

# NEW YORK PREMIER PLANS AT A GLANCE

## INDIVIDUAL OFF-EXCHANGE

with premiums for the **Rochester Region**



\$1,000 for out-of-area coverage.<sup>†</sup>  
PREMIER PLUS PLANS



Affordable pharmacy.  
PLUS ADDED SAVINGS FOR MEMBERS



Wellness benefits.  
All plans for individuals include up to \$125 per contract, per plan year in reimbursement for gym and fitness club memberships, youth sports and fitness fees or healthy weight support programs. Plans also include access to MVP's suite of online wellness tools and activities.

| METAL LEVELS: MVP Premier Plus <sup>SM</sup> Plans (Non-Standard)                     |                              |                     |                                    |  |                 |                  |                 |                         |                                    |   |                        |                   |                   |                                    |  |                        |                        | MVP Premier <sup>SM</sup> Plans (Standard) |                 |                  |                      |
|---|------------------------------|---------------------|------------------------------------|--|-----------------|------------------|-----------------|-------------------------|------------------------------------|---|------------------------|-------------------|-------------------|------------------------------------|--|------------------------|------------------------|--|-----------------|------------------|----------------------|
| PLAN FEATURE  | NEW!                         | NEW!                | GOLD 1 EMBEDDED                    | GOLD 2 HDHP AGGREGATE                  | NEW!            | NEW!             | NEW!            | SILVER 1 EMBEDDED       | SILVER 2 EMBEDDED                  | SILVER 3 HDHP AGGREGATE                 | NEW!                   | NEW!              | BRONZE 1 EMBEDDED | BRONZE 2 EMBEDDED                  | BRONZE 3 HDHP EMBEDDED                 | NEW!                   | NEW!                   | PLATINUM EMBEDDED                          | GOLD EMBEDDED   | SILVER EMBEDDED  | BRONZE HDHP EMBEDDED |
|   | PLATINUM 1 EMBEDDED          | PLATINUM 2 EMBEDDED |                                    |  | GOLD 3 EMBEDDED | GOLD 4 EMBEDDED  | GOLD 5 EMBEDDED |                         |                                    |   | SILVER 5 HDHP EMBEDDED | SILVER 6 EMBEDDED |                   |                                    |  | BRONZE 4 HDHP EMBEDDED | BRONZE 5 HDHP EMBEDDED |  |                 |                  |                      |
| Plan Deductible– Individual/Family  | \$0/\$0                      | \$0/\$0             | \$850/\$1,700                      | \$1,400/\$2,800                        | \$600/\$1,200   | \$0/\$0          | \$1,000/\$2,000 | \$1,900/\$3,800         | \$1,500/\$3,000                    | \$1,500/\$3,000                         | \$2,000/\$4,000        | \$1,300/\$2,600   | \$3,500/\$7,000   | \$4,000/\$8,000                    | \$4,000/\$8,000                        | \$5,000/\$10,000       | \$3,000/\$6,000        | \$0/\$0                                    | \$600/\$1,200   | \$2,000/\$4,000  | \$3,000/\$6,000      |
| Out-of-Pocket Maximum   | \$3,000/\$6,000              | \$2,500/\$5,000     | \$6,350/\$12,700                   | \$6,350/\$12,700                       | \$4,000/\$8,000 | \$6,350/\$12,700 | \$4,500/\$9,000 | \$6,350/\$12,700        | \$6,350/\$12,700                   | \$6,350/\$12,700                        | \$4,000/\$8,000        | \$6,350/\$12,700  | \$6,350/\$12,700  | \$6,350/\$12,700                   | \$6,350/\$12,700                       | \$6,350/\$12,700       | \$6,350/\$12,700       | \$2,000/\$4,000                            | \$4,000/\$8,000 | \$5,500/\$11,000 | \$6,350/\$12,700     |
| MEDICAL   |                              |                     |                                    |  |                 |                  |                 |                         |                                    |   |                        |                   |                   |                                    |  |                        |                        |  |                 |                  |                      |
| Preventive Care   | \$0                          | \$0                 | \$0                                | \$0                                    | \$0             | \$0              | \$0             | \$0                     | \$0                                | \$0                                     | \$0                    | \$0               | \$0               | \$0                                | \$0                                    | \$0                    | \$0                    | \$0  | \$0             | \$0              | \$0                  |
| Primary Care  | 3 visits at \$0 and then \$5 | \$5                 | 3 visits at \$0 and then \$15 NoDD | \$5*                                   | \$10*           | \$25             | \$30 NoDD       | \$30 NoDD               | 3 visits at \$0 and then \$35 NoDD | \$25*                                   | \$20*                  | \$25 NoDD         | \$35*             | 3 visits at \$0 and then \$35 NoDD | \$30*                                  | \$10*                  | \$5*                   | \$15                                       | \$25*           | \$30*            | 50%*                 |
| Specialist Visit  | \$40                         | \$30                | \$45*                              | \$15*                                  | \$40*           | \$40             | \$50 NoDD       | \$50*                   | \$60*                              | \$50*                                   | \$40*                  | \$50 NoDD         | \$80*             | \$60*                              | \$50*                                  | 30%*                   | 50%*                   | \$35                                       | \$40*           | \$50*            | 50%*                 |
