

New York Small Group 2025 Plans Quarter 1

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

See other side for Platinum and Gold plans.

? We're here to help!
 Call 1-800-TALK-MVP (1-800-825-5687) or visit mvphealthcare.com/plans and select Plan Options, then Employer-Sponsored.



Silver EPO National Network					Silver HMO Regional Network			Bronze EPO National Network					Bronze HMO Regional Network		
2	3 QHDHP	4 HRA ¹	7	8 QHDHP	3 QHDHP	12	13	2	5 QHDHP	6 QHDHP	7 QHDHP	11	2	9 QHDHP	10

Cost-share 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 until the end of the month the dependent turns 26. **Cost-shares in red** indicate a change from the 2024 plan.

Plan Deductible²

Individual/Family	\$4,300/\$8,600	\$2,550/\$5,100 AGG	\$2,950/\$5,900	\$3,100/\$6,200	\$4,650/\$9,300	\$2,550/\$5,100 AGG	\$2,600/\$5,200	\$3,500/\$7,000	\$6,150/\$12,300	\$6,500/\$13,000	\$7,100/\$14,200	\$6,350/\$12,700	\$9,150/\$18,300	\$6,150/\$12,300	\$6,250/\$12,500	\$9,200/\$18,400
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Out-of-Pocket Maximum²

Individual/Family	\$8,100/\$16,200	\$6,350/\$12,700	\$8,000/\$16,000	\$8,700/\$17,400	\$7,600/\$15,200	\$6,350/\$12,700	\$8,450/\$16,900	\$9,200/\$18,400	\$8,900/\$17,800	\$7,250/\$14,500	\$7,100/\$14,200	\$7,100/\$14,200	\$9,150/\$18,300	\$8,900/\$17,800	\$7,100/\$14,200	\$9,200/\$18,400
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Medical

Primary Care/Specialist Visit	3 PCP visits at \$0, then \$35 NoDD/\$60	\$25/\$50	3 PCP visits at \$0 NoDD, then \$25/\$50	3 PCP visits at \$0, then \$35 NoDD/\$50	\$0/\$0	\$25/\$50	3 PCP visits at \$0 NoDD, then \$30/\$50	3 PCP Visits at \$0, then \$35 NoDD (\$0 to age 26)/\$50	3 PCP visits at \$0 NoDD, then \$35/\$60	\$0/50%	0%/0%	40%/40%	3 PCP visits at 0% NoDD, then 0%/0%	3 PCP visits at \$0 NoDD, then \$35/\$60	50%/50%	3 PCP visits at 0% NoDD, then 0%/0%
Hospital Facility Inpatient/Outpatient	30%/\$300	\$500/\$250	\$800/\$250	\$750/\$250	\$0/\$0	\$500/\$250	\$1,500/\$375	\$1,000/\$300	30%/\$300	50%/50%	0%/0%	40%/40%	0%/0%	30%/\$300	50%/50%	0%/0%
Urgent Care/Emergency Room	\$60 NoDD/\$350	\$50/\$300	\$50/\$300	\$50 NoDD/\$250	\$0/\$0	\$50/\$300	\$50/\$250	\$50 NoDD/\$275	\$60/\$350	50%/100	0%/0%	40%/40%	0%/0%	\$60/\$350	50%/50%	0%/0%
Gia ³ Virtual Care Services	\$0 NoDD	\$0 ³	\$0 NoDD	\$0 NoDD	\$0 ³	\$0 ³	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 ³	\$0 ³	\$0 ³	\$0 NoDD	\$0 NoDD	\$0 ³	\$0 NoDD
Diagnostic Radiology/Laboratory Outpatient	\$60/\$60 NoDD	\$50/\$50	\$100/\$50	\$50/\$50 NoDD	\$0/\$0	\$50/\$50	\$50/\$50	\$150/\$50 NoDD	\$60/\$60	50%/50%	0%/0%	40%/40%	0%/0%	\$60/\$60	50%/50%	0%/0%
Diabetic Supplies/Insulin	\$35 NoDD/\$0 NoDD	\$25/\$0 NoDD	\$25/\$0 NoDD	\$35 NoDD/\$0 NoDD	\$0/\$0 NoDD	\$25/\$0 NoDD	\$30/\$0 NoDD	\$35 NoDD (\$0 to AGE 26)/\$0 NoDD	\$35/\$0 NoDD	\$0/\$0 NoDD	0%/0% NoDD	40%/0% NoDD	0%/0%	\$35/\$0 NoDD	50%/0% NoDD	0%/0% NoDD

