

Child-Only Plans 2024 Plans



Utica/Watertown Region

Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, Otsego, and St. Lawrence Counties.

Child-only rates for children up to age 21 are available with the MVP Premier™ Plans listed below.

MVP Premier Plans (Standard)

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

Platinum 1	Gold 1	Silver 1	Bronze 1 QHDHP	Bronze 2
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Cost-share amounts below are the co-pay or co-insurance after the deductible is met, unless otherwise noted as not subject to deductible (NoDD). Cost-shares in red indicate a change from the 2023 plan.

Plan Deductible

	Platinum 1	Gold 1	Silver 1	Bronze 1 QHDHP	Bronze 2
1 Child/2+ Children	\$0/\$0	\$600/\$1,200	\$2,100/\$4,200	\$6,100/\$12,200	\$4,600/\$9,200

Out-of-Pocket Maximum

	Platinum 1	Gold 1	Silver 1	Bronze 1 QHDHP	Bronze 2
1 Child/2+ Children	\$2,000/\$4,000	\$5,900/\$11,800	\$9,450/\$18,900	\$7,150/\$14,300	\$9,450/\$18,900

Medical

	Platinum 1	Gold 1	Silver 1	Bronze 1 QHDHP	Bronze 2
Preventive Care	\$0	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD
Primary Care	\$15	\$25	1 combined visit at \$30 NoDD; then \$30	50%	3 combined visits at \$50 NoDD; then \$50
Specialist Visit	\$35	\$40	1 combined visit at \$65 NoDD; then \$30	50%	3 combined visits at \$75 NoDD; then \$75
Hospital Facility Visit–Inpatient	\$500	\$1,000	\$1,500	50%	\$1,500
Hospital Facility Visit–Outpatient	\$100	\$100	\$150	50%	\$150
Urgent Care	\$55	\$60	\$70	50%	\$75
Emergency Room	\$100	\$150	\$500	50%	\$500
Pediatric Vision Exam	\$15	\$25	\$30	50%	\$50
Gia Virtual Care Services	\$0	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD

Pharmacy

	Platinum 1	Gold 1	Silver 1	Bronze 1 QHDHP	Bronze 2
Prescription Deductible	\$0/\$0	\$0/\$0	\$0/\$0	Integrated with Medical	Integrated with Medical
Prescription Cost-Share Tier 1/Tier 2/Tier 3	\$10/\$30/\$60	\$10 NoDD/ \$35 NoDD/ \$70 NoDD	\$15 NoDD/ \$40 NoDD/ \$75 NoDD	\$10/\$35/\$70 (Preventive Drugs NoDD)	\$10/\$35/\$70

Monthly Premium Rates² Rates effective January 1, 2024–December 31, 2024.

	Platinum 1	Gold 1	Silver 1	Bronze 1 QHDHP	Bronze 2
1 Child	\$495.40	\$406.82	\$319.73	\$243.73	\$252.57
2 Children	\$990.80	\$813.64	\$639.46	\$487.46	\$505.14
3+ Children	\$1,486.20	\$1,220.46	\$959.19	\$731.19	\$757.71

¹ Visits may be any combination of Primary Care, Specialist, Outpatient Mental Health Care, or Outpatient Substance Use Services.

² Rates do not include pediatric dental coverage.

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

QHDHP: Qualified High-Deductible Health Plan

In 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.

Health benefit plans are issued or 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.



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.