

# Vermont Small Group 2024 Plans

Open enrollment begins November 1, 2023 for coverage starting January 1, 2024!



| MVP VT Plus Plans (Non-Standard)   |         |                                |         |        |   |
|--|---------|--------------------------------|---------|--------|---|
| Non-Standard plans contain unique features that enhance the value of the benchmark benefits. |         |                                |         |        |   |
| Gold   |         | Reflective Silver <sup>1</sup> |         | Bronze |   |
| 2  | 3 QHDHP | 1                              | 2 QHDHP | 1      | 5 |

| MVP VT Plans (Standard)  |      |                                |         |        |         |   |
|--|------|--------------------------------|---------|--------|---------|---|
| Standard plans are based on what the state dictates must be included in benefit details. |      |                                |         |        |         |   |
| Platinum   | Gold | Reflective Silver <sup>1</sup> |         | Bronze |         |   |
| 1  | 1    | 3                              | 4 QHDHP | 2      | 3 QHDHP | 4 |

Cost-share amounts below are the co-pay or co-insurance after the deductible is met, unless noted as not subject to deductible (NoDD). All plans include dependent care coverage until the end of the year the dependent turns 26. **Cost-shares in red indicate a change from the 2023 plan.**

|   |                      |                     |                      |                      |                      |                      |
|---|----------------------|---------------------|----------------------|----------------------|----------------------|----------------------|
| <b>Plan Deductible</b><br>Individual/Family       | \$850/\$1,700 EMB    | \$3,000/\$6,000 AGG | \$2,500/\$5,000 EMB  | \$5,800/\$11,600 EMB | \$7,250/\$14,500 EMB | \$9,450/\$18,900 EMB |
| <b>Out-of-Pocket Maximum</b><br>Individual/Family | \$6,600/\$13,200 EMB | \$3,000/\$6,000 AGG | \$7,500/\$15,000 EMB | \$5,800/\$11,600 EMB | \$8,400/\$16,800 EMB | \$9,450/\$18,900 EMB |

|                     |                      |                      |                      |                      |                      |                      |
|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| \$450/\$900 EMB     | \$1,400/\$2,800 EMB  | \$4,000/\$8,000 EMB  | \$2,100/\$4,200 AGG  | \$6,450/\$12,900 EMB | \$5,800/\$11,600 AGG | \$9,400/\$18,800 EMB |
| \$1,500/\$3,000 EMB | \$5,600/\$11,200 EMB | \$9,300/\$18,600 EMB | \$7,050/\$14,100 AGG | \$9,450/\$18,900 EMB | \$7,200/\$14,400 AGG | \$9,400/\$18,800 EMB |

## Medical

|   |   |          |  |          |                     |  |
|---|---|----------|--|----------|---------------------|--|
| <b>Primary Care/Specialist Visit</b>  | \$20 NoDD/\$45 NoDD   | 0%/0%    | 3 PCP visits per member NoDD, then \$30/\$60 | 0%/0%    | \$40/\$100          | 3 PCP visits per member NoDD, then 0%/0% |
| <b>Hospital Facility</b><br>Inpatient/Outpatient  | 20%/20%   | 0%/0%    | 50%/\$1,400                                  | 0%/0%    | 50%/50%             | 0%/0%                                    |
| <b>Urgent Care/Emergency Room</b>   | \$30 NoDD/\$250   | 0%/0%    | \$60/\$400                                   | 0%/0%    | \$100/50%           | 0%/0%                                    |
| <b>Gia Virtual Care Services</b>  | \$0 NoDD  | \$0 NoDD | \$0 NoDD                                     | \$0 NoDD | \$0 NoDD            | \$0 NoDD                                 |
| <b>Ambulance</b>  | \$50  | 0%       | \$105  | 0%       | \$100               | 0%                                       |
| <b>Chiropractic</b>   | \$25 NoDD   | 0%       | \$45   | 0%       | \$50                | 0%                                       |
| <b>Acupuncture</b>  | Get up to \$500 per member, per contract for acupuncture services rendered by a licensed provider |          |  |          |                     |  |
| <b>Pediatric Dental</b><br>Class 1/Class 2/Class 3 and Orthodontia<br>Two Dental Exams per Year | \$0 NoDD/30%/50%  | 0%/0%/0% | \$0 NoDD/30%/50%                             | 0%/0%/0% | \$0 NoDD/30%/50%    | 0% NoDD/0%/0%                            |
| <b>Pediatric Vision</b><br>Annual Exam/Set of Eyewear   | \$20 NoDD/\$20 NoDD   | 0%/0%    | \$20 NoDD/\$20 NoDD                          | 0%/0%    | \$20 NoDD/\$20 NoDD | \$20 NoDD/\$20 NoDD                      |
| <b>Hearing Aid</b><br>Office Visit/Equipment  | \$45 NoDD/20%   | 0%/0%    | \$60/50%                                     | 0%/0%    | \$100/50%           | 0%/0%                                    |