Pediatric Dental and Vision for Dependents to Age 19

Pediatric Dental Class 1/Class 2/Class 3 and Orthodontia Two Dental Exams per Year	\$25 NoDD/20%/50%	\$25/20%/50%	\$25 NoDD/20%/50%	\$25 NoDD/20%/50%	\$25/20%/50%	\$25/20%/50%	\$25 NoDD/20%/50%	\$25 NoDD/20%/50%	\$25 NoDD/20%/50%	\$25/20%/50%	0%/0%/0%	\$25/20%/50%	0% NoDD/0%/0%	\$25 NoDD/20%/50%	\$25/20%/50%	0% NoDD/0%/0%
Pediatric Vision Annual Eye Exam/Set of Eyewear	\$60/50%	\$50/50%	\$50/50%	\$50/50%	\$0/\$0	\$50/50%	\$50/50%	\$50/50%	\$60/50%	50%/50%	0%/0%	40%/40%	0%/0%	\$60/50%	50%/50%	0%/0%

Pharmacy

Prescription Deductible Individual/Family	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	\$10/\$45/\$90	\$15/\$40/\$60 (Preventive Drugs NoDD)	\$15 NoDD/\$40 NoDD/50% NoDD	\$15 NoDD/\$45 NoDD/\$90 NoDD	\$15/\$50/\$65 (Preventive Drugs NoDD)	\$15/\$40/\$60 (Preventive Drugs NoDD)	\$10 NoDD/\$35 NoDD/\$70 NoDD	\$15 NoDD (\$0 to Age 26)/\$45/\$90	\$10/\$40/\$60	\$5/\$30/50% (Preventive Drugs NoDD)	0%/0%/0% (Preventive Drugs NoDD)	\$10/\$40/\$60 (Preventive Drugs NoDD)	0% NoDD/0%/0%	\$10/\$40/\$60	\$10/\$35/\$70 (Preventive Drugs NoDD)	0%/0%/0%

Premium Monthly Rates Rates effective January 1, 2025–March 31, 2025.

Employee	\$871.76	\$895.59	\$885.58	\$915.63	\$865.42	\$802.00	\$806.76	\$791.89	\$738.30	\$742.36	\$797.76	\$763.90	\$746.91	\$661.14	\$682.42	\$667.98
Employee + Spouse	\$1,743.52	\$1,791.18	\$1,771.16	\$1,831.26	\$1,730.84	\$1,604.00	\$1,613.52	\$1,583.78	\$1,476.60	\$1,484.72	\$1,595.52	\$1,527.80	\$1,493.82	\$1,322.28	\$1,364.84	\$1,335.96
Employee + Child(ren)	\$1,481.99	\$1,522.50	\$1,505.49	\$1,556.57	\$1,471.21	\$1,363.40	\$1,371.49	\$1,346.21	\$1,255.11	\$1,262.01	\$1,356.19	\$1,298.63	\$1,269.75	\$1,123.94	\$1,160.11	\$1,135.57
Employee + Spouse + Child(ren)	\$2,484.52	\$2,552.43	\$2,523.90	\$2,609.55	\$2,466.45	\$2,285.70	\$2,299.27	\$2,256.89	\$2,104.16	\$2,115.73	\$2,273.62	\$2,177.12	\$2,128.69	\$1,884.25	\$1,944.90	\$1,903.74

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

³ Gia telemedicine services will be \$0 after the deductible is met on MVP QHDHPs beginning January 1, 2025, upon plan renewal unless the Affordable Care Act 2023 QHDHP/HSA safe harbor is further extended.

Aggregate vs. Embedded Aggregate (AGG): For a family plan with an aggregate deductible, all individuals on the plan pay together toward one deductible amount before the plan will make payments. **Embedded (EMB):** For a family plan with an embedded deductible, each member pays their own, individual deductible. Once an individual has met their deductible, no further deductible is required of them for that plan year. Other family members continue to pay toward their individual deductibles until the family deductible is met. An embedded out-of-pocket maximum works the same way.

QHDHP: Qualified High-Deductible Health Plan **HRA:** Health Reimbursement Arrangement **NoDD:** Not subject to deductible All MVP NY Small Group plans are pending Medicare Creditable Coverage determinations. 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.

\$600 Well-Being Reimbursement

Get reimbursed up to \$600 per contract, per calendar year for well-being items, programs, and activities.



