# New York Liberty Plans at a Glance

## Small Group Off-Exchange with Premiums: Rochester Region

MVP HEALTH CARE

| Plan Feature | Platinum 1 Embedded | Platinum 3 Embedded | Platinum 4 Embedded | Platinum 5 Embedded | Gold 1 Embedded | Gold 2 HDHP Agg/Emb†† | Gold 3 Embedded | Gold 4 Embedded | Gold 6 Embedded | NEW Gold 7 HDHP Agg/Emb†† | Gold PPO In Net. Emb | Gold PPO Out Net. Agg |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Plan Deductible** | | | | | | | | | | | | |
| Individual/Family | $0/$0 | $0/$0 | $0/$0 | $0/$0 | $850/ $1,700 | $1,600/ $3,200 Agg | $800/ $1,600 | $0/$0 | $350/ $700 | $1,300/ $2,600 Agg | $700/ $1,400 | $4,000/ $8,000 |
| **Out-of-Pocket Maximum** | | | | | | | | | | | | |
| Individual/Family | $3,300/ $6,600 | $4,400/ $8,800 | $1,500/ $3,000 | $6,600/ $13,200 | $6,550/ $13,100 | $6,550/ $13,100 Emb | $4,400/ $8,800 | $6,750/ $13,500 | $6,550/ $13,100 | $2,600/ $5,200 Emb | $7,150/ $14,300 | $8,000/ $16,000 |
| **Medical** | | | | | | | | | | | | |
| **Preventive Care** | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | 20%* |
| **Primary Care** | 3 visits at $0, then $5 | $30 | $40 | $15 | 3 visits at $0, then $15 NoDD | $10* | $10* | $40 | $30 NoDD | 15%* | $40 NoDD | 20%* |
| **Specialist Visit** | $45 | $40 | $60 | $25 | $50* | $20* | $40* | $60 | $50 NoDD | 15%* | $60 NoDD | 20%* |
| **Hospital Facility Visit - Inpatient/Outpatient** | $300/ $100 | $150/ $100 | $500/ $250 | $550/ $300 | $500*/ $200* | $200*/ $100* | $800*/ $100* | $750/ $300 | $1,000*/ $300* | 15%*/ 15%* | $500*/ $300* | 20%*/ 20%* |
| **Urgent Care** | $45 | $40 | $60 | $25 | $50 NoDD | $20* | $40* | $60 | $50 NoDD | 15%* | $60* | $60* |
| **Emergency Room Visit** | $100 | $200 | $350 | $200 | $300 NoDD | $75* | $300* | $500 | $100 NoDD | 15%* | $300* | $300* |
| **Telemedicine** | $5 | $30 | $40 | $15 | $15 NoDD | $10* | $10* | $40 | $30 NoDD | 15%* | $40 NoDD | Not covered |
| **Pharmacy** | | | | | | | | | | | | |
| **Prescription Deductible Individual/Family** | $0/ $0 | $0/ $0 | $0/ $0 | $0/ $0 | $100/$200 (name brand only) | Integrated w/ Medical | $0/$0 | $0/$0 | $0/$0 | Integrated w/ Medical | $0/$0 | Not covered |
| **Prescription Co-payment** | $5/$30/$50 | $5/$15/$25 | $5/$45/$90 | $10/$40/ $60 | $5/$35/ $70* | $5/$15/$25* (preventive drugs NoDD) | $10/$35/ 50% | $10/$40/ $60 | $10/$40/ $60 | $5/$35/ $70* (preventive drugs NoDD) | $10/$40/ $60 | Not covered |
| **Rates (Effective 1/1/2017 – 3/31/2017 Rates Do Not Include Pediatric Dental Coverage)** | | | | | | | | | | | | |
| **Single** | $578.23 | $574.57 | $573.96 | $572.74 | $493.19 | $464.02 | $484.04 | $518.35 | $515.49 | $473.74 | $510.28 | |
| **Single + Spouse** | $1,156.46 | $1,149.14 | $1,147.92 | $1,145.48 | $986.38 | $928.04 | $968.08 | $1,036.70 | $1,030.98 | $947.48 | $1,020.56 | |
| **Single + Child(ren)** | $982.99 | $976.77 | $975.73 | $973.66 | $838.42 | $788.83 | $822.87 | $881.20 | $876.33 | $805.36 | $867.48 | |
| **Single + Spouse + Child(ren)** | $1,647.96 | $1,637.52 | $1,635.79 | $1,632.31 | $1,405.59 | $1,322.46 | $1,379.51 | $1,477.30 | $1,469.15 | $1,350.16 | $1,454.30 | |

