

Health Insurance Rates Comparison
MVP 2020 to 2021
 Created on 9/18/20

Plan Rates

	2020 Per Month	2020 Per Year	2021 Per Month	2021 Per Year	Percent Change
MVP Gold 3 HDHP					
Single	\$ 651.82	\$ 7,821.84	\$ 682.62	\$ 8,191.44	4.73%
Single + Spouse	\$ 1,303.64	\$ 15,643.68	\$ 1,365.24	\$ 16,382.88	4.73%
Single + Child(ren)	\$ 1,258.01	\$ 15,096.12	\$ 1,317.46	\$ 15,809.52	4.73%
Single + Spouse + Child(ren)	\$ 1,831.61	\$ 21,979.32	\$ 1,918.16	\$ 23,017.92	4.73%

MVP Platinum					
Single	\$ 784.52	\$ 9,414.24	\$ 798.23	\$ 9,578.76	1.75%
Single + Spouse	\$ 1,569.04	\$ 18,828.48	\$ 1,596.46	\$ 19,157.52	1.75%
Single + Child(ren)	\$ 1,514.12	\$ 18,169.44	\$ 1,540.58	\$ 18,486.96	1.75%
Single + Spouse + Child(ren)	\$ 2,204.50	\$ 26,454.00	\$ 2,243.03	\$ 26,916.36	1.75%

Richmond 2020	Number Of Plans	Cost Per Year Per Plan	Total Cost Per Year	Total Annual Expenses to Town
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Gold 3				
Single Plan	6	\$ 7,821.84	\$ 46,931.04	
HAS (annual payment)	6	\$ 500.00	\$ 3,000.00	
HRA (annual payment)	6	\$ 800.00	\$ 4,800.00	
Total			\$ 54,731.04	

Platinum				
Single	2	\$ 9,414.24	\$ 18,828.48	
Single + Spouse	2	\$ 18,828.48	\$ 37,656.96	
Single + Spouse + Child(ren)	3	\$ 26,454.00	\$ 79,362.00	
Total			\$ 135,847.44	\$ 190,578.48

Richmond 2021	Number Of Plans	Cost Per Year Per Plan	Total Cost Per Year	Total Annual Expenses to Town
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Gold 3				
Single Plan	6	\$ 8,191.44	\$ 49,148.64	
HSA	6	\$ 500.00	\$ 3,000.00	
HRA	6	\$ 800.00	\$ 4,800.00	
Total			\$ 56,948.64	

Platinum				
Single	2	\$ 9,578.76	\$ 19,157.52	
Single + Spouse	2	\$ 19,157.52	\$ 38,315.04	
Single + Spouse + Child(ren)	3	\$ 26,916.36	\$ 80,749.08	
Total			\$ 138,221.64	\$ 195,170.28

\$ Increase 2020 to 2021	\$ 4,591.80
% Increase 2020 to 2021	2.41%

Vermont Small Group 2020 Plans

Open enrollment begins on November 1, 2019 for coverage starting January 1, 2020.