|  |  |  |             |                     |             |   |
|--|--|--|-------------|---------------------|-------------|---|
| 3 PCP visits per member at \$0, then \$15 NoDD/\$40 NoDD | 3 PCP visits per member at \$0, then \$20 NoDD/\$55 NoDD | 3 PCP visits per member at \$0, then \$40 NoDD/\$90 NoDD | 15%/35%     | \$35/\$90           | 50%/50%     | 3 PCP visits per member at \$0, then \$40 NoDD/\$100 NoDD |
| 10%/10%  | 30%/30%  | 50%/50%  | 35%/35%     | 50%/50%             | 50%/50%     | 0%/0%   |
| \$50 NoDD/\$100  | \$65 NoDD/\$150  | \$100 NoDD/\$500   | 35%/35%     | \$100/50%           | 50%/50%     | 0%/0%   |
| \$0 NoDD   | \$0 NoDD   | \$0 NoDD   | \$0 NoDD    | \$0 NoDD            | 0% NoDD     | \$0 NoDD  |
| \$60 NoDD  | \$75 NoDD  | \$105 NoDD   | 40%         | \$100               | 50%         | 0%  |
| \$20 NoDD  | \$35 NoDD  | \$50 NoDD  | 35%         | \$45                | 50%         | \$50 NoDD   |
| Not covered  |  |  |             |                     |             |   |
| \$0 NoDD/30%/50%   | \$0 NoDD/30%/50%   | \$0 NoDD/30%/50%   | \$0/30%/50% | \$0 NoDD/30%/50%    | \$0/30%/50% | \$0 NoDD/0%/0%  |
| \$20 NoDD/\$20 NoDD                                      | \$20 NoDD/\$20 NoDD                                      | \$20 NoDD/\$20 NoDD                                      | \$20/\$20   | \$20 NoDD/\$20 NoDD | \$20/\$20   | \$20 NoDD/\$20 NoDD                                       |
| \$40 NoDD/10%  | \$55 NoDD/30%  | \$90 NoDD/50%  | 35%/35%     | \$90/50%            | 50%/50%     | \$100 NoDD/0%   |

## Pharmacy

|  |                                 |  |                          |                                   |                                  |                              |
|--|---------------------------------|--|--------------------------|-----------------------------------|----------------------------------|------------------------------|
| <b>Prescription Deductible</b><br>Individual/Family            | \$350/\$700 Brand Deductible    | Integrated with Medical  | \$850/\$1,700            | Integrated with Medical           | \$700/\$1,400 Brand Deductible   | Integrated with Medical      |
| <b>Prescription Out-of-Pocket Maximum</b><br>Individual/Family | \$1,500/\$3,000 EMB             | \$1,600/\$3,200 AGG  | \$1,500/\$3,000 EMB      | \$1,600/\$3,200 AGG               | Integrated with Medical          | Integrated with Medical      |
| <b>Prescription Cost-share</b><br>Tier1/Tier2/Tier3            | \$15 NoDD/\$40/50%<br>VBID: \$1 | Preventive Drugs \$10/\$15/5% NoDD<br>All Other Drugs 0%/0%/0% | \$5/50%/50%<br>VBID: \$1 | 0%/0%/0%<br>Preventive Drugs NoDD | \$25 NoDD/\$100/60%<br>VBID: \$3 | \$35 NoDD/0%/0%<br>VBID: \$3 |
| <b>Diabetic Supplies</b>                                       | 50%                             | 0%   | 50%                      | 0%                                | 60%                              | 0%                           |