To learn more about applying for health insurance, including Medicaid, Child Health Plus, Essential Plan, and Qualified Health Plans through NY State of Health, The Official Health Plan Marketplace, visit www.nystateofhealth.ny.gov or call 1-855-355-5777.

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See other side for Silver and Bronze plans.

Platinum EPO National Network			Platinum HMO Regional Network		Gold EPO National Network								Gold HMO Regional Network				
1	3	5	2	6	1	2 QHDHP	3	4	6	8	12	13 NEW!	1	2 QHDHP	10	12	13 NEW!

Cost-share 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 until the end of the month the dependent turns 26. **Cost-shares in red** indicate a change from the 2024 plan.

Plan Deductible¹

Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$850/\$1,700	\$1,650/\$3,300 AGG	\$1,100/\$2,200	\$0/\$0	\$350/\$700	\$4,000/\$8,000	\$0/\$0	\$4,000/\$8,000	\$850/\$1,700	\$1,650/\$3,300 AGG	\$750/\$1,500	\$0/\$0	\$4,000/\$8,000
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Out-of-Pocket Maximum¹

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	\$5,300/\$10,600	\$6,750/\$13,500	\$6,550/\$13,100	\$8,000/\$16,000	\$7,000/\$14,000	\$8,000/\$16,000	\$7,000/\$14,000	\$5,000/\$10,000	\$5,350/\$10,700	\$7,000/\$14,000	\$8,000/\$16,000
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Medical

	3 PCP visits at \$0, then \$5/\$45	3 PCP visits at \$0, then \$30/\$50	3 PCP visits at \$0, then \$15/\$25	3 PCP visits at \$0, then \$10/\$35	3 PCP visits at \$0, then \$15/\$35	3 PCP visits at \$0, then \$15 NoDD/\$50	\$10/\$20	3 PCP visits at \$0 NoDD, then \$20/\$40	3 PCP visits at \$0, then \$40/\$60	3 PCP visits at \$0, then \$30 NoDD/\$50 NoDD	3 PCP visits at \$0, then \$40 NoDD/\$60 NoDD	\$0/50%	\$0 NoDD/\$0 NoDD	3 PCP visits at \$0, then \$15 NoDD/\$50	\$10/\$20	3 PCP visits at \$0 NoDD, then \$25/\$40	\$0/50%	\$0 NoDD/\$0 NoDD
Primary Care/Specialist Visit																		
Hospital Facility Inpatient/Outpatient	\$300/\$100	\$250/\$100	\$550/\$300	\$300/\$200	\$500/\$100	\$500/\$200	\$200/\$200	\$800/\$100	\$750/\$300	\$1,000/\$300	20%/20%	50%/50%	20%/\$1,000	\$500/\$200	\$200/\$200	\$1,000/\$150	50%/50%	20%/\$1,000
Urgent Care/Emergency Room	\$45/\$100	\$50/\$150	\$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%/50%	\$0 NoDD/\$500	\$50 NoDD/\$300 NoDD	\$20/\$75	\$40/\$300	50%/50%	\$0 NoDD/\$500
Gia Virtual Care Services	\$0	\$0	\$0	\$0	\$0	\$0 NoDD	\$0 ²	\$0 NoDD	\$0	\$0 NoDD	\$0 NoDD	\$0	\$0 NoDD	\$0 NoDD	\$0 ²	\$0 NoDD	\$0	\$0 NoDD
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	50%/50%	\$50/\$50 NoDD	\$50/\$50 NoDD	\$20/\$20	\$40/\$40	50%/50%	\$50/\$50 NoDD
Diabetic Supplies/Insulin	\$5/\$0	\$30/\$0	\$15/\$0	\$10/\$0	\$15/\$0	\$15 NoDD/\$0 NoDD	\$10/\$0 NoDD	\$20/\$0 NoDD	\$40/\$0	\$30 NoDD/\$0 NoDD	\$40 NoDD/\$0 NoDD	\$0/\$0	\$0 NoDD/\$0 NoDD	\$15 NoDD/\$0 NoDD	\$10/\$0 NoDD	\$25/\$0 NoDD	\$0/\$0	\$0 NoDD/\$0 NoDD