	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				
	Standard MVP VT	Standard MVP VT	Non-Standard MVP VT Plus	3 HDHP	Non-Standard MVP VT Plus	2 HDHP	Standard MVP VT	4 HDHP	Non-Standard MVP VT Plus	2 HDHP	Standard MVP VT	4 HDHP	Non-Standard MVP VT Plus	2	3 HDHP	4	Non-Standard MVP VT Plus				
Plan Deductible																					
Individual/Family	\$350/\$700 EMB	\$900/\$1,800 EMB	\$700/\$1,400 EMB	\$2,700/\$5,400 AGG	\$1,500/\$3,000 EMB	\$4,750/\$9,500 EMB	\$3,200/\$6,400 EMB	\$1,700/\$3,400 AGG	\$1,500/\$3,000 EMB	\$4,775/\$9,550 EMB	\$3,200/\$6,400 EMB	\$1,700/\$3,400 AGG	\$7,250/\$14,500 EMB	\$6,000/\$12,000 EMB	\$5,500/\$11,000‡ AGG	\$7,900/\$15,800 EMB	\$7,600/\$15,200 EMB				
Out-of-Pocket Maximum																					
Individual/Family	\$1,350/\$2,700 EMB	\$5,000/\$10,000 EMB	\$6,325/\$12,650 EMB	\$2,700/\$5,400 AGG	\$6,500/\$13,000 EMB	\$4,750/\$9,500 EMB	\$7,900/\$15,800 EMB	\$6,750/\$13,500‡ AGG	\$6,500/\$13,000 EMB	\$4,775/\$9,550 EMB	\$7,900/\$15,800 EMB	\$6,750/\$13,500‡ AGG	\$8,000/\$16,000 EMB	\$8,150/\$16,300 EMB	\$6,750/\$13,500‡ AGG	\$7,900/\$15,800 EMB	\$7,600/\$15,200 EMB				
Medical																					
Primary Care / Specialist Visit	\$15 NoDD/ \$40 NoDD	\$20 NoDD/ \$50 NoDD	\$20 NoDD/ \$40 NoDD	0%/0%	3 PCP visits NoDD then \$30/\$60	0%/0%	\$35 NoDD/ \$80 NoDD	10%/30%	3 PCP visits 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 NoDD then 0%/0%				
Hospital Facility Inpatient/Outpatient	10%/10%	30%/30%	20%/20%	0%/0%	50%/1,400	0%/0%	50%/50%	30%/30%	50%/1,400	0%/0%	50%/50%	30%/30%	50%/50%	50%/50%	50%/50%	\$0/\$0	0%/0%				
Urgent Care / Emergency Room	\$50 NoDD/\$100	\$60 NoDD/\$150	\$30 NoDD/\$250	0%/0%	\$60/\$400	0%/0%	\$90 NoDD/\$250	30%/30%	\$60/\$400	0%/0%	\$90 NoDD/\$250	30%/30%	\$100/50%	\$100/50%	50%/50%	\$0/\$0	0%/0%				
