

# Vermont Individual 2020 Plans

Open enrollment begins on November 1, 2019 for coverage starting January 1, 2020.



	Platinum				Gold				Silver				Reflective Silver* (available from MVP)				Bronze					MVP Secure†
	1	1	2	3 HDHP	1	2 HDHP	3	4 HDHP	1	2 HDHP	3	4 HDHP	1	2	3 HDHP	4	5	1				
	Standard MVP VT	Standard MVP VT	Non-Standard MVP VT Plus	3 HDHP	Non-Standard MVP VT Plus	2 HDHP	Standard MVP VT	4 HDHP	Non-Standard MVP VT Plus	2 HDHP	Standard MVP VT	4 HDHP	Non-Standard MVP VT Plus	2	3 HDHP	4	Non-Standard MVP VT Plus	Standard MVP VT				
<b>Plan Deductible</b>																						
<b>Individual/Family</b>	\$350/\$700 EMB	\$900/\$1,800 EMB	\$700/\$1,400 EMB	\$2,700/\$5,400 AGG	\$1,500/\$3,000 EMB	\$4,750/\$9,500 EMB	\$3,200/\$6,400 EMB	\$1,700/\$3,400 AGG	\$1,500/\$3,000 EMB	\$4,775/\$9,550 EMB	\$3,200/\$6,400 EMB	\$1,700/\$3,400 AGG	\$7,250/\$14,500 EMB	\$6,000/\$12,000 EMB	\$5,500/\$11,000‡ AGG	\$7,900/\$15,800 EMB	\$7,600/\$15,200 EMB	\$8,150/\$16,300 EMB				
<b>Out-of-Pocket Maximum</b>																						
<b>Individual/Family</b>	\$1,350/\$2,700 EMB	\$5,000/\$10,000 EMB	\$6,325/\$12,650 EMB	\$2,700/\$5,400 AGG	\$6,500/\$13,000 EMB	\$4,750/\$9,500 EMB	\$7,900/\$15,800 EMB	\$6,750/\$13,500‡ AGG	\$6,500/\$13,000 EMB	\$4,775/\$9,550 EMB	\$7,900/\$15,800 EMB	\$6,750/\$13,500‡ AGG	\$8,000/\$16,000 EMB	\$8,150/\$16,300 EMB	\$6,750/\$13,500‡ AGG	\$7,900/\$15,800 EMB	\$7,600/\$15,200 EMB	\$8,150/\$16,300 EMB				
<b>Medical</b>																						
<b>Primary Care / Specialist Visit</b>	\$15 NoDD/ \$40 NoDD	\$20 NoDD/ \$50 NoDD	\$20 NoDD/ \$40 NoDD	0%/0%	3 PCP visits NoDD then \$30/\$60	0%/0%	\$35 NoDD/ \$80 NoDD	10%/30%	3 PCP visits NoDD then \$30/\$60	0%/0%	\$35 NoDD/ \$80 NoDD	10%/30%	\$40/\$100	\$35/\$90	50%/50%	\$40 NoDD/ \$100 NoDD	3 PCP visits NoDD then 0%/0%	3 PCP visits covered in full then \$0/\$0				
<b>Hospital Facility Inpatient/Outpatient</b>	10%/10%	30%/30%	20%/20%	0%/0%	50%/1,400	0%/0%	50%/50%	30%/30%	50%/1,400	0%/0%	50%/50%	30%/30%	50%/50%	50%/50%	50%/50%	\$0/\$0	0%/0%	\$0/\$0				
<b>Urgent Care / Emergency Room</b>	\$50 NoDD/\$100	\$60 NoDD/\$150	\$30 NoDD/\$250	0%/0%	\$60/\$400	0%/0%	\$90 NoDD/\$250	30%/30%	\$60/\$400	0%/0%	\$90 NoDD/\$250	30%/30%	\$100/50%	\$100/50%	50%/50%	\$0/\$0	0%/0%	\$0/\$0				
<b>Ambulance</b>	\$60 NoDD	\$70 NoDD	\$50	0%	\$100	0%	\$100 NoDD	30%	\$105	0%	\$105 NoDD	35%	\$100	\$100	50%	\$0	0%	\$0				
<b>Diagnostic Radiology / Laboratory Outpatient</b>	10%/10%	30%/30%	\$80/\$40	0%/0%	\$150/\$60	0%/0%	50%/50%	30%/30%	\$150/\$60	0%/0%	50%/50%	30%/30%	50%/50%	50%/50%	50%/50%	\$0/\$0	0%/0%	\$0/\$0				
<b>Diabetic Supplies**</b>	50% NoDD	50%	50%	0%	50%	0%	50%	50%	50%	0%	50%	50%	60%	60%	60%	\$0	0%	\$0				