| Hospital Facility Visit: Inpatient Outpatient   | \$300 \$100                  | \$300 \$100         | \$500* \$200*                      | \$200* \$100*                          | \$800* \$100*   | \$500 \$300      | 20%* 20%*       | 20%* \$300*             | 20%* \$200*                        | \$500* \$200*                           | \$500* \$200*          | 20%* 20%*         | 50%* \$300*       | 30%* \$300*                        | 30%* \$100*                            | 30%* 30%*              | 50%* 50%*              | \$500 \$100                                | \$1,000* \$100* | \$1,500* \$100*  | 50%* 50%*            |
| Urgent Care   | \$40                         | \$30                | \$45 NoDD                          | \$15*                                  | \$40*           | \$40             | \$50 NoDD       | \$50*                   | \$60                               | \$50*                                   | \$40*                  | \$50 NoDD         | \$80*             | \$60                               | \$50*                                  | 30%*                   | 50%*                   | \$55                                       | \$60*           | \$70*            | 50%*                 |
| Emergency Room Visit  | \$100                        | \$100               | \$300 NoDD                         | \$75*                                  | \$250*          | \$300            | \$300 NoDD      | \$350*                  | \$350 NoDD                         | \$300*                                  | \$300*                 | \$300 NoDD        | 50%*              | \$350 NoDD                         | \$300*                                 | 30%*                   | 50%*                   | \$100                                      | \$150*          | \$150*           | 50%*                 |
| PHARMACY  |                              |                     |                                    |  |                 |                  |                 |                         |                                    |   |                        |                   |                   |                                    |  |                        |                        |  |                 |                  |                      |
| Prescription Deductible   | \$0                          | \$0                 | \$100 (name brand only)            | Integrated w/Medical                   | \$0             | \$0              | \$0             | \$100 (name brand only) | Integrated w/Medical               | Integrated w/Medical                    | Integrated w/Medical   | \$0               | \$200             | Integrated w/Medical               | Integrated w/Medical                   | Integrated w/Medical   | Integrated w/Medical   | \$0  | \$0             | \$0              | Integrated w/Medical |
| Prescription Copayment  | \$5/\$30/\$50                | \$5/\$30/\$50       | \$5/\$35/\$70*                     | \$5/\$15/\$25* (preventive drugs NoDD) | \$10/\$35/50%   | \$5/\$45/50%     | \$5/\$10/\$20   | \$8/\$35/\$70*          | \$8/\$35/\$70*                     | \$10/\$40/\$60* (preventive drugs NoDD) | \$10/\$40/\$60*        | \$10/\$40/\$60    | \$10/\$40/50%*    | \$8/\$40/\$60*                     | \$5/\$40/\$60* (preventive drugs NoDD) | \$5/\$40/30%*          | \$5/\$40/50%*          | \$10/\$30/\$60                             | \$10/\$35/\$70  | \$10/\$35/\$70   | \$10/\$35/\$70*      |
| RATES EFFECTIVE 1/1/2015 – 12/31/2015 Rates do not include pediatric dental coverage. |                              |                     |                                    |  |                 |                  |                 |                         |                                    |   |                        |                   |                   |                                    |  |                        |                        |  |                 |                  |                      |
| Single  | \$497.90                     | \$503.23            | \$415.27                           | \$399.24                               | \$418.28        | \$443.32         | \$419.78        | \$354.22                | \$352.79                           | \$353.26                                | \$345.62               | \$384.79          | \$291.63          | \$299.05                           | \$288.84                               | \$277.71               | \$290.23               | \$516.01                                   | \$437.31        | \$365.50         | \$292.27             |
| Single + spouse   | \$995.80                     | \$1,006.46          | \$830.54                           | \$798.48                               | \$836.56        | \$886.64         | \$839.56        | \$708.44                | \$705.58                           | \$706.52                                | \$691.24               | \$769.58          | \$583.26          | \$598.10                           | \$577.68                               | \$555.42               | \$580.46               | \$1,032.02                                 | \$874.62        | \$731.00         | \$584.54             |
| Single + child(ren)   | \$846.43                     | \$855.49            | \$705.96                           | \$678.71                               | \$711.08        | \$753.64         | \$713.63        | \$602.17                | \$599.74                           | \$600.54                                | \$587.55               | \$654.14          | \$495.77          | \$508.39                           | \$491.03                               | \$472.11               | \$493.39               | \$877.22                                   | \$743.43        | \$621.35         | \$496.86             |
| Single + spouse + child(ren)  | \$1,419.02                   | \$1,434.21          | \$1,183.52                         | \$1,137.83                             | \$1,192.10      | \$1,263.46       | \$1,196.37      | \$1,009.53              | \$1,005.45                         | \$1,006.79                              | \$985.02               | \$1,096.65        | \$831.15          | \$852.29                           | \$823.19                               | \$791.47               | \$827.16               | \$1,470.63                                 | \$1,246.33      | \$1,041.68       | \$832.97             |

