gia virtual c sical therapy is a \$25 co-pay (dedu Integrated with Medical \$15/\$40/\$60 (Preventive	Ps) in 2022. The I are services are lso included on 2 actible applies to Integrated with Medical \$15/\$40/\$60 (Preventive	RS now requires generally lower 022 plans. In-pe QHDHPs), routi \$0/\$0	(\$0 to age 26) members enrolled cost than the in-poerson care or virtue ine services subject Integrated with Medical \$15 NoDD (\$0 to age 26)/	l in QHDHPs to pay erson alternative. al care excluding (t to 20% co-insurc Integrated with Medical	y for virtual care Gia virtual care Gia is subject to c ance, and major s Integrated with Medical \$10/\$40/\$60 (Preventive	services until the services include o-pay/cost-share services, includir Integrated with Medical \$5/\$30/50% (Preventive	eir plan deductib urgent/emergen e per plan details ng medically neco Integrated with Medical \$0/\$0/\$0 (Preventive	le is t care, 5. essary orthodon Integrated with Medical \$10/\$40/\$60 (Preventive	<i>tia, are subject t</i> Integrated with Medical	o 50% co-insurated with Medical \$10/\$35/\$70 (Preventive	nce. Integrated with Medica
Dutpatient Diabetic Supplies Additional Benefits Virtual Care Services MVP WellBeing Rewards Pediatric Dental Pharmacy Prescription Deductible ndividual/Family Prescription Cost-Share Fier1/Tier2/Tier 3 Premium Monthly Rates	Gia' virtual care met. After the de primary care, be Earn up to \$600 Included with al \$100/\$200 (Brand Name only) \$15 NoDD/ \$35/\$70	services are \$0 c eductible is met, ehavioral health per contract, per I MVP New York \$ Integrated with Medical \$10/\$45/\$90	on all plans, exce virtual care serv , psychiatry, nut r calendar year v Small Group plan Integrated with Medical \$15/\$40/\$60 (Preventive drugs NoDD)	pt qualified high vices are \$0. Whil rition, and lactar vith MVP WellBei ns. Preventive ser \$0/\$0 \$10/\$35/50%	-deductible head e costs for care vi tion. Virtual phys ng Rewards. rvices subject to \$0/\$0	Ith plans (QHDHI ary, Gia virtual c sical therapy is a \$25 co-pay (dedu Integrated with Medical \$15/\$40/\$60 (Preventive	Ps) in 2022. The I are services are lso included on 2 actible applies to Integrated with Medical \$15/\$40/\$60 (Preventive	RS now requires generally lower 022 plans. In-pe QHDHPs), routi \$0/\$0	(\$0 to age 26) members enrolled cost than the in-poerson care or virtue ine services subject Integrated with Medical \$15 NoDD (\$0 to age 26)/	l in QHDHPs to pay erson alternative. al care excluding (t to 20% co-insurc Integrated with Medical	y for virtual care Gia virtual care Gia is subject to c ance, and major s Integrated with Medical \$10/\$40/\$60 (Preventive	services until the services include o-pay/cost-share services, includir Integrated with Medical \$5/\$30/50% (Preventive	eir plan deductib urgent/emergen e per plan details ng medically neco Integrated with Medical \$0/\$0/\$0 (Preventive	le is t care, 5. essary orthodon Integrated with Medical \$10/\$40/\$60 (Preventive	<i>tia, are subject t</i> Integrated with Medical	o 50% co-insurated with Medical \$10/\$35/\$70 (Preventive	nce. Integrated with Medica
Dutpatient Diabetic Supplies Additional Benefits Virtual Care Services MVP WellBeing Rewards Pediatric Dental Pharmacy Prescription Deductible ndividual/Family Prescription Cost-Share Fier1/Tier2/Tier 3	Gia' virtual care met. After the de primary care, be Earn up to \$600, Included with al \$100/\$200 (Brand Name only) \$15 NoDD/ \$35/\$70 Rates effectiv	services are \$0 c eductible is met, ehavioral health per contract, per I MVP New York S Integrated with Medical \$10/\$45/\$90 e January 1, 20	on all plans, exce virtual care serv , psychiatry, nut r calendar year v Small Group plan Integrated with Medical \$15/\$40/\$60 (Preventive drugs NoDD) 022–March 31	pt qualified high vices are \$0. Whil vition, and lactar vith MVP WellBei ns. Preventive ser \$0/\$0 \$10/\$35/50% , 2022.	