New York Individual Marketplace 2025 Premier® & Premier Plus® Plans

NEW YORK CITY REGION Rockland, Westchester, Bronx, Kings, New York, Queens, and Richmond Counties *(MVP is not licensed to sell in counties listed in blue)*

MVP® HEALTH CARE

See other side for New York Individual Direct plans.

MVP Premier Plus Plans (Non-Standard)					
Non-Standard plans contain unique features that enhance the value of the benchmark benefits.					
Gold		**Silver**		**Bronze**	
1	**2** QHDHP	**3** QHDHP	**13**	**2**	**3** QHDHP

MVP Premier Plans (Standard)					
Standard plans are based on what the state dictates must be included in benefit details.					
Platinum	**Gold**	**Silver**	**Bronze**		**MVP Secure**
1	**1**	**1**	**1** QHDHP	**2**	**1**

Cost-share amounts below are the co-pay or co-insurance after the deductible is met, unless 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 Deductible[1]												
Individual/Family	$1,200 /$2,400	$1,650/$ 3,300 AGG	$2,650/$5,300 AGG	$2,900/$5,800	$6,400/$12,800	$6,000/$ 12,000	$0/$0	$600/$1,200	$2,100/$4,200	$5,500/$11,000	$3,800/$7,600	$9,200/$18,400
Out-of-Pocket Maximum[1]												
Individual/Family	$5,900/$11,800	$6,900/$13,800	$6,200/$12,400	$9,100/$18,200	$8,900/$17,800	$7,100/$14,200	$2,000/$4,000	$7,900/$15,800	$9,200/$18,400	$8,050/$16,100	$9,200/$18,400	$9,200/$18,400
Medical												
Primary Care/Specialist Visit	3 PCP visits at $0, then $15 NoDD/$50	$5/$25	$30/$60	3 PCP visits at $0 NoDD, then $35/$50	3 PCP visits at $0 NoDD, then 40%/40%	$30/$50	$15/$35	$25/$40	1 combined visit at $30NoDD/$65 NoDD[2], then $30/$65	50%/50%	3 combined visits at $50 NoDD/$75 NoDD, then $50/$75	3 PCP visits at 0% NoDD, then 0%/0%
Hospital Facility Inpatient/Outpatient	$500/$200	$400/$100	$500/$200	$500/$250	40%/40%	30%/$100	$500/$100	$1,000/$100	$1,500/$150	50%/50%	$1,500/$150	0%/0%
Urgent Care/Emergency Room	$50 NoDD/$350 NoDD	$25/$75	$60/$325	$50/$250	40%/40%	$50/$500	$55/$100	$60/$150	$70/$500	50%/50%	$75/$500	0%/0%
Gia® Virtual Care Services	$0 NoDD	0%[3]	0%[3]	$0 NoDD	$0 NoDD	0%[3]	$0	$0 NoDD	$0 NoDD	0%[3]	$0 NoDD	$0 NoDD
Diagnostic Radiology/Laboratory Outpatient	$50/$50 NoDD	$25/$25	$60/$60	$50/$50	40%/40%	$50/$50	$35/$35	$40/$40	$75/$50	50%/50%	$75/$50	0%/0%
Diabetic Supplies/Insulin	$15 NoDD/$0 NoDD	$5/$0 NoDD	$30/$0 NoDD	$35/$0 NoDD	40%/$0 NoDD	$30/$0 NoDD	$15/$0	$25/$0 NoDD	$30/$0 NoDD	50%/$0 NoDD	$50/$0 NoDD	0%/0%
Pediatric Vision for Dependents to Age 19												
Eye Exam/Eyewear Annual Exam/Set of Eyewear	$50/50%	$25/50%	$60/50%	$50/50%	40%/40%	$50/50%	$15/10%	$25/20%	$30/30%	50%/50%	$50/50%	0%/0%
Pharmacy												
Prescription Deductible Individual/Family	$100/$200 (Brand Name only)	Integrated with Medical	Integrated with Medical	$0/$0	Integrated with Medical	Integrated with Medical	$0/$0	$0/$0	$0/$0	Integrated with Medical	Integrated with Medical	Integrated with Medical
Prescription Cost-Share Tier1/Tier2/Tier 3	$10 NoDD/ $40/$60	$5/$15/$25 (Preventive Drugs NoDD)	$10/$45/$90 (Preventive Drugs NoDD)	$0 NoDD/$10 NoDD/ $50 NoDD	$5/$60/$80	$10/$45/$90 (Preventive Drugs NoDD)	$10/$30/$60	$10 NoDD/$35 NoDD/ $70 NoDD	$15 NoDD/$40 NoDD/ $75 NoDD	$10/$35/$70	$10/$35/$70	0%/0%/0%

Premium Monthly Rates

Rates effective January 1, 2025–December 31, 2025.

