# New York Premier Plans at a Glance

Individual Off-Exchange with Premiums: Buffalo Region

|   |                              | MVP Premier Plus <sup>™</sup> Plans (Non-Standard) |                                       |  |                           |                           |                        |                                       |   |                             |                                |                                      |   |   | MVP Premier <sup>sm</sup> Plans (Standard) |                         |                                    |                      |                                    |                           |                          |
|---|------------------------------|--|---------------------------------------|--|---------------------------|---------------------------|------------------------|---------------------------------------|---|-----------------------------|--------------------------------|--------------------------------------|---|---|--|-------------------------|------------------------------------|----------------------|------------------------------------|---------------------------|--------------------------|
| Plan Feature                                      | Platinum 1<br>Embedded       | <b>Platinum 2</b><br>Embedded                      | Gold 1<br>Embedded                    | <b>Gold 2 HDHP</b><br>Agg/Emb†               | <b>Gold 4</b><br>Embedded | <b>Gold 5</b><br>Embedded | Silver 1<br>Embedded   | <b>Silver 2</b><br>Embedded           | Silver 3 HDHP<br>Agg/Emb†                     | NEW<br>Silver 9<br>Embedded | Bronze 1<br>Embedded           | Bronze 2<br>Embedded                 | Bronze 3 HDHP<br>Embedded                                   | NEW   Bronze 6 HDHP   Embedded          | <b>Platinum</b><br>Embedded                | <b>Gold</b><br>Embedded | NEW<br>Gold 2<br>Embedded          | Silver<br>Embedded   | NEW<br>Silver 2<br>Embedded        | Bronze 1 HDHP<br>Embedded | Bronze 2<br>Embedded     |
| Plan Deductible                                   |                              |  | έοςο/                                 | ¢1.000/                                      |                           | ¢1.200/                   | ¢1.000/                | ¢2.400/                               | \$2.500/                                      | ¢4.000/                     | ¢2.000/                        | ČE 100/                              | ¢5.000/   |   |  | ¢coo/                   | ¢cro/                              | ¢2.000/              | ¢2.250/                            | ¢5 500/                   | ¢4.000/                  |
| Individual/Family                                 | \$0/\$0                      | \$0/\$0  | \$950/<br>\$1,900                     | \$1,600/<br>\$3,200 Agg                      | \$0/\$0                   | \$1,200/<br>\$2,400       | \$1,800/<br>\$3,600    | \$3,400/<br>\$6,800                   | \$2,500/<br>\$5,000 Agg                       | \$4,000/<br>\$8,000         | \$3,900/<br>\$7,800            | \$5,100/<br>\$10,200                 | \$5,900/<br>\$11,800  | \$6,550/<br>\$13,100                    | \$0/\$0                                    | \$600/<br>\$1,200       | \$650/<br>\$1,300                  | \$2,000/<br>\$4,000  | \$2,350/<br>\$4,700                | \$5,500/<br>\$11,000      | \$4,000/<br>\$8,000      |
| Out-of-Pocket Maximu                              | ım                           |  |                                       |  |                           |                           |                        |                                       |   |                             |                                |                                      |   |   |  |                         |                                    |                      |                                    |                           |                          |
| Individual/Family                                 | \$3,300/<br>\$6,600          | \$2,700/<br>\$5,400                                | \$6,550/<br>\$13,100                  | \$6,550/<br>\$13,100 Emb                     | \$6,750/<br>\$13,500      | \$4,700/<br>\$9,400       | \$6,800/<br>\$13,600   | \$7,150/<br>\$14,300                  | \$5,000/<br>\$10,000 Emb                      | \$7,150/<br>\$14,300        | \$7,150/<br>\$14,300           | \$7,150/<br>\$14,300                 | \$6,550/<br>\$13,100  | \$6,550/<br>\$13,100                    | \$2,000/<br>\$4,000                        | \$4,000/<br>\$8,000     | \$5,000/<br>\$10,000               | \$6,750/<br>\$13,500 | \$7,150/<br>\$14,300               | \$6,550/<br>\$13,100      | \$7,150/<br>\$14,300     |
| Medical   |                              |  |                                       |  |                           |                           |                        |                                       |   |                             |                                |                                      | 1   |   |  |                         |                                    |                      |                                    |                           |                          |
