




Chamber of Commerce Plan Benefits/Rates
January - December 2019

* Common Law employee (CLE) must be enrolled

MVP Health Care Liberty Small Group Plan Grid
Off-Exchange

	EPO	EPO	EPO	EPO	EPO	QHDEPO	QHDEPO	QHDEPO
	PLATINUM 1 #E545AAB2	GOLD 3 E1040ABC	GOLD 4 E4060ABR	GOLD 6 E3050BDW	SILVER 3 QHDEPO E00309DS/F	SILVER 8 QHDEPO E00306CE	BRONZE 5 QHDEPO E003060E	BRONZE 6 QHDEPO E003064E
Single	\$795.68	\$659.08	\$694.53	\$701.94	\$556.28	\$538.98	\$455.38	\$472.93
Double	\$1,591.36	\$1,318.16	\$1,389.06	\$1,403.88	\$1,112.56	\$1,077.96	\$910.76	\$945.86
Employee/Child(ren)	\$1,352.66	\$1,120.44	\$1,180.70	\$1,193.30	\$945.68	\$916.27	\$774.15	\$803.98
Family	\$2,267.69	\$1,878.38	\$1,979.41	\$2,000.53	\$1,585.40	\$1,536.09	\$1,297.83	\$1,347.85
Deductible (Individual/Family)	\$0/\$0	\$800/\$1,600 Embedded	\$0/\$0	\$350/\$700 Embedded	\$2,200/\$4,400 Aggregate	\$3,700/\$7,400 Embedded	\$5,350/\$10,700 Embedded	\$6,550/\$13,100 Embedded
An * asterisk next to a benefit means the DEDUCTIBLE must be met before the plan pays or co-pays are applied.								
Out of Pocket/Coinsurance Maximum	\$2,450/\$4,900	\$4,400/\$8,800	\$6,750/\$13,500	\$6,550/\$13,100	\$4,800/\$9,600	\$5,500/\$11,000	\$6,550/\$13,100	\$6,550/\$13,100
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care	3 visits at \$0, then \$5	\$10 *	\$40	\$30	\$25 *	\$0 *	\$5 *	\$0 *
Specialist Visit	\$45	\$40 *	\$60	\$50	\$50 *	\$0 * / \$0 *	50% *	\$0 *
Inpatient Hospitalization	\$300	\$800 *	\$750	1,000 *	\$500 *	\$0 *	50% *	\$0 *
Outpatient Surgery	\$100	\$100 *	\$300	300 *	\$200 *	\$0 *	50% *	\$0 *
Emergency Room	\$100	\$300 *	\$500	\$100	\$300 *	\$0 *	\$100 *	\$0 *
Urgent Care	\$45	\$40 *	\$60	\$50	\$50 *	\$0 *	50% *	\$0 *
Ambulance	\$100	\$300 *	\$500	\$100	300 *	\$0 *	\$100 *	\$0 *
Telemedicine (My Visit Now)	\$5	\$10 *	\$40	\$30	\$25 *	\$0	\$5 *	\$0 *
Durable Medicare Equipment (DME)	50%	50%	50%	50%	50%	\$0 *	50% *	\$0 *
Vision	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric
Prescription Deductible Ind/Fam	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical
Prescription Co-payment	\$5 / \$30 / \$50	\$10 / \$35 / 50%	\$10 / \$40 / \$60	\$10 / \$40 / \$60	\$10 / \$40 / \$60 *	\$10 / \$40 / \$60 *	\$5 / \$30 / 50% *	0% / 0% / 0% *
Preventive Drug List	No	No	No	No	Yes	Yes	Yes	Yes
	PLATINUM 1	GOLD 3	GOLD 4	GOLD 6	SILVER 3	SILVER 8	BRONZE 5	BRONZE 6

2019 PLAN HIGHLIGHTS

<p>Eligibility To participate in the Chamber's insurance program, businesses must maintain their Chamber Membership. For Small Group eligibility, there must be at least one * Common Law Employee (CLE) enrolled. An employee does not include the sole owner or the spouse of the owner. If you do not qualify for a Small Group product, please contact our office for INDIVIDUAL plan options available to Members without a CLE.</p>	<p>Open Enrollment November is Open Enrollment for January 1st coverage. All applications must be received in our office by Friday, November 30th</p>	<p>Pediatric Dental Benefit is now included in all small group plans - \$25 co-pay deductible applied to HDHP plans - Routine: 20% coinsurance * - Major: 50% coinsurance * including medically necessary orthodontists Domestic Partner Coverage for Same/Opposite Sex</p>	<p>Telemedicine With MyVisitNow- 24/7 Online Doctor Visits WellLife Rewards Up to \$325 reimbursement for health-related activities</p>	<p>Aggregate Plan Out of pocket maximum must be met by any one or any combination of members before the plan will make payments.</p>	<p>Embedded Plan Each member will pay towards, but never exceed their individual and/or OOPM until the larger Family deductible is met.</p>	<p>HSA Contribution Limits Single: \$3,500 Family: \$7,000 HSA Catch-up Contributions (Age 55 or older) \$1,000</p>
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Monthly premium rates shown do not include administrative fees - Plan summaries available upon request or online

This comparison has been prepared as a guide to assist you in evaluating the program.

This is not a complete comparison or contract and in no way details all the benefits, limitations, or exclusions. Rates and terms are subject to change.