

## 2019 MVP Health Care Individual Rates Rochester - Off Exchange - Platinum + Gold

\*Services subject to deductible

	<b>Platinum 1 Standard</b>	<b>Gold 4</b>	<b>Gold 2 Standard</b>	<b>Gold 1 Standard</b>
<b>Annual Deductible</b>	n/a	n/a	\$650/Single; \$1,300/Family	\$600/Single; \$1,200/Family
<b>Annual Out of Pocket Max</b>	\$2,000/Single; \$4,000/Family	\$6,750/Single; \$13,500/Family	\$5,000/Single; \$10,000/Family	\$4,000/Single; \$8,000/Family
<b>Accumulator Type</b>	Embedded	Embedded	Embedded	Embedded
<b>Preventive Care</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>PCP Office Visit</b>	\$15 Copay	\$40 Copay	3 Visits \$25; then \$25 Copay*	\$25 Copay*
<b>Specialist Visit</b>	\$35 Copay	\$50 Copay	\$40 Copay*	\$40 Copay*
<b>Telemedicine Visit</b>	\$15 Copay	\$40 Copay	\$25 Copay*	\$25 Copay*
<b>Adult Routine Eye Exam</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Eyewear</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Hospital Inpatient</b>	\$500 Copay	\$1,000 Copay	\$1,000 Copay*	\$1,000 Copay*
<b>Outpatient Surgery</b>	\$100 Copay	\$300 Copay	\$100 Copay*	\$100 Copay*
<b>Emergency Room Care</b>	\$100 Copay	\$500 Copay	\$150 Copay*	\$150 Copay*
<b>Urgent Care Center</b>	\$55 Copay	\$50 Copay	\$60 Copay*	\$60 Copay*
<b>Outpatient Mental Health</b>	\$15 Copay	\$40 Copay	3 Visits \$25; then \$25 Copay*	\$25 Copay*
<b>Inpatient Mental Health</b>	\$500 Copay	\$1,000 Copay	\$1,000 Copay*	\$1,000 Copay*
<b>Prescription Coverage</b>	Tier 1/\$10 Copay Tier 2/\$30 Copay Tier 3/\$60 Copay	Tier 1/\$10 Copay Tier 2/\$40 Copay Tier 3/\$60 Copay	Tier 1/\$10 Copay Tier 2/\$40 Copay Tier 3/\$80 Copay	Tier 1/\$10 Copay Tier 2/\$35 Copay Tier 3/\$70 Copay
<b>Dependent Coverage</b>	To Age 26	To Age 26	To Age 26	To Age 26
<b>Extra Benefits</b> www.mvphealthcare.com	Up to \$125 in Healthy Lifestyle Credits	Up to \$125 in Healthy Lifestyle Credits	Up to \$125 in Healthy Lifestyle Credits	Up to \$125 in Healthy Lifestyle Credits
<b><u>Without Pediatric Dental</u></b>				
Single	<b>\$718.39</b>	<b>\$593.56</b>	<b>\$587.22</b>	<b>\$582.99</b>
Subscriber and Spouse	<b>\$1,436.78</b>	<b>\$1,187.12</b>	<b>\$1,174.44</b>	<b>\$1,165.98</b>
Subscriber and Child(ren)	<b>\$1,221.26</b>	<b>\$1,009.05</b>	<b>\$998.27</b>	<b>\$991.08</b>
Family	<b>\$2,047.41</b>	<b>\$1,691.65</b>	<b>\$1,673.58</b>	<b>\$1,661.52</b>
<b><u>With Pediatric Dental</u></b>		<i>pediatric dental rate only applies if dependents are under age 19</i>		
Subscriber and Spouse	<b>\$1,452.34</b>	<b>\$1,202.68</b>	<b>\$1,190.00</b>	<b>\$1,181.54</b>
Subscriber and Child(ren)	<b>\$1,250.83</b>	<b>\$1,038.62</b>	<b>\$1,027.84</b>	<b>\$1,020.65</b>
Family	<b>\$2,076.98</b>	<b>\$1,721.22</b>	<b>\$1,703.15</b>	<b>\$1,691.09</b>