| 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,<br>then \$5 | \$5  | 3 visits at<br>\$0, then<br>\$15 NoDD | \$5*   | \$40                      | \$30 NoDD                 | <mark>\$40</mark> NoDD | 3 visits at<br>\$0, then<br>\$40 NoDD | \$30*   | \$30 NoDD                   | \$40*                          | 1 visit at \$0<br>NoDD, then<br>40%* | \$30*   | 0%*                                     | \$15                                       | \$25*                   | 3 visits at<br>\$25,<br>then \$25* | \$30*                | 3 visits at<br>\$35, then<br>\$35* | 50%*                      | 50%*                     |
| Specialist Visit                                  | \$45                         | \$35   | \$50*                                 | \$25*  | \$50                      | \$50 NoDD                 | \$60*                  | \$70*                                 | \$60*   | \$50 NoDD                   | \$80*                          | 40%*                                 | \$50*   | 0%*                                     | \$35                                       | \$40*                   | \$40*                              | \$50*                | \$55*                              | 50%*                      | 50%*                     |
| Hospital Facility Visit -<br>Inpatient/Outpatient | \$300/<br>\$100              | \$300/<br>\$200                                    | \$500*/<br>\$200*                     | \$200*/<br>\$100*                            | <b>\$1,000/</b><br>\$300  | 20%*/<br>20%*             | 20%*/<br>\$300*        | 20%*/<br>\$200*                       | \$500*/<br>\$200*                             | 20%*/<br>20%*               | <b>\$1,500*/</b><br>\$300*     | 40%*/<br>40%*                        | 30%*/<br>\$100*   | 0%*/<br>0%*                             | \$500/<br>\$100                            | \$1,000*/<br>\$100*     | \$1,000*/<br>\$100*                | \$1,500*/<br>\$100*  | \$1,500*/<br>\$100*                | 50%*/<br>50%*             | 50%*/<br>50%*            |
| Urgent Care                                       | \$45                         | \$35   | \$50 NoDD                             | \$25*  | \$50                      | \$50 NoDD                 | \$60*                  | \$70 NoDD                             | \$60*   | \$50 NoDD                   | \$80*                          | 40%*                                 | \$50*   | 0%*                                     | \$55                                       | \$60*                   | \$60*                              | \$70*                | \$70*                              | 50%*                      | 50%*                     |
| Emergency Room Visit                              | \$200                        | \$200  | \$350 NoDD                            | \$75*  | \$500                     | \$300 NoDD                | \$500*                 | \$500 NoDD                            | \$300*  | \$150 NoDD                  | \$500*                         | 40%*                                 | \$500*  | 0%*                                     | \$100                                      | \$150*                  | \$150*                             | \$250*               | \$250*                             | 50%*                      | 50%*                     |
| Telemedicine                                      | \$5                          | \$5  | \$15 NoDD                             | \$5*   | \$40                      | \$30 NoDD                 | \$40 NoDD              | \$40 NoDD                             | \$30*   | \$30 NoDD                   | \$40*                          | 40%*                                 | \$30*   | 0%*                                     | \$15                                       | \$25*                   | \$25*                              | \$30*                | \$35*                              | 50%*                      | 50%*                     |
| Pharmacy  |                              |  |                                       |  |                           |                           |                        |                                       |   |                             |                                |                                      |   |   |  |                         |                                    |                      |                                    |                           |                          |
| Prescription Deductible<br>Individual/Family      | \$0/\$0                      | \$0/ \$0   | \$100/\$200<br>(name brand<br>only)   | Integrated<br>w/ Medical                     | \$0/\$0                   | \$0/\$0                   | \$0/\$0                | Integrated<br>w/ Medical              | Integrated<br>w/ Medical                      | \$0/\$0                     | \$200/\$400                    | Integrated<br>w/ Medical             | Integrated<br>w/ Medical                                    | Integrated<br>w/ Medical                | \$0/\$0                                    | \$0/\$0                 | \$0/\$0                            | \$0/\$0              | \$0/\$0                            | Integrated<br>w/ Medical  | Integrated<br>w/ Medical |
