

Vermont Small Group 2021 Plans

Open enrollment begins on November 1, 2020 for coverage starting January 1, 2021.



	Platinum		Gold			Reflective Silver (only available directly through MVP)				Bronze					
	1	1	2	3	3 HDHP	1	2 HDHP	3	4 HDHP	1	2	3 HDHP	4	5	
	Standard MVP VT	Standard MVP VT	Non-Standard MVP VT Plus		3 HDHP	Non-Standard MVP VT Plus		Standard MVP VT	4 HDHP	Non-Standard MVP VT Plus	2	Standard MVP VT	4	Non-Standard MVP VT Plus	
Plan Deductible															
Individual/Family	\$350/\$700 EMB	\$1,100/\$2,200 EMB	\$700/\$1,400 EMB	\$3,000/\$6,000 AGG		\$1,500/\$3,000 EMB	\$5,100/\$10,200 EMB	\$3,200/\$6,400 EMB	\$1,750/\$3,500 AGG		\$7,250/\$14,500 EMB	\$6,250/\$12,500 EMB	\$5,500/\$11,000 AGG	\$8,400/\$16,800 EMB	\$7,850/\$15,700 EMB
Out-of-Pocket Maximum															
Individual/Family	\$1,400/\$2,800 EMB	\$5,200/\$10,400 EMB	\$6,500/\$13,000 EMB	\$3,000/\$6,000 AGG		\$6,700/\$13,400 EMB	\$5,100/\$10,200 EMB	\$8,150/\$16,300 EMB	\$6,900/\$13,800 [‡] AGG		\$8,400/\$16,800 EMB	\$8,400/\$16,800 EMB	\$6,900/\$13,800 [‡] AGG	\$8,400/\$16,800 EMB	\$7,850/\$15,700 EMB
Medical	New for 2021! \$0 telemedicine services for all emergency, urgent and primary care, as well as nutrition, mental health and psychiatry.*														
Telemedicine*															
Primary Care / Specialist Visit	\$15 NoDD/\$40 NoDD	\$20 NoDD/\$50 NoDD	\$20 NoDD/\$40 NoDD	0%/0%		3 PCP visits per person 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 per person NoDD then 0%/0%
Hospital Facility Inpatient/Outpatient	10%/10%	30%/30%	20%/20%	0%/0%		50%/1,400	0%/0%	50%/50%	30%/30%		50%/50%	50%/50%	50%/50%	0%/0%	0%/0%
Urgent Care / Emergency Room	\$50 co-pay NoDD/\$100	\$60 NoDD/\$150	\$30 NoDD/\$250	0%/0%		\$60/\$400	0%/0%	\$90 NoDD/\$250	30%/30%		\$100/50%	\$100/50%	50%/50%	0%/0%	0%/0%
Diagnostic Radiology / Laboratory Outpatient	10%/10%	30%/30%	\$80/\$40	0%/0%		\$150/\$60	0%/0%	50%/50%	30%/30%		50%/50%	50%/50%	50%/50%	0%/0%	0%/0%
Diabetic Supplies**	50% NoDD	50%	50%	0%		50%	0%	50%	50%		60%	60%	60%	0%	0%
Chiropractic Benefit	\$20 NoDD	\$30 NoDD	\$25 NoDD	0%		\$45	0%	\$45 NoDD	30%		\$50	\$45	50%	\$50 NoDD	0%
Pharmacy															
Prescription Deductible Individual/Family	None	\$100/\$200 Brand Ded	\$250/\$500 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 Brand Ded	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical
Prescription Out-of-Pocket-Max Individual/Family	\$1,400/\$2,800 EMB	\$1,400/\$2,800 EMB	\$1,400/\$2,800 EMB	Integrated w/Medical \$1,400/\$2,800 AGG		\$1,400/\$2,800 EMB	Integrated w/Medical \$1,400/\$2,800 AGG	Integrated w/Medical \$1,400/\$2,800 EMB	Integrated w/Medical \$1,400/\$2,800 AGG		Integrated w/Medical	Integrated w/Medical \$1,400/\$2,800 EMB	Integrated w/Medical \$1,400/\$2,800 AGG	Integrated w/Medical	Integrated w/Medical
Prescription Cost Share Tier 1 / Tier 2 / Tier 3	\$10 NoDD/\$50 NoDD/50% NoDD	\$12 NoDD/\$55/50%	\$15 NoDD/\$40/50% VBID: \$1	Preventive Drugs \$10/\$15/5% NoDD All other drugs \$0/\$0/0%		\$5/50%/50% VBID: \$1	0%/0%/0% Preventive Drugs NoDD	\$15 NoDD/\$60/50%	\$10/\$40/50% Preventive Drugs No DD		\$25 NoDD/\$100/60% VBID: \$3	\$15 NoDD/\$85/60%	\$12/40%/60% Preventive Drugs NoDD	\$30 NoDD/0%/0%	\$35 NoDD/0%/0% VBID: \$3
Pediatric Dental															
Diagnostic & Preventive	Covered in full NoDD	Covered in full NoDD	Covered in full NoDD	0%		Covered in full NoDD	0%	Covered in full NoDD	0%		Covered in full NoDD	Covered in full NoDD	\$0	Covered in Full NoDD	Covered in Full NoDD
Basic Restorative/Orthodontia & Major Restorative	30%/50%	30%/50%	30%/50%	0%/0%		30%/50%	0%/0%	30%/50%	30%/50%		30%/50%	30%/50%	30%/50%	0%/0%	0%/0%

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, 2021–December 31, 2021)

Single	\$798.23	\$673.78	\$699.13	\$682.62	\$574.15	\$585.06	\$589.88	\$577.81	\$491.30	\$497.28	\$502.90	\$521.66	\$508.70
Single + Spouse	\$1,596.46	\$1,347.56	\$1,398.26	\$1,365.24	\$1,148.30	\$1,170.12	\$1,179.76	\$1,155.62	\$982.60	\$994.56	\$1,005.80	\$1,043.32	\$1,017.40
Single + Child(ren)	\$1,540.58	\$1,300.40	\$1,349.32	\$1,317.46	\$1,108.11	\$1,129.17	\$1,138.47	\$1,115.17	\$948.21	\$959.75	\$970.60	\$1,006.80	\$981.79
Single + Spouse + Child(ren)	\$2,243.03	\$1,893.32	\$1,964.56	\$1,918.16	\$1,613.36	\$1,644.02	\$1,657.56	\$1,623.65	\$1,380.55	\$1,397.36	\$1,413.15	\$1,465.86	\$1,429.45

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 2020 plan.

Questions? We're here to help! Call 1-844-865-0250 or visit mvphealthcare.com/vermont

VBID: Value-Based Insurance Design Maintenance Medications not subject to the 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 \$8,550. The term Embedded is used on Vermont Health Connect (VHC) materials to define this deductible and OOPM structure.

* Telemedicine services from MVP Health Care are powered by AmWell and UCM Digital Health. Regulatory restrictions may apply.

**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 family 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, after which, the plan makes payments for all members on the contract. The term Stacked is used on VHC materials to define this deductible and/or OOPM structure.

WellBeing Rewards

Earn up to \$600 per contract, per calendar year, with WellBeing Rewards on MVP VT Plus Non-Standard plans.