## 2019 MVP Health Care Individual Rates Rochester - Off Exchange - Gold

\*Services subject to deductible  
<sup>h</sup>HSA Compliant

	<b>Gold 5</b>	<b>Gold 1</b>	<b>Gold 2 HDHP<sup>h</sup></b>	<b>Gold National HDHP<sup>h</sup></b>
<b>Annual Deductible</b>	\$1,200/Single; \$2,400 Family	\$950/Single; \$1,900/Family	\$1,350/Single; \$2,700/Family	\$1,350/Single; \$2,700 Family
<b>Annual Out of Pocket Max</b>	\$4,700/Single; \$9,400 Family	\$5,500/Single; \$11,000/Family	\$4,100/Single; \$8,200/Family	\$5,600/Single; \$11,200 Family
<b>Accumulator Type</b>	Embedded	Embedded	Aggregate/Embedded	Aggregate/Embedded
<b>Preventive Care</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>PCP Office Visit</b>	\$30 Copay	3 Visits \$0; then \$15 Copay	\$5 Copay*	20% Coinsurance*
<b>Specialist Visit</b>	\$50 Copay	\$50 Copay*	\$25 Copay*	20% Coinsurance*
<b>Telemedicine Visit</b>	\$30 Copay	\$15 Copay	\$5 Copay*	20% Coinsurance*
<b>Adult Routine Eye Exam</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Eyewear</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Hospital Inpatient</b>	20% Coinsurance*	\$500 Copay*	\$400 Copay*	20% Coinsurance*
<b>Outpatient Surgery</b>	20% Coinsurance*	\$200 Copay*	\$100 Copay*	20% Coinsurance*
<b>Emergency Room Care</b>	\$300 Copay	\$350 Copay	\$75 Copay*	20% Coinsurance*
<b>Urgent Care Center</b>	\$50 Copay	\$50 Copay	\$25 Copay*	20% Coinsurance*
<b>Outpatient Mental Health</b>	\$30 Copay	3 Visits \$0; then \$15 Copay	\$5 Copay*	20% Coinsurance*
<b>Inpatient Mental Health</b>	20% Coinsurance*	\$500 Copay*	\$400 Copay*	20% Coinsurance*
<b>Prescription Coverage</b>	Tier 1/\$5 Copay Tier 2/\$30 Copay Tier 3/\$50 Copay	Tier 1/\$10 Copay Tier 2/\$40 Copay† Tier 3/\$60 Copay† <small>†\$100/\$200 Brand Name Rx Deductible</small>	Tier 1/\$5 Copay* Tier 2/\$15 Copay* Tier 3/\$25 Copay* Preventive Rx no deductible	Tier 1/\$10 Copay* Tier 2/\$40 Copay* Tier 3/\$60 Copay* Preventive Rx no deductible
<b>Dependent Coverage</b>	To Age 26	To Age 26	To Age 26	To Age 26
<b>Extra Benefits</b> www.mvphealthcare.com	Up to \$125 in Healthy Lifestyle Credits	Up to \$125 in Healthy Lifestyle Credits	Up to \$125 in Healthy Lifestyle Credits	Up to \$125 in Healthy Lifestyle Credits
<b><u>Without Pediatric Dental</u></b>				
Single	<b>\$579.46</b>	<b>\$571.71</b>	<b>\$556.91</b>	<b>\$557.43</b>
Subscriber and Spouse	<b>\$1,158.92</b>	<b>\$1,143.42</b>	<b>\$1,113.82</b>	<b>\$1,114.86</b>
Subscriber and Child(ren)	<b>\$985.08</b>	<b>\$971.91</b>	<b>\$946.75</b>	<b>\$947.63</b>
Family	<b>\$1,651.46</b>	<b>\$1,629.37</b>	<b>\$1,587.19</b>	<b>\$1,588.68</b>
<b><u>With Pediatric Dental</u></b>		<i>pediatric dental rate only applies if dependents are under age 19</i>		
Subscriber and Spouse	<b>\$1,174.48</b>	<b>\$1,158.98</b>	<b>\$1,129.38</b>	<b>\$1,130.42</b>
Subscriber and Child(ren)	<b>\$1,014.65</b>	<b>\$1,001.48</b>	<b>\$976.32</b>	<b>\$977.20</b>
Family	<b>\$1,681.03</b>	<b>\$1,658.94</b>	<b>\$1,616.76</b>	<b>\$1,618.25</b>