| Prescription<br>Co-payment                        | \$10/\$40/\$60               | \$5/\$30/\$50                                      | \$10/\$40/\$60*                       | \$5/\$15/\$25*<br>(preventive<br>drugs NoDD) | \$10/\$40/\$60            | \$5/\$30/\$50             | \$10/\$45/\$90         | \$15/\$40/\$70*                       | \$10/\$45/\$90*<br>(preventive<br>drugs NoDD) | \$10/\$35/\$70              | \$10/\$ <mark>45/\$90</mark> * | \$5/\$60/\$80*                       | \$10/ <mark>\$45/\$90*</mark><br>(preventive<br>drugs NoDD) | 0%/0%/0%*<br>(preventive<br>drugs NoDD) | \$10/\$30/\$60                             | \$10/\$35/\$70          | \$10/\$40/\$80                     | \$10/\$35/\$70       | \$10/\$40/\$80                     | \$10/\$35/70*             | \$10/\$35/\$70*          |
| Rates (Effective 1/1                              | L/2017 - 12/3                | 1/2017 Rat   | es Do Not In                          | clude Pedia                                  | atric Dental              | Coverage)                 |                        |                                       |   |                             |                                |                                      |   |   |  |                         |                                    |                      |                                    |                           |                          |
| Single  | \$607.33                     | \$615.01   | \$515.95                              | \$490.72                                     | \$552.00                  | \$521.36                  | \$446.53               | \$408.14                              | \$421.32                                      | \$473.46                    | \$369.71                       | \$345.79                             | \$358.59  | \$360.26                                | \$618.85                                   | \$533.97                | \$533.97                           | \$446.53             | \$448.25                           | \$348.57                  | \$349.69                 |
| Single + Spouse                                   | \$1,214.66                   | \$1,230.02   | \$1,031.90                            | \$981.44                                     | \$1,104.00                | \$1,042.72                | \$893.06               | \$816.28                              | \$842.64                                      | \$946.92                    | \$739.42                       | \$691.58                             | \$717.18  | \$720.52                                | \$1,237.70                                 | \$1,067.94              | \$1,067.94                         | \$893.06             | \$896.50                           | \$697.14                  | \$699.38                 |
| Single + Child(ren)                               | \$1,032.46                   | \$1,045.52   | \$877.12                              | \$834.22                                     | \$938.40                  | \$886.31                  | \$759.10               | \$693.84                              | \$716.24                                      | \$804.88                    | \$628.51                       | \$587.84                             | \$609.60  | \$612.44                                | \$1,052.05                                 | \$907.75                | \$907.75                           | \$759.10             | \$762.03                           | \$592.57                  | \$594.47                 |
| Single + Spouse +<br>Child(ren)                   | \$1,730.89                   | \$1,752.78   | \$1,470.46                            | \$1,398.55                                   | \$1,573.20                | \$1,485.88                | \$1,272.61             | \$1,163.20                            | \$1,200.76                                    | \$1,349.36                  | \$1,053.67                     | \$985.50                             | \$1,021.98  | \$1,026.74                              | \$1,763.72                                 | \$1,521.81              | \$1,521.81                         | \$1,272.61           | \$1,277.51                         | \$993.42                  | \$996.62                 |
| All plans include depende                         | nt care to age 26            | NOTE: benefit                                      | s that are listed                     | in red represen                              | t a plan change           | from 2016 to 20           | )17.                   |                                       |   |                             |                                |                                      |   |   |  |                         |                                    |                      |                                    |                           |                          |