|                              |                              |                                |  |                                  |                                       |                         |
|------------------------------|------------------------------|--------------------------------|--|----------------------------------|---------------------------------------|-------------------------|
| None                         | \$200/\$400 Brand Deductible | \$500/\$1,000 Brand Deductible | Integrated with Medical                | \$1,100/\$2,200 Brand Deductible | Integrated with Medical               | Integrated with Medical |
| \$1,500/\$3,000 EMB          | \$1,500/\$3,000 EMB          | \$1,500/\$3,000 EMB            | \$1,600/\$3,200 AGG                    | \$1,500/\$3,000 EMB              | \$1,600/\$3,200 AGG                   | Integrated with Medical |
| \$10 NoDD/\$50 NoDD/50% NoDD | \$15 NoDD/\$60/50%           | \$20 NoDD/\$70/50%             | \$10/\$40/50%<br>Preventive Drugs NoDD | \$20 NoDD/\$85/60%               | \$12/40%/60%<br>Preventive Drugs NoDD | \$30 NoDD/0%/0%         |
| 50% NoDD                     | 50%                          | 50%                            | 50%                                    | 60%                              | 60%                                   | 0%                      |

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

|                                     |            |            |            |            |            |            |
|-------------------------------------|------------|------------|------------|------------|------------|------------|
| <b>Single</b>                       | \$944.14   | \$947.82   | \$720.03   | \$740.27   | \$637.04   | \$638.01   |
| <b>Single + Spouse</b>              | \$1,888.28 | \$1,895.64 | \$1,440.06 | \$1,480.54 | \$1,274.08 | \$1,276.02 |
| <b>Single + Child(ren)</b>          | \$1,822.19 | \$1,829.29 | \$1,389.66 | \$1,428.72 | \$1,229.49 | \$1,231.36 |
| <b>Single + Spouse + Child(ren)</b> | \$2,653.03 | \$2,663.37 | \$2,023.28 | \$2,080.16 | \$1,790.08 | \$1,792.81 |

|            |            |            |            |            |            |            |
|------------|------------|------------|------------|------------|------------|------------|
| \$1,094.86 | \$912.32   | \$720.03   | \$733.96   | \$631.98   | \$641.13   | \$653.19   |
| \$2,189.72 | \$1,824.64 | \$1,440.06 | \$1,467.92 | \$1,263.96 | \$1,282.26 | \$1,306.38 |
| \$2,113.08 | \$1,760.78 | \$1,389.66 | \$1,416.54 | \$1,219.72 | \$1,237.38 | \$1,260.66 |
| \$3,076.56 | \$2,563.62 | \$2,023.28 | \$2,062.43 | \$1,775.86 | \$1,801.58 | \$1,835.46 |

<sup>1</sup> Reflective Silver plans are only available through purchase directly from MVP Health Care.  
<sup>2</sup> This plan features an aggregate deductible and out-of-pocket maximum (OOPM). Each member on a family plan will pay toward the family OOPM. No individual will pay more than the government mandated OOPM of \$9,450. The term **embedded** is used in Vermont Health Connect materials to define this deductible and OOPM structure.  
**QHDHP:** Qualified High-Deductible Health Plan. All MVP QHDHP plans are Health Savings Account qualified.  
**NoDD:** Not subject to deductible.  
**VBID:** Value-Based Insurance Design. VBID maintenance Medications are not subject to the deductible.

All Vermont Small Group QHDHPs can be paired with a Health Savings Account. All MVP VT Small Group plans pass for Medicare Creditable Coverage. These plan overviews are intended to provide a general outline of coverage. For comprehensive benefit details, please review your Certificate of Coverage (COC), Summary of Benefits and Coverage (SBC), and any applicable Rider(s). Your COC, SBC, and Rider(s) will be controlling. These documents can be found in your MVP online account, or are available by request.

**Aggregate (AGG):** For any policy with two or more members, the family deductible must be met by any one or any combination of members before the plan will make payment. **Embedded (EMB):** Each member pays toward, but never exceeds, their individual deductible and/or OOPM until the larger family deductible and/or OOPM is met, after which, the plan makes payments for all members on the Contract. The term **Stacked** is used on Vermont Health Connect materials to define this deductible and/or OOPM structure. Health benefit plans are issued and 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.

**\$600 Well-Being Reimbursement**  
**Included on all MVP VT Plus plans!** Members can get reimbursed up to \$600 per contract, per calendar year for well-being items, programs, and activities.  
**Questions? We're here to help!**  
 Call 1-844-865-0250 or visit [mvphealthcare.com/vermont](http://mvphealthcare.com/vermont) to learn more.  
 For subsidy information, visit [VermontHealthConnect.gov](http://VermontHealthConnect.gov).