## 2019 MVP Health Care Individual Rates Rochester - Off Exchange - Silver

\*Services subject to deductible  
<sup>h</sup> HSA Compliant

Benefit Change from 2018

	Silver 11 (NEW)	Silver 1 Standard	Silver 2	Silver 3 HDHP <sup>h</sup>	Silver National HDHP <sup>h</sup>
<b>Annual Deductible</b>	\$5,850/Single; \$11,700/Family	\$1,700/Single; \$3,400/Family	\$2,645/Single; \$5,290/Family	\$2,500/Single; \$5,000/Family	\$2,200/Single; \$4,400/Family
<b>Annual Out of Pocket Max</b>	\$5,850/Single; \$11,700/Family	\$7,500/Single; \$15,000/Family	\$6,350/Single; \$12,700/Family	\$5,000/Single; \$10,000/Family	\$6,550/Single; \$13,100/Family
<b>Accumulator Type</b>	Embedded	Embedded	Embedded	Aggregate/Embedded	Aggregate/Embedded
<b>Preventive Care</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>PCP Office Visit</b>	3 Visits \$0; then \$35 Copay	\$30 Copay*	3 Visits \$0; then \$40 Copay	\$30 Copay*	20% Coinsurance*
<b>Specialist Visit</b>	\$55 Copay	\$50 Copay*	\$70 Copay*	\$60 Copay*	20% Coinsurance*
<b>Telemedicine Visit</b>	\$35 Copay	\$30 Copay*	\$40 Copay	\$30 Copay*	20% Coinsurance*
<b>Adult Routine Eye Exam</b>	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Eyewear</b>	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Hospital Inpatient</b>	Covered in Full*	\$1,500 Copay*	20% Coinsurance*	\$500 Copay*	20% Coinsurance*
<b>Outpatient Surgery</b>	Covered in Full*	\$100 Copay*	\$200 Copay*	\$200 Copay*	20% Coinsurance*
<b>Emergency Room Care</b>	Covered in Full*	\$250 Copay*	\$500 Copay	\$300 Copay*	20% Coinsurance*
<b>Urgent Care Center</b>	\$55 Copay	\$70 Copay*	\$70 Copay	\$60 Copay*	20% Coinsurance*
<b>Outpatient Mental Health</b>	3 Visits \$0; then \$35 Copay	\$30 Copay*	3 Visits \$0; then \$40 Copay	\$30 Copay*	20% Coinsurance*
<b>Inpatient Mental Health</b>	Covered in Full*	\$1,500 Copay*	20% Coinsurance*	\$500 Copay*	20% Coinsurance*
<b>Prescription Coverage</b>	Tier 1/\$10 Copay Tier 2/\$0 Copay* Tier 3/\$0 Copay*	Tier 1/\$10 Copay Tier 2/\$35 Copay Tier 3/\$70 Copay	Tier 1/\$15 Copay* Tier 2/\$40 Copay* Tier 3/\$70 Copay*	Tier 1/\$10 Copay* Tier 2/\$45 Copay* Tier 3/\$90 Copay* Preventive Rx no Deductible.	Tier 1/\$10 Copay* Tier 2/\$40 Copay* Tier 3/\$60 Copay* Preventive Rx no Deductible.
<b>Dependent Coverage</b>	To Age 26	To Age 26	To Age 26	To Age 26	To Age 26
<b>Extra Benefits</b> www.mvphealthcare.com	Up to \$125 in Healthy Lifestyle Credits	Up to \$125 in Healthy Lifestyle Credits	Up to \$125 in Healthy Lifestyle Credits	Up to \$125 in Healthy Lifestyle Credits	Up to \$125 in Healthy Lifestyle Credits
<b>Without Pediatric Dental</b>					
Single	<b>\$500.03</b>	<b>\$492.64</b>	<b>\$468.45</b>	<b>\$459.72</b>	<b>\$492.61</b>
Subscriber and Spouse	<b>\$1,000.06</b>	<b>\$985.28</b>	<b>\$936.90</b>	<b>\$919.44</b>	<b>\$985.22</b>
Subscriber and Child(ren)	<b>\$850.05</b>	<b>\$837.49</b>	<b>\$796.37</b>	<b>\$781.52</b>	<b>\$837.44</b>
Family	<b>\$1,425.09</b>	<b>\$1,404.02</b>	<b>\$1,335.08</b>	<b>\$1,310.20</b>	<b>\$1,403.94</b>
<b>With Pediatric Dental</b>	<i>pediatric dental rate only applies if dependents are under age 19</i>				
Subscriber and Spouse	<b>\$1,015.62</b>	<b>\$1,000.84</b>	<b>\$952.46</b>	<b>\$935.00</b>	<b>\$1,000.78</b>
Subscriber and Child(ren)	<b>\$879.62</b>	<b>\$867.06</b>	<b>\$825.94</b>	<b>\$811.09</b>	<b>\$867.01</b>
Family	<b>\$1,454.66</b>	<b>\$1,433.59</b>	<b>\$1,364.65</b>	<b>\$1,339.77</b>	<b>\$1,433.51</b>