Single	$1,373.26	$1,329.31	$1,121.20	$1,122.98	$850.60	$852.73	$1,706.26	$1,402.21	$1,113.28	$834.43	$909.20	$498.73
Single + Spouse	$2,746.52	$2,658.62	$2,242.40	$2,245.96	$1,701.20	$1,705.46	$3,412.52	$2,804.42	$2,226.56	$1,668.86	$1,818.40	$997.46
Single + Child(ren)	$2,334.54	$2,259.83	$1,906.04	$1,909.07	$1,446.02	$1,449.64	$2,900.64	$2,383.76	$1,892.58	$1,418.53	$1,545.64	$847.84
Single + Spouse + Child(ren)	$3,913.79	$3,788.53	$3,195.42	$3,200.49	$2,424.21	$2,430.28	$4,862.84	$3,996.30	$3,172.85	$2,378.13	$2,591.22	$1,421.38

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

[2] Visit(s) may be any combination of Primary Care, Specialist, Outpatient Mental Health Care, or Outpatient Substance Use Services.

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

Premium rates include a 2% broker commission.

All MVP NY Individual plans pass for Medicare Creditable Coverage.

All QHDHPs can be paired with a Health Savings Account.

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).

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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 **NoDD:** Not subject to deductible (only applies to plans with a deductible)

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

Included on all MVP NY Individual plans!

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

Questions? We're here to help!

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nystateofhealth The Official Health Plan Marketplace

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MVP Premier Plus Plans (Non-Standard)

Non-Standard plans contain unique features that enhance the value of the benchmark benefits.

Gold					Silver			Bronze			
1	2 QHDHP	4	12	13 *NEW!*	3 QHDHP	12	13	2	3 QHDHP	6 QHDHP	7

MVP Premier Plans (Standard)

Standard plans are based on what the state dictates must be included in benefit details.

Platinum	Gold	Silver	Bronze	
1	1	1	1 QHDHP	2

Cost-share amounts below are the co-pay or co-insurance after the deductible is met, unless 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.**