Ambulance	\$60 NoDD	\$70 NoDD	\$50	0%	\$100	0%	\$100 NoDD	30%	\$105	0%	\$105 NoDD	35%	\$100	\$100	50%	\$0	0%				
Diagnostic Radiology / Laboratory Outpatient	10%/10%	30%/30%	\$80/\$40	0%/0%	\$150/\$60	0%/0%	50%/50%	30%/30%	\$150/\$60	0%/0%	50%/50%	30%/30%	50%/50%	50%/50%	50%/50%	\$0/\$0	0%/0%				
Diabetic Supplies**	50% NoDD	50%	50%	0%	50%	0%	50%	50%	50%	0%	50%	50%	60%	60%	60%	\$0	0%				
Chiropractic Benefit	\$20 NoDD	\$30 NoDD	\$25 NoDD	0%	\$45	0%	\$45 NoDD	30%	\$45	0%	\$45 NoDD	30%	\$50	\$45	50%	\$50 NoDD	0%				
Pharmacy																					
Prescription Deductible Individual/Family	None	\$100/\$200 Brand Ded	\$200/\$400 Brand Ded	Integrated w/ Medical	\$500/\$1,000	Integrated w/ Medical	\$350/\$700 Brand Ded	Integrated w/ Medical	\$500/\$1,000	Integrated w/ Medical	\$350/\$700 Brand Ded	Integrated w/ Medical	\$700/\$1,400	\$1,000/\$2,000	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 \$1,400/\$2,800 AGG	\$1,350/\$2,700	Integrated w/ Medical \$1,400/\$2,800 AGG	Integrated w/ Medical \$1,350/\$2,700	Integrated w/ Medical \$1,400/\$2,800 AGG	\$1,350/\$2,700	Integrated w/ Medical \$1,400/\$2,800 AGG	Integrated w/ Medical \$1,350/\$2,700	Integrated w/ Medical \$1,400/\$2,800 AGG	Integrated w/ Medical	Integrated w/ Medical \$1,350/\$2,700	Integrated w/ Medical \$1,400/\$2,800 AGG	Integrated w/ Medical	Integrated w/ Medical				
Prescription Cost Share Tier 1/Tier 2/Tier 3	\$10 NoDD/ \$50 NoDD/ 50% NoDD	\$10 NoDD/\$50/50%	\$10 NoDD/\$40/50% VBID: \$1 \$0 NoDD Generic until age 10	\$0/\$0/0%	\$5/50%/50% VBID: \$1 \$0 NoDD Generic until age 10	\$0/\$0/0%	\$15 NoDD/\$60/50%	\$10/\$40/50%	\$5/50%/50% VBID: \$1 \$0 NoDD Generic until age 10	\$0/\$0/0%	\$15 NoDD/\$60/50%	\$10/\$40/50%	\$25/\$100/60% VBID: \$3 \$0 NoDD Generic until age 10	\$20/\$85/60%	\$12/40%/60%	\$25 NoDD/\$0/\$0	\$30 NoDD/0%/0% 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	0% Co-insurance				