<b>Chiropractic Benefit</b>	\$20 NoDD	\$30 NoDD	\$25 NoDD	0%	\$45	0%	\$45 NoDD	30%	\$45	0%	\$45 NoDD	30%	\$50	\$45	50%	\$50 NoDD	0%	\$0				
<b>Pharmacy</b>																						
<b>Prescription Deductible Individual/Family</b>	None	\$100/\$200 Brand Ded	\$200/\$400 Brand Ded	Integrated w/ Medical	\$500/\$1,000	Integrated w/ Medical	\$350/\$700 Brand Ded	Integrated w/ Medical	\$500/\$1,000	Integrated w/ Medical	\$350/\$700 Brand Ded	Integrated w/ Medical	\$700/\$1,400	\$1,000/\$2,000	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical				
<b>Prescription Out-of-Pocket-Max Individual/Family</b>	\$1,350/\$2,700	\$1,350/\$2,700	\$1,350/\$2,700	Integrated w/ Medical \$1,400/\$2,800 AGG	\$1,350/\$2,700	Integrated w/ Medical \$1,400/\$2,800 AGG	Integrated w/ Medical \$1,350/\$2,700	Integrated w/ Medical \$1,400/\$2,800 AGG	\$1,350/\$2,700	Integrated w/ Medical \$1,400/\$2,800 AGG	Integrated w/ Medical \$1,350/\$2,700	Integrated w/ Medical \$1,400/\$2,800 AGG	Integrated w/ Medical	Integrated w/ Medical \$1,350/\$2,700	Integrated w/ Medical \$1,400/\$2,800 AGG	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical \$1,350/\$2,700				
<b>Prescription Cost Share Tier 1/Tier 2/Tier 3</b>	\$10 NoDD/ \$50 NoDD/ 50% NoDD	\$10 NoDD/\$50/50%	\$10 NoDD/\$40/50% VBID: \$1 \$0 NoDD Generic until age 10	\$0/\$0/0%	\$5/50%/50% VBID: \$1 \$0 NoDD Generic until age 10	\$0/\$0/0%	\$15 NoDD/\$60/50%	\$10/\$40/50%	\$5/50%/50% VBID: \$1 \$0 NoDD Generic until age 10	\$0/\$0/0%	\$15 NoDD/\$60/50%	\$10/\$40/50%	\$25/\$100/60% VBID: \$3 \$0 NoDD Generic until age 10	\$20/\$85/60%	\$12/40%/60%	\$25 NoDD/\$0/\$0	\$30 NoDD/0%/0% VBID: \$3	\$0/\$0/\$0				
<b>Pediatric Dental</b>																						
<b>Diagnostic &amp; Preventive</b>	Covered in full NoDD	Covered in full NoDD	Covered in full NoDD	0% Co-insurance	Covered in full NoDD	0% Co-insurance	Covered in full NoDD	0% Co-insurance	Covered in full NoDD	0% Co-insurance	Covered in full NoDD	0% Co-insurance	Covered in full NoDD	Covered in full NoDD	0% Co-insurance	Covered in full NoDD	Covered in full NoDD	0% Co-insurance				
<b>Basic Restorative</b>	30% Co-insurance	30% Co-insurance	30% Co-insurance	0% Co-insurance	30% Co-insurance	0% Co-insurance	30% Co-insurance	30% Co-insurance	30% Co-insurance	0% Co-insurance	30% Co-insurance	30% Co-insurance	30% Co-insurance	30% Co-insurance	30% Co-insurance	0% Co-insurance	0% Co-insurance	0% Co-insurance				
<b>Orthodontia &amp; Major Restorative</b>	50% Co-insurance	50% Co-insurance	50% Co-insurance	0% Co-insurance	50% Co-insurance	0% Co-insurance	50% Co-insurance	50% Co-insurance	50% Co-insurance	0% Co-insurance	50% Co-insurance	50% Co-insurance	50% Co-insurance	50% Co-insurance	50% Co-insurance	0% Co-insurance	0% Co-insurance	0% Co-insurance				