	1	2 QHDHP	4	12	13 *NEW!*	3 QHDHP	12	13	2	3 QHDHP	6 QHDHP	7	Platinum 1	Gold 1	Silver 1	Bronze 1 QHDHP	Bronze 2
Plan Deductible[1]																	
Individual/Family	$1,200/$ 2,400	$1,650/ $3,300 AGG	$0/$0	$0/$0	$4,000/$8,000	$2,650/ $5,300 AGG	$3,350/$6,700	$2,900/$5,800	$6,400/$12,800	$6,000/$12,000	$7,100/$14,200	$9,200/$18,400	$0/$0	$600/$1,200	$2,100/$4,200	$5,500/$11,000	$3,800/$7,600
Out-of-Pocket Maximum[1]																	
Individual/Family	$5,900/$11,800	$6,900/$13,800	$8,200/$16,400	$5,800/$11,600	$8,000/$16,000	$6,200/$12,400	$9,200/$18,400	$9,100/$18,200	$8,900/$17,800	$7,100/$14,200	$7,100/$14,200	$9,200/$18,400	$2,000/$4,000	$7,900/$15,800	$9,200/$18,400	$8,050/$16,100	$9,200/$18,400
Medical																	
Primary Care/Specialist Visit	3 PCP visits at $0, then $15 NoDD/$50	$5/$25	3 PCP visits at $0, then $40/$50	0%/50%	$0 NoDD/ $0 NoDD	$30/$60	3 PCP Visits at $0, then $35 NoDD ($0 to age 26)/$50	3 PCP visits at $0 NoDD, then $35/$50	3 PCP visits at $0 NoDD, then 40%/40%	$30/$50	$0/$0	3 PCP visits at $0 NoDD, then 0%/0%	$15/$35	$25/$40	1 combined visit at $30 NoDD/$65 NoDD[2], then $30/$65	50%/50%	3 combined visits at $50 NoDD/$75 NoDD, then $50/$75
Hospital Facility Inpatient/Outpatient	$500/$200	$400/$100	$1,000/$350	50%/50%	20%/$1,000	$500/$200	$1,000/$400	$500/$250	40%/40%	30%/$100	$0/$0	0%/0%	$500/$100	$1,000/$100	$1,500/$150	50%/50%	$1,500/$150
Urgent Care/Emergency Room	$50 NoDD/ $350 NoDD	$25/$75	$50/$500	50%/50%	$0 NoDD/$500	$60/$325	$50 NoDD/$350	$50/$250	40%/40%	$50/$500	$0/$0	0%/0%	$55/$100	$60/$150	$70/$500	50%/50%	$75/$500
Gia® Virtual Care Services	$0 NoDD	0%[3]	$0	0%	$0 NoDD	0%[3]	$0 NoDD	$0 NoDD	$0 NoDD	0%[3]	0%[3]	0% NoDD	$0	$0 NoDD	$0 NoDD	0%[3]	$0 NoDD
Diagnostic Radiology/Laboratory Outpatient	$50/$50 NoDD	$25/$25	$50/$50	50%/50%	$50/$50 NoDD	$60/$60	$150/$75 NoDD	$50/$50	40%/40%	$50/$50	$0/$0	0%/0%	$35/$35	$40/$40	$75/$50	50%/50%	$75/$50
Diabetic Supplies/Insulin	$15 NoDD/ $0 NoDD	$5/$0 NoDD	$40/$0	0%/0%	$0 NoDD/$0 NoDD	$30/$0 NoDD	$35 NoDD ($0 to age 26)/$0 NoDD	$35/$0 NoDD	40%/$0 NoDD	$30/$0 NoDD	$0/$0 NoDD	0%/0% NoDD	$15/$0	$25/$0 NoDD	$30/$0 NoDD	50%/$0 NoDD	$50/$0 NoDD
Pediatric Vision for Dependents to Age 19																	
Eye Exam/Eyewear Annual Exam/Set of Eyewear	$50/50%	$25/50%	$50/50%	50%/50%	$0 NoDD/20%	$60/50%	$50/50%	$50/50%	40%/40%	$50/50%	$0/0%	0%/0%	$15/10%	$25/20%	$30/30%	50%/50%	$50/50%
Pharmacy																	
Prescription Deductible Individual/Family	$100/$200 (Brand Name only)	Integrated with Medical	$0/$0	$0/$0	$250/$500 (Brand Name Only)	Integrated with Medical	Integrated with Medical	$0/$0	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	$0/$0	$0/$0	$0/$0	Integrated with Medical	Integrated with Medical
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Premium Monthly Rates	Rates effective January 1, 2025–December 31, 2025.																
Single	$1,373.26	$1,329.31	$1,436.05	$1,315.70	$1,310.12	$1,121.20	$1,142.22	$1,122.98	$850.60	$852.73	$847.20	$851.17	$1,706.26	$1,402.21	$1,113.28	$834.43	$909.20
Single + Spouse	$2,746.52	$2,658.62	$2,872.10	$2,631.40	$2,620.24	$2,242.40	$2,284.44	$2,245.96	$1,701.20	$1,705.46	$1,694.40	$1,702.34	$3,412.52	$2,804.42	$2,226.56	$1,668.86	$1,818.40
Single + Child(ren)	$2,334.54	$2,259.83	$2,441.29	$2,236.69	$2,227.20	$1,906.04	$1,941.77	$1,909.07	$1,446.02	$1,449.64	$1,440.24	$1,446.99	$2,900.64	$2,383.76	$1,892.58	$1,418.53	$1,545.64
Single + Spouse + Child(ren)	$3,913.79	$3,788.53	$4,092.74	$3,749.75	$3,733.84	$3,195.42	$3,255.33	$3,200.49	$2,424.21	$2,430.28	$2,414.52	$2,425.83	$4,862.84	$3,996.30	$3,172.85	$2,378.13	$2,591.22

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