

# Vermont Small Group 2022 Plans

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	Platinum	Gold			Reflective Silver <i>(only available directly from MVP)</i>				Bronze				
	1	1	2	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	Non-Standard MVP VT Plus	Non-Standard MVP VT Plus	Non-Standard MVP VT Plus	Standard MVP VT	Standard MVP VT	Non-Standard MVP VT Plus	Standard MVP VT	Standard MVP VT	Standard MVP VT	Non-Standard MVP VT Plus
Benefit amounts below are the co-pay or co-insurance after the deductible is met, unless otherwise noted as not subject to deductible (NoDD). All plans include dependent care coverage to age 26. <b>Benefits in red</b> indicate a change from the 2021 plan.													
<b>Plan Deductible</b> Individual/Family	\$400/\$800 EMB	\$1,200/\$2,400 EMB	\$700/\$1,400 EMB	\$3,200/\$6,400 AGG	\$1,750/\$3,500 EMB	\$5,100/\$10,200 EMB	\$3,400/\$6,800 EMB	\$1,850/\$3,700 AGG	\$7,250/\$14,500 EMB	\$6,450/\$12,900 EMB	\$5,700/\$11,400 AGG	\$8,700/\$17,400 EMB	\$7,850/\$15,700 EMB
<b>Out-of-Pocket Maximum</b> Individual/Family	\$1,400/\$2,800 EMB	\$5,400/\$10,800 EMB	\$6,500/\$13,000 EMB	\$3,200/\$6,400 AGG	\$6,950/\$13,900 EMB	\$5,100/\$10,200 EMB	\$8,550/\$17,100 EMB	\$6,900/\$13,800 AGG	\$8,400/\$16,800 EMB	\$8,700/\$17,400 EMB	\$7,050/\$14,100 AGG	\$8,700/\$17,400 EMB	\$7,850/\$15,700 EMB

## Medical

<b>Primary Care/Specialist Visit</b>	\$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%
<b>Hospital Facility</b> 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%
<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%	\$100/50%	\$100/50%	50%/50%	0%/0%	0%/0%
<b>Diabetic Supplies<sup>1</sup></b>	50% NoDD	50%	50%	5%	50%	0%	50%	50%	60%	60%	60%	0%	0%
<b>Chiropractic/Acupuncture</b>	\$20 NoDD/Not Covered	\$30 NoDD/Not Covered	\$25 NoDD/\$500 Allowance <sup>3</sup>	0%/ \$500 Allowance <sup>3</sup>	\$45/\$500 Allowance <sup>3</sup>	0%/ \$500 Allowance <sup>3</sup>	\$45 NoDD/Not Covered	30%/Not Covered	\$50/\$500 Allowance <sup>3</sup>	\$45/Not Covered	50%/Not Covered	\$50 NoDD/Not Covered	0%/ \$500 Allowance <sup>3</sup>

## Additional Benefits

<b>Virtual Care Services</b>	<i>Gia virtual care services are \$0 on all plans, except qualified high-deductible health plans (QHDHPs) in 2022. The IRS now requires members enrolled in QHDHPs to pay for virtual care services until their plan deductible is met. After the deductible is met, virtual care services are \$0. While costs for care vary, Gia virtual care services are generally lower cost than the in-person alternative. Gia virtual care services include urgent/emergent care, primary care, behavioral health, psychiatry, nutrition, and lactation. Virtual physical therapy is also included on 2022 plans. In-person care or virtual care excluding Gia is subject to co-pay/cost-share per plan details. All MVP Vermont Small Group HDHPs are QHDHPs.</i>
<b>MVP WellBeing Rewards</b>	<i>Earn up to \$600 per contract, per calendar year with MVP WellBeing Rewards on MVP VT Plus non-standard plans.</i>
<b>Pediatric Dental and Vision</b>	<i>All plans include pediatric dental and vision coverage for dependents up to age 21. See plan details for more information.</i>