-deductible heal e costs for care vi tion. Virtual phys ng Rewards. rvices subject to \$0/\$0 \$15/\$45/\$90	Ith plans (QHDHI ary, Gia virtual c sical therapy is a \$25 co-pay (dedu integrated with Medical \$15/\$40/\$60 (Preventive drugs NoDD)	Ps) in 2022. The I are services are lso included on 2 actible applies to integrated with Medical \$15/\$40/\$60 (Preventive drugs NoDD)	RS now requires generally lower 022 plans. In-pe 0 QHDHPs), routi \$0/\$0 \$10/\$35/\$70	(\$0 to age 26) members enrolled cost than the in-po- erson care or virtue ine services subject ine services subject lintegrated with Medical \$15 NoDD (\$0 to age 26)/ \$45/\$90	t in QHDHPs to pay erson alternative. al care excluding C t to 20% co-insurc Integrated with Medical \$10/\$40/\$60	y for virtual care Gia virtual care Gia is subject to c ance, and major s Integrated with Medical \$10/\$40/\$60 (Preventive drugs NoDD)	services until the services include o-pay/cost-share services, includin untegrated with Medical \$5/\$30/50% (Preventive drugs NoDD)	eir plan deductib urgent/emergen e per plan details ng medically neco Integrated with Medical \$0/\$0/\$0 (Preventive drugs NoDD)	le is t care, 5. essary orthodon Integrated with Medical \$10/\$40/\$60 (Preventive drugs NoDD)	tia, are subject to Integrated with Medical \$10/\$40/\$60	o 50% co-insural Integrated with Medical \$10/\$35/\$70 (Preventive drugs NoDD)	Integrated with Medica \$0/\$0/\$0
Dutpatient Diabetic Supplies Additional Benefits Virtual Care Services VVP WellBeing Rewards Pediatric Dental Pharmacy Prescription Deductible ndividual/Family Prescription Cost-Share Fier1/Tier2/Tier3 Premium Monthly Rates Employee	Gia' virtual care met. After the de primary care, be Earn up to \$600 Included with al \$100/\$200 (Brand Name only) \$15 NoDD/ \$35/\$70 Rates effectiv \$674.52	services are \$0 c eductible is met, ehavioral health per contract, per I MVP New York S Integrated with Medical \$10/\$45/\$90 e January 1, 20 \$618.03	on all plans, exce virtual care serv , psychiatry, nut r calendar year v Small Group plan Integrated with Medical \$15/\$40/\$60 (Preventive drugs NoDD) 022–March 31 \$664.84	pt qualified high vices are \$0. Whil vition, and lactar vith MVP WellBei ns. Preventive ser \$0/\$0 \$10/\$35/50% ,2022. \$651.02	-deductible head e costs for care vi tion. Virtual physion ng Rewards. rvices subject to \$0/\$0 \$15/\$45/\$90 \$15/\$45/\$90	Ith plans (QHDHI ary, Gia virtual c sical therapy is a \$25 co-pay (dedu Integrated with Medical \$15/\$40/\$60 (Preventive drugs NoDD) \$642.28	Ps) in 2022. The I are services are lso included on 2 actible applies to with Medical \$15/\$40/\$60 (Preventive drugs NoDD) \$602.19	RS now requires generally lower 022 plans. In-pe 0 QHDHPs), routi \$0/\$0 \$10/\$35/\$70 \$10/\$35/\$70	(\$0 to age 26) members enrolled cost than the in-po erson care or virtue ine services subject ine servine services subject ine servine	t in QHDHPs to pay erson alternative. al care excluding C t to 20% co-insurc Integrated with Medical \$10/\$40/\$60 \$527.77	y for virtual care Gia virtual care Gia is subject to c ance, and major s Integrated with Medical \$10/\$40/\$60 (Preventive drugs NoDD) \$550.58	services until the services include o-pay/cost-share ervices, includin untegrated with Medical \$5/\$30/50% (Preventive drugs NoDD) \$542.55	eir plan deductib urgent/emergen e per plan details ng medically neco Integrated with Medical \$0/\$0/\$0 (Preventive drugs NoDD) \$569.66	le is t care, 5. essary orthodon Integrated with Medical \$10/\$40/\$60 (Preventive drugs NoDD) \$547.11	tia, are subject to Integrated with Medical \$10/\$40/\$60 \$478.04	o 50% co-insurat Integrated with Medical \$10/\$35/\$70 (Preventive drugs NoDD) \$493.91	nce. Integrated with Medic: \$0/\$0/\$0 \$477.7

QHDHP: Qualified High-Deductible Health Plan HRA: 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.

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.





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

Call **1-800-TALK-MVP** (1-800-825-5687) or visit mvphealthcare.com/shop. See other side for Platinum and Gold plans.