Amounts listed above are the co-pay or co-insurance after the deductible is met, unless otherwise noted (NoDD). NoDD: Not subject to deductible

Rates (Effective January 1, 2020–December 31, 2020)

	Platinum 1	Gold 1	Gold 2	Gold 3 HDHP	Silver 1	Silver 2 HDHP	Silver 3	Silver 4 HDHP	Reflective Silver 1	Reflective Silver 2 HDHP	Reflective Silver 3	Reflective Silver 4 HDHP	Bronze 1	Bronze 2	Bronze 3 HDHP	Bronze 4	Bronze 5
Single	\$784.52	\$663.63	\$695.91	\$651.82	\$644.91	\$671.94	\$675.22	\$661.70	\$554.40	\$579.29	\$584.71	\$571.19	\$475.96	\$476.22	\$490.01	\$542.75	\$501.07
Single + Spouse	\$1,569.04	\$1,327.26	\$1,391.82	\$1,303.64	\$1,289.82	\$1,343.88	\$1,350.44	\$1,323.40	\$1,108.80	\$1,158.58	\$1,169.42	\$1,142.38	\$951.92	\$952.44	\$980.02	\$1,085.50	\$1,002.14
Single + Child(ren)	\$1,514.12	\$1,280.81	\$1,343.11	\$1,258.01	\$1,244.68	\$1,296.84	\$1,303.17	\$1,277.08	\$1,069.99	\$1,118.03	\$1,128.49	\$1,102.40	\$918.60	\$919.10	\$945.72	\$1,047.51	\$967.07
Single + Spouse + Child(ren)	\$2,204.50	\$1,864.80	\$1,955.51	\$1,831.61	\$1,812.20	\$1,888.15	\$1,897.37	\$1,859.38	\$1,557.86	\$1,627.80	\$1,643.04	\$1,605.04	\$1,337.45	\$1,338.18	\$1,376.93	\$1,525.13	\$1,408.01

All plans include dependent care coverage until the end of the year that the dependent turns 26. NOTE: Benefits shown in red represent a change from the 2019 plan.

Questions? We're here to help! Call 1-844-865-0250 or visit mvphealthcare.com/vermont

VBID: Value-Based Insurance Design Maintenance Medications not subject to deductible.

** The cost share for diabetic supplies is subject to the pharmacy deductible and the medical out-of-pocket maximum.

‡ This plan features an aggregate deductible and out-of-pocket maximum (OOPM). Each member on a family plan will pay toward the family OOPM. No individual will pay more than the government mandated OOPM of \$8,150. The term "Embedded" is used on Vermont Health Connect (VHC) materials to define this deductible and OOPM structure.

