

# 2019 Vermont Individual Plans

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



Plan Deductible	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 MVPVT	Standard MVPVT	Non-Standard MVPVT Plus		Non-Standard MVPVT Plus	Standard MVPVT			Non-Standard MVPVT Plus	Standard MVPVT			Non-Standard MVPVT Plus	Standard MVPVT			Non-Standard MVPVT Plus	Standard MVPVT
	\$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 <sup>‡</sup> AGG	\$7,600/\$15,200 EMB	\$7,600/\$15,200 EMB	\$7,900/\$15,800 EMB

## Out-of-Pocket Maximum (OOPM)

Individual/Family	\$1,350/\$2,700 EMB	\$4,700/\$9,400 EMB	\$6,050/\$12,100 EMB	\$2,700/\$5,400 AGG	\$6,050/\$12,100 EMB	\$4,100/\$8,200 EMB	\$7,500/\$15,000 EMB	\$6,650/\$13,300 <sup>‡</sup> AGG	\$6,050/\$12,100 EMB	\$4,125/\$8,250 EMB	\$7,500/\$15,000 EMB	\$6,650/\$13,300 <sup>‡</sup> AGG	\$7,900/\$15,800 EMB	\$7,900/\$15,800 EMB	\$6,650/\$13,300 <sup>‡</sup> AGG	\$7,600/\$15,200 EMB	\$7,600/\$15,200 EMB	\$7,900/\$15,800 EMB
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## 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 0%, then 0%/0%	3 Visits \$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%	\$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%	\$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%	\$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	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	Integrated w/ Medical \$1,350/\$2,700
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	\$0/\$0/\$0

## 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	0% Co-insurance
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	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	0% Co-insurance	0% 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	\$299.31
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	\$598.62
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	\$577.67
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	\$841.06

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](http://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 can only be purchased directly from MVP, these plans make the most sense for those electing to enroll in a Silver level plan, but who are not eligible for an Advanced Premium Tax Credit (APTC). To check your subsidy eligibility, visit [vermonthealthconnect.gov](http://vermonthealthconnect.gov) or call **1-855-899-9600**.

If you are eligible for a subsidy, you may find that a Gold or Bronze plan might be better for you this year. Use the Plan Comparison Tool at [vermonthealthconnect.gov](http://vermonthealthconnect.gov) to help explore your 2019 plan options, or shop for a plan at [mvphealthcare.com/vermont](http://mvphealthcare.com/vermont).

## 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 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.

† MVP Secure plans can only be purchased by individuals (not through an employer).

‡ 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.

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