\$1,000 For Out-Of-Area Coverage<sup>††</sup> Premier Plus Plans

New for 2017: Telemedicine Benefit

Now you can access care anywhere, anytime with



\$

#### Wellness Benefits

All plans for individuals include up to \$125, per subscriber, per calendar year, in reimbursement for gym and fitness club memberships, youth sports and fitness fees, healthy weight support programs, tobacco cessation courses, and massage therapy. Plans also include access to MVP's suite of online wellness tools and activities.

#### The Difference Between an Aggregate Plan and an Embedded Plan

Aggregate: For any policy with two or more members, the deductible and/or out-of-pocket maximum (OOPM) must be met by any one or any combination of members before the plan will make payments.

Embedded: Each member will pay towards, but never exceed, their individual This plan overview is intended to provide a general outline of coverage. In the event deductible and/or OOPM until the larger Family deductible and/or OOPM is met. of any conflict between this document and your Certificate of Coverage, Schedule Once the Family deductible and/or OOPM has been met, the plan will begin and any applicable Rider(s), your Certificate of Coverage, Schedule and Rider(s) will payment of services for all members on the contract, regardless of the status of any be controlling. For plan details, call 1-800-TALK-MVP (825-5687) or visit remaining individual deductible and/or OOPM levels. mvphealthcare.com

24/7 online doctor visits!



NoDD: Not subject to deductible.

<sup>†</sup>This plan features an Aggregate deductible and an Embedded out-of-pocket maximum. <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** 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.

### **Tools to Manage Your Account**

#### myMVP mobile app

With myMVP, you'll always have access to your important health plan information – no matter where you go. myMVP allows you to:

- View your Member ID card.
- Find a nearby doctor.
- Search your claim details and payment status.
- Access your Explanations of Benefits...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.)

#### **Treatment Cost Calculator**

MVP makes it easy for members to explore a wide range of health care options with the new Treatment Cost Calculator, available to members at **myphealthcare.com**. With the MVP Treatment Cost Calculator, members can:

- Search for a medical treatment, service or condition.
- Review an estimate of their costs (based on health plan benefits).
- Identify doctors, hospitals and clinics nearby.
- Compare those doctors by cost and location.

### New for 2017: Telemedicine Benefit\*

Now you can see a doctor 24/7 from the comfort of your own home, or anywhere!

- Make an online appointment using your computer or mobile device.
- Available 24/7, 365 days a week.
- Affordable co-pay (see plan details).
- Convenient, confidential and secure.

### Wellness Benefits

Up to \$125, per subscriber, per calendar year, in reimbursement for gym and fitness club membership, youth sports and fitness fees or healthy weight support programs.

NEW for 2017 – Get reimbursed for tobacco cessation classes and massage therapy!

**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, including fitness clubs, vitamins, and acupuncture.

## **MVP Dental Options**

To ensure you have access to pediatric dental care as required by the ACA, as well as receive the most comprehensive oral care, MVP partners with Healthplex to offer MVP Dental for Kids and MVP Dental PPO – with plans for adults and families. MVP also offers pediatric dental through Delta Dental PPO<sup>SM</sup>.

For more information on dental plan options, visit mvphealthcare.com

### Make the Most of mvphealthcare.com

Visit mvphealthcare.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.
- Ability to download and print Summary of Benefits and Coverage (SBC) for each plan.

If you have prescription benefits from MVP in 2017, you can save 20% on more than 2,200 CVS-branded health care items with the MVP-CVS ExtraCare Health Card.

## Levels of Coverage

All health plans on the Marketplace will be offered in a tiered format based on four metal levels that match the percentage of costs covered. As the metal level goes down, the monthly premium goes down while the member's out-of-pocket cost share goes up.

90% Platinun

Counties include:

- Allegany<sup>#</sup>
- Cattaraugus<sup>#</sup>
- Chautaugua<sup>#</sup>
- Erie#

\*Subject to regulatory and other approvals. Restrictions may apply.





### **MVP Rx Members Save at CVS**

 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 **cvs.com**.



