New York Individual Marketplace 2025 Premier & Premier Plus Plans

UTICA/WATERTOWN REGION Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, Otsego, and St. Lawrence

\$2,650/\$5,300 AGG

\$1,650/\$3,300 AGG



\$9,200/\$18,400

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.												
	old		ver		nze							
1	2 QHDHP	3 QHDHP	13	2	3 QHDHP							

\$2,900/\$5,800

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

\$5,500/\$11,000

\$3,800/\$7,600

\$2,100/\$4,200

Cost-share amounts below are the co-pay or co-insurance after the deductible is met, unless noted as not subject to deductible in met, unless noted as not subject to deductible is met.

\$6,400/\$12,800

\$6,000/\$ 12,000

Plan Deductible¹

Individual/Family

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/ <mark>\$0</mark>	\$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/Tier3	\$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.

\$1,200/\$2,400

Single	\$1,106.30	\$1,070.89	\$903.24	\$904.67	\$685.25	\$686.96	\$1,374.57	\$1,129.62	\$896.86	\$672.22	\$732.45	\$401.78
Single + Spouse	\$2,212.60	\$2,141.78	\$1,806.48	\$1,809.34	\$1,370.50	\$1,373.92	\$2,749.14	\$2,259.24	\$1,793.72	\$1,344.44	\$1,464.90	\$803.56
Single + Child(ren)	\$1,880.71	\$1,820.51	\$1,535.51	\$1,537.94	\$1,164.93	\$1,167.83	\$2,336.77	\$1,920.35	\$1,524.66	\$1,142.77	\$1,245.17	\$683.03
Single + Spouse + Child(ren)	\$3,152.96	\$3,052.04	\$2,574.23	\$2,578.31	\$1,952.96	\$1,957.84	\$3,917.52	\$3,219.42	\$2,556.05	\$1,915.83	\$2,087.48	\$1,145.07

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

All MVP NY Individual plans pass for Medicare Creditable Coverage

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).

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!

\$600/\$1,200

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

Questions? We're here to help!

Call 1-800-TALK-MVP (1-800-825-5687) or visit mvphealthcare.com/shop.



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

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 QHDHPs can be paired with a Health Savings Account.

Aggregate vs. Embedded $^2 V is it (s) \ may \ be \ any \ combination \ of \ Primary \ Care, \ Specialist, \ Outpatient \ Mental \ Health \ Care, \ or \ Outpatient \ Substance \ Use \ Services.$ Aggregate (AGG): For a family plan with an aggregate deductible, all individuals on the plan pay together toward one deductible

t before the plan will make payments. Embedded (EMB): For a family plan with an embedded deductible, each member pays their own, individual deductible and the state of the state ofOnce 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 maximu

New York Individual Direct 2025 Premier & Premier Plus Plans

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See other side for New York Individual Marketplace plans.			MVP Premier Plus Plans (Non-Standard) Non-Standard plans contain unique features that enhance the value of the benchmark benefits.												MVP Premier Plans (Standard) Standard plans are based on what the state dictates must be included in benefit details.				
			Gold			Silver			Bronze				Platinum	Gold	Silver	Bro	onze		
	1	2 QHDHP	4	12	13 NEW!	3 QHDHP	12	13	2	3 QHDHP	6 QHDHP	7	1	1	1	1 QHDHP	2		
Cost-share amounts below are th	e co-pay or co-	insurance afte	r the deductibl	e is met, unles:	s noted as not s	ubject to dedu	ctible (NoDD). A	ll plans includ	e dependent ca	re coverage un	til the end of th	e month the de	pendent turns 2	6. Cost-shares	in red indicate	a change from	n the 2024 plai		
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	\$0 NoDD, then	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 Dependent	s 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		
Prescription Cost-Share Tier1/Tier2/Tier3	\$10 NoDD/ \$40/\$60	\$5/\$15/\$25 (Preventive Drugs NoDD)	\$10/\$40/\$60	50%/50%/50%	\$0 NoDD/\$40/\$80	\$10/\$45/90 (Preventive Drugs NoDD)	\$15NoDD (\$0 to age 26)/\$45/\$90	\$0 NoDD/ \$10 NoDD/ \$50 NoDD	\$5/\$60/\$80	\$10/ \$45/ \$90 (Preventive Drugs NoDD)	\$0/\$0/\$0 (Preventive Drugs NoDD)	\$5 NoDD/ 0%/0%	\$10/\$30/\$60	\$10 NoDD/ \$35 NoDD/ \$70 NoDD	\$15 NoDD/ \$40 NoDD/ \$75 NoDD	\$10/\$35/\$70	\$10/\$35/\$70		
Premium Monthly Rates	Rates effective .	January 1, 2025	-December 31,	2025.															
Single	\$1,106.30	\$1,070.89	\$1,156.88	\$1,059.93	\$1,055.44	\$903.24	\$920.18	\$904.67	\$685.25	\$686.96	\$682.51	\$685.71	\$1,374.57	\$1,129.62	\$896.86	\$672.22	\$732.45		
Single + Spouse	\$2,212.60	\$2,141.78	\$2,313.76	\$2,119.86	\$2,110.88	\$1,806.48	\$1,840.36	\$1,809.34	\$1,370.50	\$1,373.92	\$1,365.02	\$1,371.42	\$2,749.14	\$2,259.24	\$1,793.72	\$1,344.44	\$1,464.90		
Single + Child(ren)	\$1,880.71	\$1,820.51	\$1,966.70	\$1,801.88	\$1,794.25	\$1,535.51	\$1,564.31	\$1,537.94	\$1,164.93	\$1,167.83	\$1,160.27	\$1,165.71	\$2,336.77	\$1,920.35	\$1,524.66	\$1,142.77	\$1,245.17		
Single + Spouse + Child(ren)	\$3,152.96	\$3,052.04	\$3,297.11	\$3,020.80	\$3,008.00	\$2,574.23	\$2,622.51	\$2,578.31	\$1,952.96	\$1,957.84	\$1,945.15	\$1,954.27	\$3,917.52	\$3,219.42	\$2,556.05	\$1,915.83	\$2,087.48		

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