



Colonie Chamber of Commerce 2024 MVP Individual 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				MVP Premier Plans (Standard)				
Standard plans are based on what the state dictates must be included in benefit details.															
											Platinum	Gold	Silver	Bronze	
1	2 QHDHP	4	12 NEW!	3 QHDHP	12	13	2	3 QHDHP	6 QHDHP	7	1	1	1	1 QHDHP	2

Plan Deductible

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

QHDHP= Qualified High-Deductible Health Plan; all QHDHPs can be paired with a Health Savings Account.

NoDD= Not subject to deductible

Individual/Family	\$1,200/\$2,400	\$1,600/ \$3,200 AGG	\$0/\$0	\$0/\$0	\$2,650/ \$5,300 AGG	\$3,350/\$6,700	\$2,800/\$5,600	\$6,400/\$12,800	\$6,500/\$13,000	\$7,100/\$14,200	\$9,450/\$18,900	\$0/\$0	\$600/\$1,200	\$1,750/\$3,500	\$6,100/\$12,200	\$4,700/\$9,400
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Out-of-Pocket Maximum

Individual/Family	\$5,900/\$11,800	\$6,900/\$13,800	\$8,000/\$16,000	\$5,600/\$11,200	\$6,200/\$12,400	\$9,250/\$18,500	\$9,100/\$18,200	\$8,900/\$17,800	\$7,100/\$14,200	\$7,100/\$14,200	\$9,450/\$18,900	\$2,000/\$4,000	\$5,900/\$11,800	\$9,100/\$18,200	\$6,900/\$13,800	\$8,700/\$17,400
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Medical

Co-pay/co-insurance amounts below are *after* deductible is met, unless noted as NoDD "not subject to deductible". All plans include dependent coverage until the end of the year the dependent turns 26. Items in red indicate a change from the 2022 plan.

PCP/Specialist Visit	3 PCP OV's at \$0, then \$15 NoDD / \$50 Specialist	\$5/\$25	\$40/\$50	\$0/50%	\$30/\$60	\$35 NoDD (\$0 to age 26)/\$50	\$35/\$50	3 PCP OV \$0 NoDD, then 40%/40%	\$30/\$50	\$0/\$0	0%/0%	\$15/\$35	\$25/\$40	1 combined visit at \$30/\$65 NoDD, then \$30/\$65	50%/50%	3 combined visits at \$50/\$75 NoDD, then \$50/\$75
Hospital Facility Inpatient/Outpatient	\$500/\$200	\$400/\$100	\$1,000/\$300	50%/50%	\$500/\$200	\$1,000/\$400	\$500/\$150	40%/40%	30%/100	\$0/\$0	0%/0%	\$500/\$100	\$1,000/\$100	\$1,500/\$150	50%/50%	\$1,500/\$150
Urgent Care/ER	\$50 NoDD/ \$350 NoDD	\$25/\$75	\$50/\$500	50%/50%	\$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 Svcs	Applies to all plans: \$0 NoDD except QHDHPs; QHDHPs are \$0 after deductible is met											Applies to all plans: \$0 NoDD except QHDHPs. QHDHPs are \$0 after deductible is met				
X-Ray/Laboratory Outpatient	\$50/\$50 NoDD	\$25/\$25	\$50/\$50	50% / 50%	\$60/\$60	\$150/\$75 NoDD	\$50/\$50	40%/40%	\$50/\$50	\$0/\$0		\$35/\$35	\$40/\$40	\$75/\$50	50%/50%	\$75/\$50
Diabetic Supplies	\$15 NoDD	\$5	\$40	\$0	\$30	\$35 NoDD (\$0 to age 26)	\$35	40%	\$30	\$0	0%	\$15	\$25	\$30	50 %	\$50

Pediatric Vision for Dependents to Age 19

Eye Exam/Eyewear Annual Exam and Set of	\$50/50%	\$25/50%	\$50/50%	\$0/50%	\$60/50%	\$50/50%	\$50/50%	40%/40%	\$50/50%	\$0/0%	0%/0%	\$15/10%	\$25/20%	\$30/30%	50%/50%	\$50/50%
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Pharmacy

NoDD= Not subject to deductible

Prescription Deductible Individual/Family	\$100/\$200 (Brand only)	Integrated with Medical	\$0/\$0	\$0/\$0	Integrated w/Medical	Integrated w/Medical	\$0/\$0	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	\$0/\$0	\$0/\$0	\$0/\$0	Integrated w/Medical	Integrated w/Medical
Prescription Cost-Share Tier1/Tier2/Tier3	\$10 NoDD/ \$40/\$60	\$5/\$15/\$25 (Preventive Rx NoDD)	\$10/\$40/\$60	50%/50%/50%	\$10/\$45/\$90 (Preventive Rx NoDD)	\$15 NoDD (\$0 to age 26)/ \$45/\$90	\$0/\$10/\$50 NoDD	\$5/\$60/\$80	\$10/\$45/\$90 (Preventive Rx NoDD)	\$0/\$0/\$0 (Preventive Rx NoDD)	\$5 NoDD/0%/0%	\$10/\$30/\$60	\$10 / \$35 / \$70 NoDD	\$15 NoDD/ \$40 NoDD/ \$75 NoDD	\$10/\$35/\$70 (Preventive Rx NoDD)	\$10/\$35/\$70

Premium Monthly Rates

Rates effective January 1, 2023–December 31, 2023.

Single	\$854.69	\$830.31	\$889.00	\$819.30	\$692.40	\$704.19	\$684.86	\$524.55	\$524.63	\$524.89	\$510.28	\$1,060.91	\$872.65	\$737.54	\$526.02	\$544.81
Single + Spouse	\$1,701.38	\$1,652.62	\$1,770.00	\$1,630.60	\$1,376.80	\$1,400.38	\$1,361.72	\$1,041.10	\$1,041.26	\$1,041.78	\$1,012.56	\$2,113.82	\$1,737.30	\$1,367.08	\$1,044.04	\$1,081.62
Single + Child(ren)	\$1,447.37	\$1,405.93	\$1,505.70	\$1,387.21	\$1,171.48	\$1,191.52	\$1,158.66	\$886.14	\$885.27	\$886.71	\$861.88	\$1,797.95	\$1,477.91	\$1,163.22	\$889.63	\$920.58
Single + Spouse + Child(ren)	\$2,421.07	\$2,351.58	\$2,518.85	\$2,320.21	\$1,958.54	\$1,992.14	\$1,937.05	\$1,480.17	\$1,480.40	\$1,481.14	\$1,439.50	\$3,008.79	\$2,472.25	\$1,944.69	\$1,484.36	\$1,537.91

Health benefit plans are issued and administered by MVP Health Plan, Inc.; all are pending Medicare Creditable Coverage decisions for 2023.

These are plan overviews, not contracts. 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 on this site or are available by request at 518.785.6995 or email Catherine@coloniechamber.org

\$600 Well-Being Reimbursement Included on all these MVP NY Individual plans!

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

Aggregate (AGG) vs. Embedded (EMB) Deductible

(AGG): For a family plan with an aggregate deductible, all individuals on the plan pay together to meet one deductible amount before the plan makes any payments.

(EMB): For a family plan with an embedded deductible, each insured person 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.

Call 518.785.6995 or email catherine@coloniechamber.org