

2019 Vermont Small Group Plans

Open enrollment begins on November 1, 2018 for coverage starting January 1, 2019.



	Platinum		Gold			Silver				Reflective Silver* (available from MVP)				Bronze				
	1	1	2	3 HDHP	1	2 HDHP	3	4 HDHP	1	2 HDHP	3	4 HDHP	1	2	3 HDHP	4	5	
Plan Deductible	Standard MVP VT	Standard MVP VT	Non-Standard MVP VT Plus		Non-Standard MVP VT Plus	MVP VT Plus		Standard MVP VT	Non-Standard MVP VT Plus		Standard MVP VT		Non-Standard MVP VT Plus	Standard MVP VT			Non-Standard MVP VT Plus	
Out-of-Pocket Maximum (OOPM)																		
Individual/Family	\$350/\$700 EMB	\$850/\$1,700 EMB	\$850/\$1,700 EMB	\$2,700/\$5,400 AGG	\$1,400/\$2,800 EMB	\$4,100/\$8,200 EMB	\$2,800/\$5,600 EMB	\$1,550/\$3,100 AGG	\$1,400/\$2,800 EMB	\$4,125/\$8,250 EMB	\$2,800/\$5,600 EMB	\$1,550/\$3,100 AGG	\$6,750/\$13,500 EMB	\$5,500/\$11,000 EMB	\$5,250/\$10,500 [†] AGG	\$7,600/\$15,200 EMB	\$7,600/\$15,200 EMB	
Medical Visit Costs																		
Primary Care/Specialist	\$10/\$30 NoDD	\$15/\$30 NoDD	\$15/\$40 NoDD	0%/0%	3 Visits \$30 NoDD, then \$30/\$60	0%/0%	\$30/\$75 NoDD	10%/30%	3 Visits \$30 NoDD then \$30/\$60	0%/0%	\$30/\$75 NoDD	10%/30%	\$40/\$100	\$35/\$90	50%/50%	\$40/\$100 NoDD	3 Visits at 0%, then 0%/0%	
Hospital Facility-Inpatient/Outpatient	10%/10%	30%/30%	20%/20%	0%/0%	50%/1,400	0%/0%	40%/40%	30%/30%	50%/1,400	0%/0%	40%/40%	30%/30%	50%/50%	50%/50%	50%/50%	\$0/\$0	0%/0%	
Urgent Care/Emergency Room	\$40 NoDD/\$100	\$40 NoDD/\$150	\$30 NoDD/\$250	0%/0%	\$60/\$400	0%/0%	\$85 NoDD/\$250	30%/30%	\$60/\$400	0%/0%	\$85 NoDD/\$250	30%/30%	\$100/50%	\$100/50%	50%/50%	\$0/\$0	0%/0%	
myVisitNow[®] (Telemedicine)	\$10 NoDD	\$15 NoDD	\$15 NoDD	0%	\$30	0%	\$30 NoDD	10%	\$30	0%	\$30 NoDD	10%	\$40	\$35	50%	\$40 NoDD	0%	
Pharmacy																		
Prescription Deductible Individual/Family	\$0/\$0	\$100/\$200 (Brand Name Only)	\$225/\$450 (Brand Name Only)	Integrated w/ Medical	\$400/\$800	Integrated w/ Medical	\$300/\$600 (Brand Name Only)	Integrated w/ Medical	\$400/\$800	Integrated w/ Medical	\$300/\$600 (Brand Name Only)	Integrated w/ Medical	\$550/\$1,100	\$900/\$1,800	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical	
Prescription Out-of-Pocket Max Individual/Family	\$1,350/\$2,700	\$1,350/\$2,700	\$1,350/\$2,700	Integrated w/ Medical \$1,350/\$2,700	\$1,350/\$2,700	Integrated w/ Medical \$1,350/\$2,700	Integrated w/ Medical \$1,350/\$2,700	Integrated w/ Medical \$1,350/\$2,700	\$1,350/\$2,700	Integrated w/ Medical \$1,350/\$2,700	Integrated w/ Medical \$1,350/\$2,700	Integrated w/ Medical \$1,350/\$2,700	Integrated w/ Medical \$1,350/\$2,700	Integrated w/ Medical \$1,350/\$2,700	Integrated w/ Medical \$1,350/\$2,700	No Maximum	No Maximum	
