

2020 Health Plan Comparison Highlights New Paltz Central School District

	MVP	NYSHIP
Employee Contribution		
Individual Plan	\$0	\$30.95 per check / \$619.00 Annual
Family Plan	\$0	\$214.89 per check / \$4,297.80 Annual
Annual Deductible	\$750 Single / \$1,500 Family	\$0 Single / \$0 Family
Out of Pocket Maximum	\$2,000 Single / \$4,000 Family	\$8,150 Single / \$16,300 Family
Primary Care	\$25 Copay	\$25 Copay
Specialist Care	\$40 Copay	\$25 Copay
Urgent Care	\$25 Copay	\$30 Copay
Inpatient Hospital Services	30% Coinsurance	
Outpatient Hospital Services	30% Coinsurance	\$25 Copay - \$100 Copay
Emergency Room Visit	\$150 Copay	\$100 Copay
Ambulance	30% Coinsurance	\$70 Copay
Mental Health Outpatient	\$25 Copay	\$25 Copay
Prescription Drugs		
Tier 1	\$10 Copay	\$5 Copay (1 Month Supply) / \$10 Copay
Tier 2	\$30 Copay	\$30 Copay (1 Month Supply) / \$60 Copay
Tier 3	\$50 Copay	\$60 Copay (1 Month Supply) / \$120 Copay
Mail Order Prescriptions	2.5x Copay	31-90 Day Supply Copays (\$10/\$60/\$120)
Provider Network	Local - MVP ; National - CIGNA	United Healthcare

Counts towards OOPM, but not Deductible

Counts towards deductible AND OOPM

This plan overview is intended to provide a general outline of coverage. In the event of any conflict between this document and your Certificate of Coverage, Schedule and any applicable Rider(s), your Certificate of Coverage, Schedule and Rider(s) will be controlling.

Yellow indicates a change from last year