

2018 Vermont Plans at a Glance

For Individuals and Small Groups



| Plan Feature | MVP VT Plus Plans (Non-Standard) | | | | |
|--------------|----------------------------------|-----------------------|-------------------|-------------------|-----------------------|
| | Gold 2 Embedded | Gold 3 HDHP Aggregate | Silver 1 Embedded | Bronze 1 Embedded | NEW Bronze 5 Embedded |

| Plan Deductible | Gold 2 Embedded | Gold 3 HDHP Aggregate | Silver 1 Embedded | Bronze 1 Embedded | NEW Bronze 5 Embedded |
|-------------------|-----------------|-----------------------|-------------------|-------------------|-----------------------|
| Individual/Family | \$950/\$1,900 | \$2,400/\$4,800 | \$2,000/\$4,000 | \$6,000/\$12,000 | \$7,350/\$14,700 |

| Out-of-Pocket Maximum | Gold 2 Embedded | Gold 3 HDHP Aggregate | Silver 1 Embedded | Bronze 1 Embedded | NEW Bronze 5 Embedded |
|-----------------------|------------------|-----------------------|-------------------|-------------------|-----------------------|
| Individual/Family | \$6,050/\$12,100 | \$2,400/\$4,800 | \$6,050/\$12,100 | \$7,350/\$14,700 | \$7,350/\$14,700 |

Medical

| Preventive Care | Gold 2 Embedded | Gold 3 HDHP Aggregate | Silver 1 Embedded | Bronze 1 Embedded | NEW Bronze 5 Embedded |
|--|-----------------|-----------------------|------------------------------|-------------------|--------------------------|
| Preventive Care | \$0 | \$0 | \$0 | \$0 | \$0 |
| Primary Care | \$15 NoDD | 0%* | 3 visits at \$30, then \$30* | \$40* | 3 visits at 0%, then 0%* |
| Specialist Visit | \$30 NoDD | 0%* | \$60* | \$100* | 0%* |
| Hospital Facility Surgery - Inpatient/Outpatient | 20%*/20%* | 0%*/0%* | 50%*/\$1,400* | 50%*/50%* | 0%*/0%* |
| Urgent Care | \$30 NoDD | 0%* | \$60* | \$100* | 0%* |
| Emergency Room Visit | \$250* | 0%* | \$400* | 50%* | 0%* |
| myVisitNow (Telemedicine) | \$15 NoDD | 0%* | \$30* | \$40* | 0%* |

Pharmacy

| Prescription Deductible Individual/Family | Gold 2 Embedded | Gold 3 HDHP Aggregate | Silver 1 Embedded | Bronze 1 Embedded | NEW Bronze 5 Embedded |
|---|--|---|---|---|---|
| Prescription Deductible Individual/Family | \$250/\$500* (Name Brand Only) | Integrated with Medical | \$600/\$1,200* | \$350/\$700 | Integrated with Medical (Name Brand Only) |
| Prescription Out-of-Pocket Max. (Aggregate) Individual/Family | \$1,300/\$2,600 | Integrated with Medical \$1,350/\$2,700 | \$1,300/\$2,600 | Integrated with Medical \$1,300/\$2,600 | No Maximum |
| Prescription Co-payment | \$5/\$40/50%* \$0 Generic until age 10** (Tier 1 NoDD) | 0%/0%/0%* (Preventive drugs NoDD) | \$5/50%/50%* \$0 Generic until age 10** | \$20/\$90/60%* \$0 Generic until age 10** | \$30/0%/0%* (Tier 1 NoDD) |
| VBID Maintenance Medications | \$1 | | \$1 | \$3 | \$3 |

Pediatric Dental

| Diagnostic & Preventive | Gold 2 Embedded | Gold 3 HDHP Aggregate | Silver 1 Embedded | Bronze 1 Embedded | NEW Bronze 5 Embedded |
|-------------------------|-------------------|-----------------------|-------------------|-------------------|-----------------------|
| Diagnostic & Preventive | Covered in full | Covered in full* | Covered in full | Covered in full | Covered in full |
| Basic Restorative | 30% co-insurance* | Covered in full* | 30% co-insurance* | 30% co-insurance* | Covered in full* |
| Orthodontia | 50% co-insurance* | Covered in full* | 50% co-insurance* | 50% co-insurance* | Covered in full* |

Rates (Effective 1/1/2018 - 12/31/2018)

| Plan Type | Gold 2 Embedded | Gold 3 HDHP Aggregate | Silver 1 Embedded | Bronze 1 Embedded | NEW Bronze 5 Embedded |
|-----------------------|-----------------|-----------------------|-------------------|-------------------|-----------------------|
| Single | \$604.43 | \$568.54 | \$474.08 | \$425.35 | \$422.10 |
| Couple | \$1,208.86 | \$1,137.08 | \$948.16 | \$850.70 | \$844.20 |
| Parent and Child(ren) | \$1,166.55 | \$1,097.28 | \$914.97 | \$820.93 | \$814.65 |
| Family | \$1,698.45 | \$1,597.60 | \$1,332.16 | \$1,195.23 | \$1,186.10 |

NOTE: Benefits that are listed in red represent a plan change from 2017 to 2018.