Pediatric Dental and Vision for Dependents to Age 19

	\$25/20%/50%	\$25/20%/50%	\$25/20%/50%	\$25/20%/50%	\$25/20%/50%	\$25 NoDD/20%/50%	\$25/20%/50%	\$25 NoDD/20%/50%	\$25/20%/50%	\$25 NoDD/20%/50%	\$25 NoDD/20%/50%	\$25/20%/50%	\$25 NoDD/20%/50%	\$25 NoDD/20%/50%	\$25/20%/50%	\$25 NoDD/20%/50%	\$25/20%/50%	\$25 NoDD/20%/50%
Pediatric Dental Class 1/Class 2/Class 3 and Orthodontia Two Dental Exams per Year																		
Pediatric Vision Annual Eye Exam/Set of Eyewear	\$45/50%	\$50/50%	\$25/50%	\$35/50%	\$35/50%	\$50/50%	\$20/50%	\$40/50%	\$60/50%	\$50 NoDD/50%	\$60 NoDD/50%	50%/50%	\$0 NoDD/20%	\$50/50%	\$20/50%	\$40/50%	50%/50%	\$0 NoDD/20%

Pharmacy

	\$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	\$0/\$0	\$250/\$500 (Brand Name Only)	\$200/\$400 (Brand Name Only)	Integrated with Medical	\$0/\$0	\$0/\$0	\$250/\$500 (Brand Name Only)
Prescription Deductible Individual/Family																		
Prescription Cost-Share Tier 1/Tier 2/Tier 3	\$5/\$30/\$50	\$5/\$25/\$40	\$10/\$40/\$60	\$5/\$30/\$50	\$10/\$30/\$60	\$10 NoDD/\$35/\$70	\$10/\$30/\$50 (Preventive Drugs NoDD)	\$15 NoDD/\$35 NoDD/50% NoDD	\$10/\$40/\$60	\$10 NoDD/\$40 NoDD/\$60 NoDD	\$10 NoDD/\$40 NoDD/\$60 NoDD	50%/50%/50%	\$0 NoDD/\$40/\$80	\$10 NoDD/\$35/\$70	\$10/\$30/\$50 (Preventive Drugs NoDD)	\$10 NoDD/\$90 NoDD	50%/50%/50%	\$0 NoDD/\$40/\$80

Premium Monthly Rates Rates effective January 1, 2025–March 31, 2025.

	\$1,227.37	\$1,220.86	\$1,225.11	\$1,100.23	\$1,103.91	\$1,077.98	\$1,037.43	\$1,061.09	\$1,116.00	\$1,118.00	\$1,024.93	\$996.35	\$1,018.15	\$965.31	\$929.00	\$964.48	\$892.21	\$911.74
Employee																		
Employee + Spouse	\$2,454.74	\$2,441.72	\$2,450.22	\$2,200.46	\$2,207.82	\$2,155.96	\$2,074.86	\$2,122.18	\$2,232.00	\$2,236.00	\$2,049.86	\$1,992.70	\$2,036.30	\$1,930.62	\$1,858.00	\$1,928.96	\$1,784.42	\$1,823.48
Employee + Child(ren)	\$2,086.53	\$2,075.46	\$2,082.69	\$1,870.39	\$1,876.65	\$1,832.57	\$1,763.63	\$1,803.85	\$1,897.20	\$1,900.60	\$1,742.38	\$1,693.80	\$1,730.86	\$1,641.03	\$1,579.30	\$1,639.62	\$1,516.76	\$1,549.96
Employee + Spouse + Child(ren)	\$3,498.00	\$3,479.45	\$3,491.56	\$3,135.66	\$3,146.14	\$3,072.24	\$2,956.68	\$3,024.11	\$3,180.60	\$3,186.30	\$2,921.05	\$2,839.60	\$2,901.73	\$2,751.13	\$2,647.65	\$2,748.77	\$2,542.80	\$2,598.46

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

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Aggregate vs. Embedded Aggregate (AGG) Deductible: All family plan individuals pay together toward one deductible amount before the plan will make payments. **Embedded (EMB) Deductible:** Each family plan member pays their own, individual deductible. Once an individual has met their deductible, no further deductible is required of them for that plan year. Other family members continue to pay toward their individual deductibles until the family deductible is met. An embedded out-of-pocket maximum works the same way.

QHDHP: Qualified High-Deductible Health Plan **NoDD:** Not subject to deductible

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\$600 Well-Being Reimbursement
Get reimbursed up to \$600 per contract, per calendar year for well-being items, programs, and activities.

nystateofhealth
The Official Health Plan Marketplace
To learn more about applying for health insurance, including Medicaid, Child Health Plus, Essential Plan, and Qualified Health Plans through NY State of Health, The Official Health Plan Marketplace, visit www.nystateofhealth.ny.gov or call 1-855-355-5777.