Prescription Co-Payment Tier 1/Tier 2/Tier 3	\$5/\$50/50% NoDD	\$10/\$50/50%	\$5/\$40/50% VBID: \$1 \$0 NoDD Generic until age 10	\$0/\$0/0% (Preventive drugs NoDD)	\$5/50%/50% VBID: \$1 \$0 NoDD Generic until age 10	\$0/\$0/0% (Preventive drugs NoDD)	\$15/\$60/50%	\$10/\$40/50% (Preventive drugs NoDD)	\$5/50%/50% VBID: \$1 \$0 NoDD Generic until age 10	\$0/\$0/0% (Preventive drugs NoDD)	\$15/\$60/50%	\$10/\$40/50% (Preventive drugs NoDD)	\$20/\$90/60% VBID: \$3 \$0 NoDD Generic until age 10	\$20/\$85/60%	\$12/40%/60% (Preventive drugs NoDD)	\$25/\$0/\$0 (Tier 1 NoDD)	\$30/0%/0% (Tier 1 NoDD) VBID: \$3	
Pediatric Dental																		
Diagnostic & Preventive	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	
Basic Restorative	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	
Orthodontia & Major Restorative	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	50% Co-insurance	
Rates (Effective January 1, 2019–December 31, 2019)																		
Single	\$716.54	\$608.39	\$623.64	\$583.79	\$597.79	\$623.72	\$638.82	\$621.74	\$493.35	\$519.29	\$534.39	\$517.31	\$428.16	\$426.12	\$436.34	\$485.37	\$441.18	
Single + Spouse	\$1,433.08	\$1,216.78	\$1,247.28	\$1,167.58	\$1,195.58	\$1,247.44	\$1,277.64	\$1,243.48	\$986.70	\$1,038.58	\$1,068.78	\$1,034.62	\$856.32	\$852.24	\$872.68	\$970.74	\$882.36	
Single + Child(ren)	\$1,382.92	\$1,174.19	\$1,203.63	\$1,126.71	\$1,153.73	\$1,203.78	\$1,232.92	\$1,199.96	\$952.17	\$1,002.23	\$1,031.37	\$998.41	\$826.35	\$822.41	\$842.14	\$936.76	\$851.48	
Single + Spouse + Child(ren)	\$2,013.48	\$1,709.58	\$1,752.43	\$1,640.45	\$1,679.79	\$1,752.65	\$1,795.08	\$1,747.09	\$1,386.31	\$1,459.20	\$1,501.64	\$1,453.64	\$1,203.13	\$1,197.40	\$1,226.12	\$1,363.89	\$1,239.72	

All plans include dependent care to age 26. **NOTE: Benefits shown in red represent a change from the 2018 plan.** ? **Questions? We're here to help!** Call 1-844-865-0250 or visit mvphealthcare.com/vermont.

***NEW Reflective Silver Plans**
 The Reflective Silver plans very closely mirror the Silver plans and are available at a lower premium. Because they are not SHOP certified and can only be purchased directly from MVP, these plans make the most sense for groups offering Silver plans, but that are not eligible or do not intend to file for the Small Business Health Care Tax Credit.

The Difference Between Aggregate and Embedded Plans
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 or 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, regardless of the status of any remaining individual deductible and/or OOPM levels.

Benefits are subject to the deductible, unless otherwise noted (NoDD). NoDD: Not subject to deductible.
VBID: Value-Based Insurance Design Maintenance Medications not subject to deductible.
[†] This plan features an aggregate deductible and out-of-pocket maximum. Each member on a family plan will pay toward the family out-of-pocket maximum (OOPM). However, no individual will pay more than the government mandated maximum OOPM of \$7,900.
 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.