NoDD: Not subject to deductible.
 * Member amount after deductible is met.
 ** Generic drugs for children through age 10 are NOT subject to deductible.
 This plan features an aggregate deductible and a stacked out-of-pocket maximum (OOPM). Each member on a family plan will pay toward the family OOPM, but will never pay more than the government-mandated maximum OOPM of \$7,350.

| Plan Feature | MVP VT Plans (Standard) | | | | | | | |
|--------------|-------------------------|-----------------|-------------------|----------------------------|-------------------|----------------------------|-----------------------|----------------------|
| | Platinum 1 Embedded | Gold 1 Embedded | Silver 3 Embedded | Silver 4 HDHP* Agg/Stacked | Bronze 2 Embedded | Bronze 3 HDHP* Agg/Stacked | NEW Bronze 4 Embedded | MVP Secure† Embedded |

| Plan Deductible | Platinum 1 Embedded | Gold 1 Embedded | Silver 3 Embedded | Silver 4 HDHP* Agg/Stacked | Bronze 2 Embedded | Bronze 3 HDHP* Agg/Stacked | NEW Bronze 4 Embedded | MVP Secure† Embedded |
|-------------------|---------------------|-----------------|-------------------|----------------------------|-------------------|----------------------------|-----------------------|----------------------|
| Individual/Family | \$300/\$600 | \$850/\$1700 | \$2,600/\$5,200 | \$1,550/\$3,100 | \$5,000/\$10,000 | \$5,250/\$10,500 | \$7,350/\$14,700 | \$7,350/\$14,700 |

| Out-of-Pocket Maximum | Platinum 1 Embedded | Gold 1 Embedded | Silver 3 Embedded | Silver 4 HDHP* Agg/Stacked | Bronze 2 Embedded | Bronze 3 HDHP* Agg/Stacked | NEW Bronze 4 Embedded | MVP Secure† Embedded |
|-----------------------|---------------------|-----------------|-------------------|----------------------------|-------------------|----------------------------|-----------------------|----------------------|
| Individual/Family | \$1,300/\$2,600 | \$4,500/\$9000 | \$6,800/\$13,600 | \$6,400/\$12,800* | \$7,350/\$14,700 | \$6,550/\$13,100* | \$7,350/\$14,700 | \$7,350/\$14,700 |

Medical

| Preventive Care | Platinum 1 Embedded | Gold 1 Embedded | Silver 3 Embedded | Silver 4 HDHP* Agg/Stacked | Bronze 2 Embedded | Bronze 3 HDHP* Agg/Stacked | NEW Bronze 4 Embedded | MVP Secure† Embedded |
|--|---------------------|-----------------|-------------------|----------------------------|-------------------|----------------------------|-----------------------|-----------------------|
| Preventive Care | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Primary Care | \$10 NoDD | \$15 NoDD | \$25 NoDD | 10%* | \$35* | 50%* | \$40 NoDD | 3 visits 0%, then 0%* |
| Specialist Visit | \$30 NoDD | \$30 NoDD | \$75 No DD | 30%* | \$90* | 50%* | \$100 NoDD | 0%* |
| Hospital Facility Surgery - Inpatient/Outpatient | 10%*/10%* | 30%*/30%* | 40%*/40%* | 30%*/30%* | 50%*/50%* | 50%*/50%* | 0%*/0%* | 0%*/0%* |
| Urgent Care | \$40 NoDD | \$40 NoDD | \$85 NoDD | 30%* | \$100* | 50%* | 0%* | 0%* |
| Emergency Room Visit | \$100* | \$150* | \$250* | 30%* | 50%* | 50%* | 0%* | 0%* |
| myVisitNow (Telemedicine) | \$10 NoDD | \$15 NoDD | \$25 NoDD | 10%* | \$35* | 50%* | \$40 NoDD | 0%* |

Pharmacy

| Prescription Deductible Individual/Family | Platinum 1 Embedded | Gold 1 Embedded | Silver 3 Embedded | Silver 4 HDHP* Agg/Stacked | Bronze 2 Embedded | Bronze 3 HDHP* Agg/Stacked | NEW Bronze 4 Embedded | MVP Secure† Embedded |
|---|---------------------|-------------------------------|---|---|---|---|---|---|
| Prescription Deductible Individual/Family | \$0 NoDD | \$100/\$200 (Name Brand Only) | \$300/\$600 (Name Brand Only) | Integrated with Medical | \$900/\$1,800 | Integrated with Medical | Integrated with Medical (Name Brand Only) | Integrated with Medical |
| Prescription Out-of-Pocket Max. (Aggregate) Individual/Family | \$1,300/\$2,600 | \$1,300/\$2,600 | Integrated with Medical \$1,300/\$2,600 | Integrated with Medical \$1,350/\$2,700 | Integrated with Medical \$1,300/\$2,600 | Integrated with Medical \$1,350/\$2,700 | No Maximum | Integrated with Medical \$1,350/\$2,700 |
| Prescription Co-payment | \$5/\$50/50% NoDD | \$5/\$50/50%* (Tier 1 NoDD) | \$15/\$60/50%* (Tier 1 NoDD) | \$10/\$40/50%* (Preventive drugs NoDD) | \$20/\$85/60%* | \$12/40%/60%* (Preventive drugs NoDD) | \$25/0%/0%* (Tier 1 NoDD) | 0%/0%/0%* |
| VBID Maintenance Medications | | | | | | | | |