## 2019 MVP Health Care Individual Rates Rochester - Off Exchange - Bronze

\*Services subject to deductible  
<sup>h</sup> HSA Compliant

Benefit Change from 2018

	Bronze 3 HDHP <sup>h</sup>	Bronze 6 HDHP <sup>h</sup>	Bronze 1 Standard HDHP <sup>h</sup>	Bronze National HDHP <sup>h</sup>
<b>Annual Deductible</b>	\$5,900/Single; \$11,800/Family	\$6,550/Single; \$13,100/Family	\$5,500/Single; \$11,000/Family	\$3,700/Single; \$7,400/Family
<b>Annual Out of Pocket Max</b>	\$6,550/Single; \$13,100/Family	\$6,550/Single; \$13,100/Family	\$6,550/Single; \$13,100/Family	\$6,550/Single; \$13,100/Family
<b>Acumulator Type</b>	Embedded	Embedded	Embedded	Embedded
<b>Preventive Care</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>PCP Office Visit</b>	\$30 Copay*	Covered in Full*	50% Coinsurance*	30% Coinsurance*
<b>Specialist Visit</b>	\$50 Copay*	Covered in Full*	50% Coinsurance*	30% Coinsurance*
<b>Telemedicine Visit</b>	\$30 Copay*	Covered in Full*	50% Coinsurance*	30% Coinsurance*
<b>Adult Routine Eye Exam</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Eyewear</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Hospital Inpatient</b>	30% Coinsurance*	Covered in Full*	50% Coinsurance*	30% Coinsurance*
<b>Outpatient Surgery</b>	\$100 Copay*	Covered in Full*	50% Coinsurance*	30% Coinsurance*
<b>Emergency Room Care</b>	\$500 Copay*	Covered in Full*	50% Coinsurance*	30% Coinsurance*
<b>Urgent Care Center</b>	\$50 Copay*	Covered in Full*	50% Coinsurance*	30% Coinsurance*
<b>Outpatient Mental Health</b>	\$30 Copay*	Covered in Full*	50% Coinsurance*	30% Coinsurance*
<b>Inpatient Mental Health</b>	30% Coinsurance*	Covered in Full*	50% Coinsurance*	30% Coinsurance*
<b>Prescription Coverage</b>	Tier 1/\$10 Copay* Tier 2/\$45 Copay* Tier 3/\$90 Copay* Preventive Rx no Deductible	Covered in Full* Preventive Rx no Deductible	Tier 1/\$10 Copay* Tier 2/\$35 Copay* Tier 3/\$70 Copay*	Tier 1/\$10 Copay* Tier 2/\$50 Copay* Tier 3/\$80 Copay* Preventive Rx no Deductible
<b>Dependent Coverage</b>	To Age 26	To Age 26	To Age 26	To Age 26
<b>Extra Benefits</b> www.mvphealthcare.com	Up to \$125 in Healthy Lifestyle Credits	Up to \$125 in Healthy Lifestyle Credits	Up to \$125 in Healthy Lifestyle Credits	Up to \$125 in Healthy Lifestyle Credits
<b><u>Without Pediatric Dental</u></b>				
Single	<b>\$340.72</b>	<b>\$353.86</b>	<b>\$329.29</b>	<b>\$381.68</b>
Subscriber and Spouse	<b>\$681.44</b>	<b>\$707.72</b>	<b>\$658.58</b>	<b>\$763.36</b>
Subscriber and Child(ren)	<b>\$579.22</b>	<b>\$601.56</b>	<b>\$559.79</b>	<b>\$648.86</b>
Family	<b>\$971.05</b>	<b>\$1,008.50</b>	<b>\$938.48</b>	<b>\$1,087.79</b>
<b><u>With Pediatric Dental</u></b>		<i>pediatric dental rate only applies if dependents are under age 19</i>		
Subscriber and Spouse	<b>\$697.00</b>	<b>\$723.28</b>	<b>\$674.14</b>	<b>\$778.92</b>
Subscriber and Child(ren)	<b>\$608.79</b>	<b>\$631.13</b>	<b>\$589.36</b>	<b>\$678.43</b>
Family	<b>\$1,000.62</b>	<b>\$1,038.07</b>	<b>\$968.05</b>	<b>\$1,117.36</b>