| Plan Feature | Silver 1 Embedded | NEW Silver 2 Embedded | Silver 3 HDHP Agg/Emb†† | Silver 4 HRA Embedded† | Silver 7 Embedded | Silver 8 HDHP Embedded | NEW Silver 9 Embedded | Silver PPO HDHP In Net. †† | Silver PPO HDHP Out Net. Agg | Bronze 1 Embedded | Bronze 2 Embedded | Bronze 3 HDHP Embedded | Bronze 5 HDHP Embedded | Bronze 6 HDHP Embedded | NEW Bronze 7 HDHP Embedded |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Plan Deductible** | | | | | | | | | | | | | | | |
| Individual/Family | $2,100/ $4,200 | $3,400/ $6,800 | $2,200/ $4,400 Agg | $2,500/ $5,000 | $3,000/ $6,000 | $3,700/ $7,400 | $4,000/ $8,000 | $1,850/ $3,700 Agg | $4,000/ $8,000 | $3,900/ $7,800 | $5,000/ $10,000 | $5,900/ $11,800 | $5,350/ $10,700 | $6,550/ $13,100 | $4,800/ $9,600 |
| **Out-of-Pocket Maximum** | | | | | | | | | | | | | | | |
| Individual/Family | $6,550/ $13,100 | $7,150/ $14,300 | $4,800/ $9,600 Emb | $6,350/ $12,700 | $7,150/ $14,300 | $5,500/ $11,000 | $7,150/ $14,300 | $6,550/ $13,100 Emb | $8,000/ $16,000 | $7,150/ $14,300 | $7,150/ $14,300 | $6,550/ $13,100 | $6,550/ $13,100 | $6,550/ $13,100 | $6,550/ $13,100 |
| **Medical** | | | | | | | | | | | | | | | |
| **Preventive Care** | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | 40%* | $0 | $0 | $0 | $0 | $0 | $0 |
| **Primary Care** | $30 NoDD | 3 visits at $0, then $40 NoDD | $25* | $20* | $30 NoDD | $0* | $30 NoDD | 20%* | 40%* | $35* | $35* | $30* | $5* | $0* | 40%* |
| **Specialist Visit** | $50* | $70* | $50* | $50* | $40* | $0* | $50 NoDD | 20%* | 40%* | $80* | $60* | $50* | 50%* | $0* | 40%* |
| **Hospital Facility Visit - Inpatient/Outpatient** | 20%*/ $300* | 20%*/ $200* | $500*/ $200* | $800*/ $200* | $500*/ $100* | $0*/ $0* | 20%*/ 20%* | 20%*/ 20%* | 40%*/ 40%* | 50%*/ $300* | 30%*/ $300* | 30%*/ $100* | 50%*/ 50%* | $0*/ $0* | 40%*/ 40%* |
| **Urgent Care** | $50* | $70 NoDD | $50* | $50* | $40* | $0* | $50 NoDD | 20%* | 20%* | $80* | $60* | $50* | 50%* | $0* | 40%* |
| **Emergency Room Visit** | $350* | $500 NoDD | $300* | $300* | $50* | $0* | $150 NoDD | 20%* | 20%* | 50%* | $350* | $300* | $100* | $0* | 40%* |
| **Telemedicine** | $30 NoDD | $40 NoDD | $25* | $20* | $30 NoDD | $0* | $30 NoDD | 20%* | Not covered | $35* | $35* | $30* | $5* | $0* | 40%* |
| **Pharmacy** | | | | | | | | | | | | | | | |
| **Prescription Deductible Individual/Family** | $100/$200 (name brand only) | Integrated w/ Medical | Integrated w/ Medical | $0/$0 | $0/$0 | Integrated w/ Medical | $0/$0 | Integrated w/ Medical | Not covered | $200/$400 | Integrated w/ Medical | Integrated w/ Medical | Integrated w/ Medical | Integrated w/ Medical | Integrated w/ Medical |
| **Prescription Co-payment** | $8/$35/ $70* | $15/$40/ $70* | $10/$40/ $60* (preventive drugs NoDD) | $10/$35/ 50% | $10/$40/ $60 | $10/$40/ $60* (preventive drugs NoDD) | $10/$35/ $70 | $10/$40/ $60* (preventive drugs NoDD) | Not covered | $10/$40/ 50%* | $10/$40/ $60* | $10/$40/ $60* (preventive drugs NoDD) | $5/$30/ 50%* (preventive drugs NoDD) | $0/$0/$0* (preventive drugs NoDD) | $10/50%/ 50% * (preventive drugs NoDD) |
| **Rates (Effective 1/1/2017 – 3/31/2017 Rates Do Not Include Pediatric Dental Coverage)** | | | | | | | | | | | | | | | |
| **Single** | $419.67 | $383.13 | $408.76 | $400.58 | $415.85 | $391.86 | $445.31 | $425.93 | | $345.49 | $328.54 | $336.49 | $338.07 | $337.54 | $331.72 |
| **Single + Spouse** | $839.34 | $766.26 | $817.52 | $801.16 | $831.70 | $783.72 | $890.62 | $851.86 | | $690.98 | $657.08 | $672.98 | $676.14 | $675.08 | $663.44 |
| **Single + Child(ren)** | $713.44 | $651.32 | $694.89 | $680.99 | $706.95 | $666.16 | $757.03 | $724.08 | | $587.33 | $558.52 | $572.03 | $574.72 | $573.82 | $563.92 |
| **Single + Spouse + Child(ren)** | $1,196.06 | $1,091.92 | $1,164.97 | $1,141.65 | $1,185.17 | $1,116.80 | $1,269.13 | $1,213.90 | | $984.65 | $936.34 | $959.00 | $963.50 | $961.99 | $945.40 |