Pediatric Dental

| Diagnostic & Preventive | Platinum 1 Embedded | Gold 1 Embedded | Silver 3 Embedded | Silver 4 HDHP* Agg/Stacked | Bronze 2 Embedded | Bronze 3 HDHP* Agg/Stacked | NEW Bronze 4 Embedded | MVP Secure† Embedded |
|-------------------------|---------------------|-------------------|-------------------|----------------------------|-------------------|----------------------------|-----------------------|----------------------|
| Diagnostic & Preventive | Covered in full | Covered in full | Covered in full | Covered in full* | Covered in full | Covered in full* | Covered in full | Covered in full* |
| Basic Restorative | 30% co-insurance* | 30% co-insurance* | 30% co-insurance* | 30% co-insurance* | 30% co-insurance* | 30% co-insurance* | Covered in full* | Covered in full* |
| Orthodontia | 50% co-insurance* | 50% co-insurance* | 50% co-insurance* | 50% co-insurance* | 50% co-insurance* | 50% co-insurance* | Covered in full* | Covered in full* |

Rates (Effective 1/1/2018 - 12/31/2018)

| Plan Type | Platinum 1 Embedded | Gold 1 Embedded | Silver 3 Embedded | Silver 4 HDHP* Agg/Stacked | Bronze 2 Embedded | Bronze 3 HDHP* Agg/Stacked | NEW Bronze 4 Embedded | MVP Secure† Embedded |
|-----------------------|---------------------|-----------------|-------------------|----------------------------|-------------------|----------------------------|-----------------------|----------------------|
| Single | \$705.42 | \$596.79 | \$528.79 | \$505.48 | \$425.27 | \$429.17 | \$456.68 | \$293.04 |
| Couple | \$1,410.84 | \$1,193.58 | \$1,057.58 | \$1,010.96 | \$850.54 | \$858.34 | \$913.36 | \$586.08 |
| Parent and Child(ren) | \$1,361.46 | \$1,151.80 | \$1,020.56 | \$975.58 | \$820.77 | \$828.30 | \$881.39 | \$565.57 |
| Family | \$1,982.23 | \$1,676.98 | \$1,485.90 | \$1,420.40 | \$1,195.01 | \$1,205.97 | \$1,283.27 | \$823.44 |

NOTE: Benefits that are listed in red represent a plan change from 2017 to 2018.

† Catastrophic plans can only be purchased by individuals (not through an employer).
 This plan overview is intended to provide a general outline of coverage. In the event of any conflict between this document and your Certificate of Coverage, Schedule and any applicable Rider(s), your Certificate of Coverage, Schedule 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.

New for 2018
myVisitNowSM—24/7 Online Doctor Visits
 Access urgent care providers via video, 24 hours-a-day, 365 days-a-year. You also have access to convenient self-scheduling with behavioral health specialists, nutritionists, dietitians, and lactation consultants—all from the comfort of your own home, or nearly anywhere in the U.S.!

Register an account today at myvisitnow.com and download the **myVisitNow mobile app**.
 myVisitNow from MVP Health Care is powered by American Well. Regulatory restrictions may apply.

New for 2018
National Coverage with Cigna!
 All MVP VT plans and VT Plus plans have access to the Cigna HealthCare network—providing members full national coverage with more than 500,000 providers at 5,000 facilities nationwide outside the MVP regional network. To search MVP's complete network of providers, visit mvphealthcare.com.

MVP Rx Members Save at CVS
 You can save 20 percent on more than 2,200 CVS-branded health care items with the **MVP-CVS ExtraCare Health Card**. Use your discount at any CVS store nationwide or online at cvs.com for over-the-counter medications, contact lens solution, first aid, and oral hygiene products... literally thousands of items.

Wellness Benefits
All MVP VT Plus Plans (Non-Standard) include \$50 in Wellness Rewards for completing a biometric screening, as well as access to MVP's suite of online wellness tools and activities.

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

Embedded (Emb) Each member will pay toward, but never exceed, their individual deductible and/or OOPM until the larger Family deductible and/or OOPM is met. Once the Family deductible and/or OOPM has been met, the plan will begin payment of services for all members on the contract, regardless of the status of any remaining individual deductible and/or OOPM levels.

Open Enrollment Period
 Vermonters can begin to enroll in Qualified Health Plans on November 1, 2017 for coverage starting January 1, 2018.

Special Enrollment Period
 Certain life events—like marriage, having a baby, or a job change—may qualify you to enroll in a new health plan outside of the Open Enrollment period. To find out what other events qualify you for the Special Enrollment Period call **1-844-865-0250** or visit mvphealthcare.com/vermont.

For plan details, call **1-844-865 0250** or visit mvphealthcare.com/vermont.