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.

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. The term "Stacked" is used on VHC materials to define this deductible and/or OOPM structure.

*Reflective Silver Plans

These plans have a lower premium and are only available directly from MVP to those who are not eligible for an Advanced Premium Tax Credit (APTC). Check your subsidy eligibility at vermonthealthconnect.gov or call 1-855-899-9600.

Blue Cross and Blue Shield of Vermont
2020
plans and premiums
 Qualified Health Plans

		PLAN BENEFITS		MEDICAL								PHARMACY				MONTHLY PREMIUMS				
		Financial accounts		Individual plan deductible		Individual plan out-of-pocket maximum	Medical cost-sharing					Individual prescription deductible	Individual prescription out-of-pocket maximum	Prescription drugs cost-sharing		single	two person	adult and child or children	family	
		Health Savings Account (HSA)	Health Reimbursement Arrangement (HRA) (available only through an employer)	deductible is doubled for 2-person and family policies	deductible type (see below right for definitions)	out-of-pocket maximum is doubled for 2-person and family policies	preventive care: visit www.bcbstv.com/preventive for the full list of preventive services covered at \$0	primary care provider or mental health visits	specialist visits ⁴	urgent care	emergency room	outpatient/inpatient hospital care	deductible is doubled and aggregate for 2-person and family policies when combined with medical	out-of-pocket maximum is doubled for 2-person and family policies	select wellness drugs (generic/preferred/non-preferred brands)					prescription drugs (generic/preferred/non-preferred brands)
Blue Rewards Health and Wellness Plans	GOLD	●		\$1,550	aggregate	\$5,150 ²	\$0	combined 3/6/9 visits with no cost-sharing, then deductible applies, then co-pay \$20	deductible, then \$40	deductible, then \$40	deductible, then \$250	deductible, then \$750	combined with medical	\$1,400	deductible, then \$5/40%/60%	deductible, then \$5/40%/60%	\$698.95	\$1,397.90	\$1,348.97	\$1,964.05
	SILVER REFLECTIVE ³	●		\$3,000	aggregate	\$8,150 ²	\$0	combined 3/6/9 visits with no cost-sharing, then deductible applies, then co-pay \$30	deductible, then \$50	deductible, then \$50	deductible, then \$450	deductible, then \$1,750	combined with medical	\$1,400	deductible, then \$5/40%/60%	deductible, then \$5/40%/60%	\$607.28	\$1,214.56	\$1,172.05	\$1,706.46
	BRONZE	●		\$7,900	aggregate	\$7,900 ²	\$0	combined 3/6/9 visits with no cost-sharing, then deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	n/a ¹	deductible, then \$0	deductible, then \$0	\$545.43	\$1,090.86	\$1,052.68	\$1,532.66
	GOLD CDHP	●	●	\$3,250	aggregate	\$3,250	\$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	\$1,400	\$5/40%/60%	deductible, then \$0	\$694.59	\$1,389.18	\$1,340.56	\$1,951.80
	SILVER CDHP REFLECTIVE ³	●	●	\$4,450	aggregate	\$4,450 ²	\$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	\$1,400	\$15/40%/60%	deductible, then \$0	\$630.08	\$1,260.16	\$1,216.05	\$1,770.52
	BRONZE CDHP	●	●	\$6,750	aggregate	\$6,750 ²	\$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	n/a ¹	\$25/40%/60%	deductible, then \$0	\$545.59	\$1,091.18	\$1,052.99	\$1,533.11
Standard Plans	PLATINUM	●		\$350	stacked	\$1,350 medical plus \$1,350 Rx	\$0	\$15	\$40	\$50	deductible, then \$100	deductible, then 10%	\$0	\$1,350	\$10/\$50/50%	\$10/\$50/50%	\$900.13	\$1,800.26	\$1,737.25	\$2,529.37
	GOLD	●		\$900	stacked	\$5,000 medical plus \$1,350 Rx	\$0	\$20	\$50	\$60	deductible, then \$150	deductible, then 30%	\$100 per member	\$1,350	\$10/deductible, then \$50/50%	\$10/deductible, then \$50/50%	\$777.60	\$1,555.20	\$1,500.77	\$2,185.06
	SILVER REFLECTIVE ³	●		\$3,200	stacked	\$7,900	\$0	\$35	\$80	\$90	deductible, then \$250	deductible, then 50%	\$350 per member	\$1,350	\$15/deductible, then \$60/50%	\$15/deductible, then \$60/50%	\$644.75	\$1,289.50	\$1,244.37	\$1,811.75
	BRONZE	●		\$6,000	stacked	\$8,150	\$0	deductible, then \$35	deductible, then \$90	deductible, then \$100	deductible, then 50%	deductible, then 50%	\$1,000 per member	\$1,350	deductible, then \$20/\$85/60%	deductible, then \$20/\$85/60%	\$549.48	\$1,098.96	\$1,060.50	\$1,544.04
	BRONZE without Rx MOOP	●		\$7,900	stacked	\$7,900	\$0	\$40	\$100	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	n/a ¹	\$25/deductible, then \$0/\$0	\$25/deductible, then \$0/\$0	\$560.45	\$1,120.90	\$1,081.67	\$1,574.86
	SILVER CDHP REFLECTIVE ³	●	●	\$1,700	aggregate	\$6,750 ²	\$0	deductible, then 10%	deductible, then 30%	deductible, then 30%	deductible, then 30%	deductible, then 30%	deductible, then 30%	combined with medical	\$1,400	\$10/\$40/50%	deductible, then \$10/\$40/50%	\$663.91	\$1,327.82	\$1,281.35
BRONZE CDHP	●	●	\$5,500	aggregate	\$6,750 ²	\$0	deductible, then 50%	deductible, then 50%	deductible, then 50%	deductible, then 50%	deductible, then 50%	deductible, then 50%	combined with medical	\$1,400	\$12/40%/60%	deductible, then \$12/40%/60%	\$559.27	\$1,118.54	\$1,079.39	\$1,571.55

