Child-Only Plans 2025 Plans



Buffalo Region

Genesee, Orleans, and Wyoming Counties.

MVP is not licensed to sell in Allegany, Cattaraugus, Chautauqua, Erie, and Niagara 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.				
	Standard pi Platinum 1	Gold 1	Silver 1	Bronze 1 QHDHP	Bronze 2
Plan Deductible		ınts below are the co-p ubject to deductible (N	•		•
1 Child/2+ Children	\$0/\$0	\$600/\$1,200	\$2,100/\$4,200	\$6,100/\$12,200	\$3,800/\$7,600
Out-of-Pocket Maximum					
1 Child/2+ Children	\$2,000/\$4,000	\$7,900/\$15,800	\$9,200/\$18,400	\$8,050/\$16,100	\$9,200/\$18,400
Medical					
Preventive Care	\$0	\$0 NoDD	\$0 NoDD	\$0 NoDD	\$0 NoDD
Primary Care	\$15	\$25	1 combined visit at \$30 NoDD ¹ , then \$30	50%	3 combined visits at \$50 NoDD¹, then \$50
Specialist Visit	\$35	\$40	1 combined visit at \$65 NoDD1, then \$65	50%	3 combined visits at \$75 NoDD ¹ , 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 ³	\$0 NoDD
Pharmacy					
Prescription Deductible	\$0/\$0	\$0/\$0	\$0/\$0	Integrated with Medical	Integrated with Medical
Prescription Cost-Share Tier 1/Tier 2/Tier3	\$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 Rates ² Rates e	ffective January 1,	2025-December 31,	2025.		
1 Child	\$543.05	\$446.28	\$354.32	\$265.57	\$289.37
2 Children	\$1,086.10	\$892.56	\$708.64	\$531.14	\$578.74
3+ Children	\$1,629.15	\$1,338.84	\$1,062.96	\$796.71	\$868.11

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

\$0: 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.

 $Health \, benefit \, plans \, are \, is sued \, or \, administered \, by \, MVP \, Health \, Plan, \, Inc.; \, MVP \, Health \, Insurance \, Company; \, MVP \, Select \, Care, \, Inc.; \, and \, MVP \, Health \, Services \, Corp., \, operating \, subsidiaries \, of \, MVP \, Health \, Care, \, Inc. \, Not \, all \, plans \, available \, in \, all \, states \, and \, counties.$



² Rates do not include pediatric dental coverage.

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.