## Pharmacy

<b>Prescription Deductible</b> Individual/Family	None	\$150/\$300 Brand Deductible	\$250/\$500 Brand Deductible	Integrated with Medical	\$750/\$1,500	Integrated with Medical	\$400/\$800 Brand Deductible	Integrated with Medical	\$700/\$1,400	\$1,100/\$2,200 Brand Deductible	Integrated with Medical	Integrated with Medical	Integrated with Medical
<b>Prescription Out-of-Pocket Maximum</b> Individual/Family	\$1,400/\$2,800 EMB	\$1,400/\$2,800 EMB	\$1,400/\$2,800 EMB	\$1,400/\$2,800 AGG	\$1,400/\$2,800 EMB	Integrated with Medical \$1,400/\$2,800 AGG	Integrated with Medical \$1,400/\$2,800 EMB	Integrated with Medical \$1,400/\$2,800 AGG	Integrated with Medical	Integrated with Medical \$1,400/\$2,800 EMB	Integrated with Medical \$1,400/\$2,800 AGG	Integrated with Medical	Integrated with Medical
<b>Prescription Cost Share</b> Tier1/Tier2/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 NoDD	\$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

## Premium Monthly Rates

Rates effective January 1, 2022–December 31, 2022.

<b>Single</b>	\$810.54	\$666.54	\$701.33	\$683.24	\$574.67	\$593.43	\$606.23	\$589.67	\$506.73	\$510.24	\$514.80	\$530.88	\$521.18
<b>Single + Spouse</b>	\$1,621.08	\$1,333.08	\$1,402.66	\$1,366.48	\$1,149.34	\$1,186.86	\$1,212.46	\$1,179.34	\$1,013.46	\$1,020.48	\$1,029.60	\$1,061.76	\$1,042.36
<b>Single + Child(ren)</b>	\$1,564.34	\$1,286.42	\$1,353.57	\$1,318.65	\$1,109.11	\$1,145.32	\$1,170.02	\$1,138.06	\$977.99	\$984.76	\$993.56	\$1,024.60	\$1,005.88
<b>Single + Spouse + Child(ren)</b>	\$2,277.62	\$1,872.98	\$1,970.74	\$1,919.90	\$1,614.82	\$1,667.54	\$1,703.51	\$1,656.97	\$1,423.91	\$1,433.77	\$1,446.59	\$1,491.77	\$1,464.52

<sup>1</sup> The cost-share for diabetic supplies is subject to the pharmacy deductible and the medical out-of-pocket maximum (OOPM).

<sup>2</sup> This plan features an aggregate deductible and OOPM. Each member on a family plan will pay toward the family OOPM. No individual will pay more than the government mandated OOPM of \$8,700. The term *embedded* is used in Vermont Health Connect materials to define this deductible and OOPM structure.

<sup>3</sup> Members are reimbursed up to \$500 for acupuncture services from a licensed provider. Once this allowance is met, no further acupuncture services will be covered. This benefit is subject to the deductible and OOPM only on high-deductible health plans. For such plans, services will be reimbursed up to \$500 in the same manner billed if the deductible has been met. If the deductible has not been met, MVP will apply the allowance to the deductible and OOPM until the deductible is met.

These plan overviews are intended to provide a general outline of coverage. For comprehensive benefit details, please review your Certificate of Coverage (COC), Summary of Benefits and Coverage (SBC), and any applicable Rider(s). Your COC, SBC, and Rider(s) will be controlling. These documents can be found in your MVP online account, or are available by request.

**HDHP:** High-Deductible Health Plan. **QHDHP:** Qualified High-Deductible Health Plan. **NoDD:** Not subject to deductible. **VBID:** Value-Based Insurance Design. VBID maintenance Medications are not subject to the deductible.

All Vermont Small Group HDHPs are QHDHPs and can be paired with a Health Savings Account. All MVP VT and MVP VT Plus Small Group plans meet Medicare Creditable Coverage except Bronze 4. The Bronze 4 plan will meet Medicare Creditable Coverage if a minimum of \$100 is deposited into an integrated Health Reimbursement Arrangement.

**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 payment.

**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 Vermont Health Connect materials to define this deductible and/or OOPM structure.

**Standard plans** are based on what the state dictates must be included in benefit details. **Non-Standard plans** contain unique features that enhance the value of the benchmark benefits.

## Questions? We're here to help!

Call 1-844-865-0250 or visit [mvphealthcare.com/vermont](http://mvphealthcare.com/vermont) to learn more.



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