¹ This plan does not include a separate prescription drug out-of-pocket maximum (Rx MOOP). All expenses accumulate to the overall out-of-pocket maximum.

² Regardless of all other cost-sharing, if one individual's out-of-pocket costs reach \$8,150 in a year, we begin paying 100 percent of the allowed amount for that person's covered services and supplies.

³ Reflective Silver Plans are nearly identical to Silver Plans offered through Vermont Health Connect. If you are enrolled on a Reflective Silver Plan, you will not be eligible for Premium Assistance.

⁴ Does not include chiropractor or outpatient physical therapy. Refer to your plan contract documents for specific co-payments.

Purple figures indicate a change for 2020 plans.

Questions? Contact us at: (800) 255-4550 | consumersupport@bcbstv.com | www.bcbstv.com/qhp



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Vermont Small Group 2021 Plans

Open enrollment begins on November 1, 2020 for coverage starting January 1, 2021.



	Platinum		Gold			Reflective Silver (only available directly through MVP)				Bronze					
	1	1	2	3	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		3 HDHP	Non-Standard MVP VT Plus		Standard MVP VT		Non-Standard MVP VT Plus		Standard MVP VT		Non-Standard MVP VT Plus	
Plan Deductible															
Individual/Family	\$350/\$700 EMB	\$1,100/\$2,200 EMB	\$700/\$1,400 EMB	\$3,000/\$6,000 AGG		\$1,500/\$3,000 EMB	\$5,100/\$10,200 EMB	\$3,200/\$6,400 EMB	\$1,750/\$3,500 AGG	\$7,250/\$14,500 EMB	\$6,250/\$12,500 EMB	\$5,500/\$11,000 AGG	\$8,400/\$16,800 EMB	\$7,850/\$15,700 EMB	
Out-of-Pocket Maximum															
Individual/Family	\$1,400/\$2,800 EMB	\$5,200/\$10,400 EMB	\$6,500/\$13,000 EMB	\$3,000/\$6,000 AGG		\$6,700/\$13,400 EMB	\$5,100/\$10,200 EMB	\$8,150/\$16,300 EMB	\$6,900/\$13,800 [‡] AGG	\$8,400/\$16,800 EMB	\$8,400/\$16,800 EMB	\$6,900/\$13,800 [‡] AGG	\$8,400/\$16,800 EMB	\$7,850/\$15,700 EMB	
Medical	New for 2021! \$0 telemedicine services for all emergency, urgent and primary care, as well as nutrition, mental health and psychiatry.*														
Telemedicine*															
Primary Care / Specialist Visit	\$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%	
Hospital Facility 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%	
Urgent Care / Emergency Room	\$50 co-pay 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%	
Diagnostic Radiology / Laboratory Outpatient	10%/10%	30%/30%	\$80/\$40	0%/0%		\$150/\$60	0%/0%	50%/50%	30%/30%	50%/50%	50%/50%	50%/50%	0%/0%	0%/0%	
Diabetic Supplies**	50% NoDD	50%	50%	0%		50%	0%	50%	50%	60%	60%	60%	0%	0%	
Chiropractic Benefit	\$20 NoDD	\$30 NoDD	\$25 NoDD	0%		\$45	0%	\$45 NoDD	30%	\$50	\$45	50%	\$50 NoDD	0%	
Pharmacy															
Prescription Deductible Individual/Family	None	\$100/\$200 Brand Ded	\$250/\$500 Brand Ded	Integrated w/Medical		\$500/\$1,000	Integrated w/Medical	\$350/\$700 Brand Ded	Integrated w/Medical	\$700/\$1,400	\$1,000/\$2,000 Brand Ded	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	
Prescription Out-of-Pocket-Max Individual/Family	\$1,400/\$2,800 EMB	\$1,400/\$2,800 EMB	\$1,400/\$2,800 EMB	Integrated w/Medical \$1,400/\$2,800 AGG		\$1,400/\$2,800 EMB	Integrated w/Medical \$1,400/\$2,800 AGG	Integrated w/Medical \$1,400/\$2,800 EMB	Integrated w/Medical \$1,400/\$2,800 AGG	Integrated w/Medical	Integrated w/Medical \$1,400/\$2,800 EMB	Integrated w/Medical \$1,400/\$2,800 AGG	Integrated w/Medical	Integrated w/Medical	
Prescription Cost Share Tier 1 / Tier 2 / 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 No DD	\$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	
Pediatric Dental															
Diagnostic & Preventive	Covered in full NoDD	Covered in full NoDD	Covered in full NoDD	0%		Covered in full NoDD	0%	Covered in full NoDD	0%	Covered in full NoDD	Covered in full NoDD	\$0	Covered in Full NoDD	Covered in Full NoDD	
Basic Restorative/Orthodontia & Major Restorative	30%/50%	30%/50%	30%/50%	0%/0%		30%/50%	0%/0%	30%/50%	30%/50%	30%/50%	30%/50%	30%/50%	0%/0%	0%/0%	

Amounts listed above are the co-pay or co-insurance after the deductible is met, unless otherwise noted (NoDD). NoDD: Not subject to deductible

Rates (Effective January 1, 2021–December 31, 2021)