All plans include dependent care to age 26. NOTE: benefits that are listed in red represent a plan change from 2016 to 2017.

### Access to our National Network

### New for 2017: Telemedicine Benefit

Now you can access care anywhere, anytime with 24/7 online doctor visits!

### MVP WellLife Rewards

All MVP Liberty Plans include up to $200 (per subscriber, per calendar year) for completing health-related activities, AND each plan includes a $125 reimbursement (per subscriber, per calendar year) for kids sports, weight management, gym membership, massage therapy and tobacco cessation courses. **That's $325!**

### 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 deductible and/or OOPM until the larger Family deductible and/or OOPM is met. Once the Family deductible and/or OOPM has been met, the plan will begin payment of services for all members on the contract, regardless of the status of any remaining individual deductible and/or OOPM levels.

**NoDD:** Not subject to deductible.

†Silver 4 Health Reimbursement Arrangement (HRA) comes with an Embedded HRA plan and requires an employer contribution of $85.

††This plan features an Aggregate deductible and an Embedded out-of-pocket maximum.

*Member amount after deductible is met.

This plan overview is intended to provide a general outline of coverage. In the event of any conflict between this document and your Certificate of Coverage, Schedule and any applicable Rider(s), your Certificate of Coverage, Schedule and Rider(s) will be controlling. For plan details, call **1-800-TALK-MVP (825-5687)** or visit **mvphealthcare.com**.

(See back for more information)

# New York Liberty Plans: Small Group 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 **mvphealthcare.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

**All MVP Liberty Plans** include **WellLife Rewards** – members can earn up to $200 (per subscriber, per calendar year) for completing a Personal Health Assessment (PHA), submitting a Health Risk Screening Form, completing self-guided health education courses online, and meeting recommended health guidelines. Plans also 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, massage therapy and tobacco cessation courses.

**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

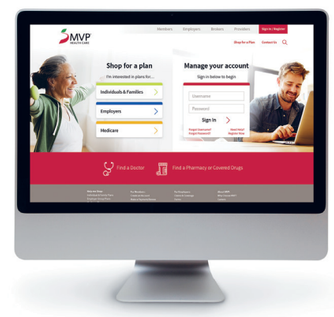
To ensure you have access to pediatric dental care as required by the ACA, as well as receive the most comprehensive oral care, MVP partners with Healthplex to offer MVP Dental for Kids and MVP Dental PPO - with plans for adults and families. MVP also offers pediatric dental through Delta Dental PPO℠.

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.




## MVP Rx Members Save at CVS

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*.

- 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**.

## 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.

## Rochester Region

Counties include:

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

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

Health benefit plans are issued or 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.