

2025 Health Plan Comparison Highlights New Paltz Central School District

| | MVP | NYSHIP |
|------------------------------|--------------------------------------|---|
| Employee Contribution | | |
| Individual Plan | \$0 | \$44.39 per check / \$887.71 Annual |
| Family Plan | \$0 | \$303.11 per check / \$6,062.04 Annual |
| Annual Deductible | \$750 Single / \$1,500 Family | \$0 Single / \$0 Family |
| Out of Pocket Maximum | \$2,000 Single / \$4,000 Family | \$4,120 Single / \$8,240 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 - \$95 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 |
| Tier 2 | \$30 Copay | \$30 Copay |
| Tier 3 | \$50 Copay | \$60 Copay |
| Mail Order Prescriptions | 2.5x Copay | 31-90 Day Supply Copays (\$10/\$60/\$120) |
| Provider Network | Local - MVP EPO ; National - CIGNA | Anthem (Hospital) United Healthcare (Medical) |

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.