Amounts listed above are the co-pay or co-insurance after the deductible is met, unless otherwise noted (NoDD). NoDD: Not subject to deductible

## Rates (Effective January 1, 2020–December 31, 2020)

<b>Single</b>	\$784.52	\$663.63	\$695.91	\$651.82	\$644.91	\$671.94	\$675.22	\$661.70	\$554.40	\$579.29	\$584.71	\$571.19	\$475.96	\$476.22	\$490.01	\$542.75	\$501.07	\$336.24
<b>Single + Spouse</b>	\$1,569.04	\$1,327.26	\$1,391.82	\$1,303.64	\$1,289.82	\$1,343.88	\$1,350.44	\$1,323.40	\$1,108.80	\$1,158.58	\$1,169.42	\$1,142.38	\$951.92	\$952.44	\$980.02	\$1,085.50	\$1,002.14	\$672.48
<b>Single + Child(ren)</b>	\$1,514.12	\$1,280.81	\$1,343.11	\$1,258.01	\$1,244.68	\$1,296.84	\$1,303.17	\$1,277.08	\$1,069.99	\$1,118.03	\$1,128.49	\$1,102.40	\$918.60	\$919.10	\$945.72	\$1,047.51	\$967.07	\$648.94
<b>Single + Spouse + Child(ren)</b>	\$2,204.50	\$1,864.80	\$1,955.51	\$1,831.61	\$1,812.20	\$1,888.15	\$1,897.37	\$1,859.38	\$1,557.86	\$1,627.80	\$1,643.04	\$1,605.04	\$1,337.45	\$1,338.18	\$1,376.93	\$1,525.13	\$1,408.01	\$944.83

All plans include dependent care coverage until the end of the year that the dependent turns 26. NOTE: Benefits shown in red represent a change from the 2019 plan.

**Questions? We're here to help!** Call 1-844-865-0250 or visit [mvphealthcare.com/vermont](http://mvphealthcare.com/vermont)

All MVP VT Individual plans meet Medicare Creditable Coverage except Bronze 4.

**VBID:** Value-Based Insurance Design Maintenance Medications not subject to deductible.

‡ 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 \$8,150. The term "Embedded" is used on Vermont Health Connect (VHC) materials to define this deductible and OOPM structure.

\*\*The cost share for diabetic supplies is subject to the pharmacy deductible and the medical out-of-pocket maximum.

These plan overviews are intended to provide a general outline of coverage. In the event of any conflict between this document and your Certificate of Coverage, Summary of Benefits and Coverage, and any applicable Rider(s), your Certificate of Coverage, Summary of Benefits and Coverage, and Rider(s) will be controlling.

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.

**Aggregate (AGG):** For any policy with two or more members, the deductible must be met by any one or any combination of members before the plan will make payments.

**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. Once the family deductible and/or OOPM are met, the plan makes payments for all services of all members on the contract. The term "Stacked" is used on VHC materials to define this deductible and/or OOPM structure.

### \*Reflective Silver Plans

These plans have a lower premium and are only available directly from MVP to those who are not eligible for an Advanced Premium Tax Credit (APTC). Check your subsidy eligibility at [vermonthealthconnect.gov](http://vermonthealthconnect.gov) or call 1-855-899-9600.