## 2019 MVP Health Care Individual Rates Rochester - Off Exchange - Bronze

Benefit Change from 2018

\*Services subject to deductible

	Bronze 8	Bronze 2	Bronze 1	Bronze 2 Standard
<b>Annual Deductible</b>	\$7,350/Single; \$14,700/Family	\$5,100/Single; \$10,200/Family	\$4,800/Single; \$9,600/Family	\$4,000/Single; \$8,000/Family
<b>Annual Out of Pocket Max</b>	\$7,350/Single; \$14,700/Family	\$7,150/Single; \$14,300/Family	\$7,900/Single; \$15,800/Family	\$7,600/Single; \$15,200/Family
<b>Accumulator Type</b>	Embedded	Embedded	Embedded	Embedded
<b>Preventive Care</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>PCP Office Visit</b>	\$30 Copay	3 Visits \$0, then 40% Coinsurance*	\$40 Copay*	50% Coinsurance*
<b>Specialist Visit</b>	Covered in Full*	40% Coinsurance*	\$80 Copay*	50% Coinsurance*
<b>Telemedicine Visit</b>	\$30 Copay	40% Coinsurance*	\$40 Copay*	50% Coinsurance*
<b>Adult Routine Eye Exam</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Eyewear</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Hospital Inpatient</b>	Covered in Full*	40% Coinsurance*	\$1,500 Copay*	50% Coinsurance*
<b>Outpatient Surgery</b>	Covered in Full*	40% Coinsurance*	\$300 Copay*	50% Coinsurance*
<b>Emergency Room Care</b>	Covered in Full*	40% Coinsurance*	\$500 Copay*	50% Coinsurance*
<b>Urgent Care Center</b>	Covered in Full*	40% Coinsurance*	\$80 Copay*	50% Coinsurance*
<b>Outpatient Mental Health</b>	\$30 Copay	40% Coinsurance*	\$40 Copay*	50% Coinsurance*
<b>Inpatient Mental Health</b>	Covered in Full*	40% Coinsurance*	\$1,500 Copay*	50% Coinsurance*
<b>Prescription Coverage</b>	Tier 1/\$25 Copay Tier 2/\$0 Copay* Tier 3/\$0 Copay*	Tier 1/\$5 Copay* Tier 2/\$60 Copay* Tier 3/\$80 Copay*	Tier 1/\$10 Copay* Tier 2/\$45 Copay* Tier 3/\$90 Copay* <b>Rx Deductible: \$300/\$600</b>	Tier 1/\$10 Copay* Tier 2/\$35 Copay* Tier 3/\$70 Copay*
<b>Dependent Coverage</b>	To Age 26	To Age 26	To Age 26	To Age 26
<b>Extra Benefits</b> www.mvphealthcare.com	Up to \$125 in Healthy Lifestyle Credits	Up to \$125 in Healthy Lifestyle Credits	Up to \$125 in Healthy Lifestyle Credits	Up to \$125 in Healthy Lifestyle Credits
<b><u>Without Pediatric Dental</u></b>				
Single	<b>\$366.43</b>	<b>\$336.72</b>	<b>\$335.58</b>	<b>\$325.86</b>
Subscriber and Spouse	<b>\$732.86</b>	<b>\$673.44</b>	<b>\$671.16</b>	<b>\$651.72</b>
Subscriber and Child(ren)	<b>\$622.93</b>	<b>\$572.42</b>	<b>\$570.49</b>	<b>\$553.96</b>
Family	<b>\$1,044.33</b>	<b>\$959.65</b>	<b>\$956.40</b>	<b>\$928.70</b>
<b><u>With Pediatric Dental</u></b>		<i>pediatric dental rate only applies if dependents are under age 19</i>		
Subscriber and Spouse	<b>\$748.42</b>	<b>\$689.00</b>	<b>\$686.72</b>	<b>\$667.28</b>
Subscriber and Child(ren)	<b>\$652.50</b>	<b>\$601.99</b>	<b>\$600.06</b>	<b>\$583.53</b>
Family	<b>\$1,073.90</b>	<b>\$989.22</b>	<b>\$985.97</b>	<b>\$958.27</b>