ALL PLANS INCLUDE DEPENDENT CARE TO AGE 26.



WHAT IS THE DIFFERENCE BETWEEN AN **AGGREGATE** DEDUCTIBLE AND AN **EMBEDDED** DEDUCTIBLE?

**AGGREGATE DEDUCTIBLE:** For any policy with two or more members, the deductible must be met by any one or any combination of members before the plan will make payments.

**EMBEDDED DEDUCTIBLE:** Each member must meet their individual deductible before the plan will make any payments. The individual deductible also applies to the family deductible level. Once the family deductible has been met, the plan will begin payment of services for all members on the contract.

**NoDD:** NOT SUBJECT TO DEDUCTIBLE

<sup>†</sup>Per dependent child for all Premier Plus plans. Benefits are subject to the same cost sharing arrangements for each particular plan.  
\*Member amount after deductible is met.

# NEW YORK PREMIER PLANS

## INDIVIDUAL OFF-EXCHANGE



### ROCHESTER REGION

Counties include:

- Livingston
- Monroe
- Ontario
- Seneca
- Wayne
- Yates



## QUALITY BENEFITS FROM A NAME YOU KNOW AND TRUST

In addition to quality coverage, MVP will continue to provide top-rated customer service, unique wellness options and innovative tools to all of our members.

### WELLNESS BENEFITS

**UP TO \$125** per contract, per year in **REIMBURSEMENT** for gym and fitness club membership, youth sports and fitness fees or healthy weight support programs.

**PERSONALIZED GUIDANCE** and support through MVP's Health Management Programs, 24/7 Nurse Advice Line and full suite of online wellness tools and resources, including a Personal Health Assessment and online health improvement classes.

**EXCLUSIVE MEMBER DISCOUNTS** on a wide range of health and wellness services, from fitness clubs and vitamins to acupuncture and massage therapy.



### THE myMVP MOBILE APP

MVP knows you're constantly on the move, so we created an innovative mobile app to fit your mobile lifestyle, allowing you to:

- Order, view or fax your ID card.
- Find a nearby doctor.
- Search your claims.
- Contact MVP directly..... right from your smartphone.

Visit the App Store or Google Play to **DOWNLOAD** the *myMVP* app **FOR FREE** on your mobile device.

(MSG&DATA rates may apply.)



### NEW FOR 2015! MVP RX MEMBERS SAVE AT CVS

If you have prescription benefits from MVP in 2015, you can **SAVE 20%** on more than 2,200 CVS-branded health care items with the *MVP-CVS ExtraCare Health Card*.

- Includes over-the-counter medications, contact lens solution, first aid and oral hygiene products...literally thousands of items.
- Use your discount at any CVS store nationwide or online at **www.cvs.com**.



### MAKE THE MOST OF DiscoverMVP.com

Visit **www.DiscoverMVP.com** for a variety of resources to help you make the best health insurance decisions:

- Get more information on MVP's New York plans – including the ability to compare plans, or find a plan based on specific search criteria.
- Information on how to purchase a plan.
- Comprehensive Health Care Reform center with Infographics, FAQs, Insurance Terms Glossary, Blog posts and more.
- Download the *myMVP* app.
- Connect with MVP, as well as other members, on the MVP Community blog