Single	\$798.23	\$673.78	\$699.13	\$682.62	\$574.15	\$585.06	\$589.88	\$577.81	\$491.30	\$497.28	\$502.90	\$521.66	\$508.70
Single + Spouse	\$1,596.46	\$1,347.56	\$1,398.26	\$1,365.24	\$1,148.30	\$1,170.12	\$1,179.76	\$1,155.62	\$982.60	\$994.56	\$1,005.80	\$1,043.32	\$1,017.40
Single + Child(ren)	\$1,540.58	\$1,300.40	\$1,349.32	\$1,317.46	\$1,108.11	\$1,129.17	\$1,138.47	\$1,115.17	\$948.21	\$959.75	\$970.60	\$1,006.80	\$981.79
Single + Spouse + Child(ren)	\$2,243.03	\$1,893.32	\$1,964.56	\$1,918.16	\$1,613.36	\$1,644.02	\$1,657.56	\$1,623.65	\$1,380.55	\$1,397.36	\$1,413.15	\$1,465.86	\$1,429.45

All plans include dependent care coverage until the end of the year that the dependent turns 26. NOTE: Benefits shown in red represent a change from the 2020 plan.

Questions? We're here to help! Call 1-844-865-0250 or visit mvphealthcare.com/vermont

VBID: Value-Based Insurance Design Maintenance Medications not subject to the deductible.

[‡] This plan features an aggregate deductible and out-of-pocket maximum (OOPM). Each member on a family plan will pay toward the family OOPM. No individual will pay more than the government mandated OOPM of \$8,550. The term Embedded is used on Vermont Health Connect (VHC) materials to define this deductible and OOPM structure.

* Telemedicine services from MVP Health Care are powered by AmWell and UCM Digital Health. Regulatory restrictions may apply.

**The cost share for diabetic supplies is subject to the pharmacy deductible and the medical out-of-pocket maximum.

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.

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 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, after which, the plan makes payments for all members on the contract. The term Stacked is used on VHC materials to define this deductible and/or OOPM structure.

WellBeing Rewards

Earn up to \$600 per contract, per calendar year, with WellBeing Rewards on MVP VT Plus Non-Standard plans.

