

New York Individual Marketplace 2021 PremierSM & Premier PlusSM Plans



New York City Region | Rockland | Westchester | Bronx* | Kings* | New York* | Queens* | Richmond* | *MVP is not licensed to sell in these counties.

Plan Deductible [†]	MVP Premier Plus Plans (Non-Standard)																																																																						
	Gold		Silver			Bronze																																																																	
	1	2 HDHP	2	3 HDHP	11	1	2	3 HDHP																																																															
Individual/Family	\$1,200/\$2,400	\$1,400/\$2,800 AGG	\$2,650/\$5,300	\$2,500/\$5,000 AGG	\$3,000/\$6,000	\$6,600/\$13,200	\$6,100/\$12,200	\$6,200/\$12,400																																																															
Out-of-Pocket Maximum [†]	\$5,900/\$11,800	\$6,900/\$13,800	\$6,900/\$13,800	\$5,700/\$11,400	\$7,800/\$15,600	\$8,100/\$16,200	\$8,400/\$16,800	\$6,900/\$13,800																																																															
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Rates (Effective January 1, 2021–December 31, 2021)

	Platinum	Gold	Silver	Bronze	MVP Secure
Single	\$864.87	\$846.04	\$718.16	\$705.84	\$738.97
Single + Spouse	\$1,729.74	\$1,692.08	\$1,436.32	\$1,411.68	\$1,477.94
Single + Child(ren)	\$1,470.28	\$1,438.27	\$1,220.87	\$1,199.93	\$1,256.25
Single + Spouse + Child(ren)	\$2,464.88	\$2,411.21	\$2,046.76	\$2,011.64	\$2,106.06

All plans include dependent care coverage to age 26. Benefits shown in red represent a change from the 2020 plan.

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Standard vs. Non-Standard

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Learn More About Our Plans

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2021 Plan Highlights

Up to \$600 with WellBeing Rewards

Members can be reimbursed \$200 for wellness-related expenses, earn \$200 for completing healthy activities, and get an additional \$200 for reaching goals through activity tracking, per contract, per calendar year.

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For all Individual Qualified High-Deductible Health Plans, MVP will waive the monthly fee for a Health Savings Account (HSA). Making it easier for you to pay for out-of-pocket expenses!

Select services are free for the plan year January 1, 2021–December 31, 2021 for new and renewing NY MVP Individual plans. Other fees may apply

Open Enrollment: November 1, 2020–January 31, 2021

Preferred Provider

By utilizing preferred provider facilities for laboratory, radiology, and ambulatory/outpatient surgery services, members enrolled in a Non-Standard plan can pay as little as \$0 or pay a reduced cost share if they have an unmet annual deductible. Preferred provider facilities are not available in all counties.

\$0 Telemedicine Services*

MVP's \$0 telemedicine services include emergency, urgent and primary care, as well as mental health and psychiatry. All from your smartphone, phone, tablet or computer.

New York Individual Direct 2021 PremierSM & Premier PlusSM Plans



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	MVP Premier Plus Plans (Non-Standard)										
	Gold			Silver			Bronze				
	1	2 HDHP	4	2	3 HDHP	11	1	2	3 HDHP	6 HDHP	
Plan Deductible[†]											
Individual/Family	\$1,200/\$2,400	\$1,400/\$2,800 AGG	\$0/\$0	\$2,650/\$5,300	\$2,500/\$5,000 AGG	\$3,000/\$6,000	\$6,600/\$13,200	\$6,100/\$12,200	\$6,200/\$12,400	\$6,900/\$13,800	
Out-of-Pocket Maximum[†]											
Individual/Family	\$5,900/\$11,800	\$6,900/\$13,800	\$6,750/\$13,500	\$6,900/\$13,800	\$5,700/\$11,400	\$7,800/\$15,600	\$8,100/\$16,200	\$8,400/\$16,800	\$6,900/\$13,800	\$6,900/\$13,800	
Medical											
Primary Care/Specialist Visit	3 PCP visits at \$0 NoDD, then \$15 NoDD/\$50	\$5/\$25	\$40/\$50	3 PCP visits at \$0 NoDD, then \$40 NoDD/\$70	\$30/\$60	3 PCP visits at \$0 NoDD, then \$60 NoDD/\$70	\$40/\$80	3 PCP visits at \$0 NoDD, then 40%/40%	\$30/\$50	\$0/\$0	
Hospital Facility Inpatient/Outpatient	\$500/\$200	\$400/\$100	\$1,000/\$300	20%/\$200	\$500/\$200	50%/50%	\$1,500/\$300	40%/40%	30%/\$100	\$0/\$0	
Urgent Care/Emergency Room	\$50 NoDD/\$350 NoDD	\$25/\$75	\$50/\$500	\$70 NoDD/\$500 NoDD	\$60/\$300	\$70 NoDD/\$500	\$80/\$500	40%/40%	\$50/\$500	\$0/\$0	
Diagnostic Radiology/Laboratory Outpatient	\$50/\$50 NoDD	\$25/\$25	\$50/\$50	\$70/\$70 NoDD	\$60/\$60	\$70 NoDD/\$70 NoDD	\$80/\$80	40%/40%	\$50/\$50	\$0/\$0	
Diabetic Supplies	\$15 NoDD	\$5	\$40	\$40 NoDD	\$30	\$60	\$40	40%	\$30	\$0	
Pediatric Vision One exam every twelve months	\$50	\$25	\$50	\$70	\$60	\$70 NoDD	\$80	40%	\$50	\$0	
Telemedicine*	New for 2021! \$0 telemedicine services*										
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	Platinum	Gold	Silver	Bronze	
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Plan Deductible[†]					
Individual/Family	\$0/\$0	\$600/\$1,200	\$1,300/\$2,600	\$6,100/\$12,200	\$4,700/\$9,400
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Individual/Family	\$2,000/\$4,000	\$4,000/\$8,000	\$8,500/\$17,000	\$6,900/\$13,800	\$8,550/\$17,100
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Single	\$864.87	\$846.04	\$912.12	\$718.16	\$705.84	\$738.97	\$534.21	\$515.74	\$535.98	\$535.97
Single + Spouse	\$1,729.74	\$1,692.08	\$1,824.24	\$1,436.32	\$1,411.68	\$1,477.94	\$1,068.42	\$1,031.48	\$1,071.96	\$1,071.94
Single + Child(ren)	\$1,470.28	\$1,438.27	\$1,550.60	\$1,220.87	\$1,199.93	\$1,256.25	\$908.16	\$876.76	\$911.17	\$911.15
Single + Spouse + Child(ren)	\$2,464.88	\$2,411.21	\$2,599.54	\$2,046.76	\$2,011.64	\$2,106.06	\$1,522.50	\$1,469.86	\$1,527.54	\$1,527.51

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