2021 SMALL GROUP PLANS & PREMIUMS

		BENEFITS		MEDICAL									PHARMACY				2021 MONTHLY PREMIUMS				
		Financial accounts*		Deductible		Out-of-pocket maximum	Medical cost-sharing						Deductible	Out-of-pocket maximum	Prescription drugs cost-sharing		Premium before any premium assistance.				
		Health Reimbursement Arrangement (HRA)	Health Savings Account (HSA)	deductible is doubled for 2-person and family policies	deductible type	out-of-pocket maximum is doubled for 2-person and family policies	preventive care ⁵	primary care provider or mental health visits	specialist visits with diagnosis of heart disease or diabetes ⁴	specialist visits ³	urgent care	emergency room	outpatient/inpatient hospital care	deductible is doubled for 2-person and family policies	out-of-pocket maximum is doubled for 2-person and family policies	select wellness drugs (generic/preferred/non-preferred brands)	prescription drugs (generic/preferred/non-preferred brands)	single	two person	adult and child or children	family
Vermont Preferred Plans	GOLD	●		\$1,550	Aggregate	\$5,150 ²	\$0	combined 3-6-9 visits with no cost-sharing, then deductible, then \$20	3 visits per member with no cost-sharing, then deductible, then \$40	Deductible, then \$40	Deductible, then \$40	Deductible, then \$250	Deductible, then \$750	Combined with medical	\$1,400	\$5/\$50/60%	Deductible, then \$5/40%/60%	\$731.76	\$1,463.52	\$1,412.30	\$2,056.25
	SILVER REFLECTIVE ○	●		\$3,000	Aggregate	\$8,150 ²	\$0	combined 3-6-9 visits with no cost-sharing, then deductible, then \$30	3 visits per member with no cost-sharing, then deductible, then \$50	Deductible, then \$50	Deductible, then \$50	Deductible, then \$450	Deductible, then \$1,750	Combined with medical	\$1,400	\$5/\$50/60%	Deductible, then \$5/40%/60%	\$632.21	\$1,264.42	\$1,220.17	\$1,776.51
	BRONZE	●		\$8,550	Aggregate	\$8,550²	\$0	combined 3-6-9 visits with no cost-sharing, then deductible, then \$0	3 visits per member with no cost-sharing, then deductible, then \$0	Deductible, then \$0	Deductible, then \$0			Combined with medical	Combined ¹	\$15/\$50/60%	Deductible, then \$0	\$562.56	\$1,125.12	\$1,085.74	\$1,580.79
Vermont Select Plans	CDHP GOLD	●	●	\$2,550	Aggregate	\$2,550	\$0	Deductible, then \$0						Combined with medical	\$1,400	\$5/40%/60%	Deductible, then \$0	\$770.70	\$1,541.40	\$1,487.45	\$2,165.67
	CDHP SILVER REFLECTIVE ○	●	●	\$4,500	Aggregate	\$4,500²	\$0	Deductible, then \$0						Combined with medical	\$1,400	\$15/40%/60%	Deductible, then \$0	\$649.74	\$1,299.48	\$1,254.00	\$1,825.77
	CDHP BRONZE	●	●	\$6,950	Aggregate	\$6,950²	\$0	Deductible, then \$0						Combined with medical	Combined ¹	\$25/65%/85%	Deductible, then \$0	\$557.06	\$1,114.12	\$1,075.13	\$1,565.34
Standard Plans	PLATINUM	●		\$350	Stacked	\$1,400⁶	\$0	\$15	\$40	\$50	Deductible, then \$100	Deductible, then 10%	\$0	\$1,400⁶	\$10/\$50/50%			\$939.97	\$1,879.94	\$1,814.14	\$2,641.32
	GOLD	●		\$1,100	Stacked	\$5,200⁶	\$0	\$20	\$50	\$60	Deductible, then \$150	Deductible, then 30%	\$100 single/\$200 2-person & family	\$1,400⁶	\$12/ deductible, then \$55/50%			\$796.44	\$1,592.88	\$1,537.13	\$2,238.00
	SILVER REFLECTIVE ○	●		\$3,200	Stacked	\$8,150	\$0	\$35	\$80	\$90	Deductible, then \$250	Deductible, then 50%	\$350 single/\$700 2-person & family	\$1,400	\$15/deductible, then \$60/50%			\$659.14	\$1,318.28	\$1,272.14	\$1,852.18
	BRONZE	●		\$6,250	Stacked	\$8,400	\$0	Deductible, then \$35	Deductible, then \$90	Deductible, then \$100	Deductible, then 50%		\$1,000 single/\$2,000 2-person & family	\$1,400	\$15/ deductible, then \$85/60%			\$560.45	\$1,120.90	\$1,081.67	\$1,574.86
	BRONZE without Rx MOOP	●		\$8,400	Stacked	\$8,400	\$0	\$40	\$100	Deductible, then \$0			Combined with medical	Combined ¹	\$30/ deductible, then \$0			\$568.00	\$1,136.00	\$1,096.24	\$1,596.08
	SILVER CDHP REFLECTIVE ○	●	●	\$1,750	Aggregate	\$6,900²	\$0	Deductible, then 10%	Deductible, then 30%				Combined with medical	\$1,400	\$10/\$40/50%	Deductible, then \$10/\$40/50%		\$686.16	\$1,372.32	\$1,324.29	\$1,928.11
	BRONZE CDHP	●	●	\$5,500	Aggregate	\$6,900²	\$0	Deductible, then 50%						Combined with medical	\$1,400	\$12/40%/60%	Deductible, then \$12/40%/60%		\$573.62	\$1,147.24	\$1,107.09

*To learn more about financial accounts available, visit bcbstv.com/mymoney

○ Reflective Silver Plans are nearly identical to Silver Plans offered through Vermont Health Connect. If you are enrolled on a Reflective Silver Plan, you will not be eligible for Premium Assistance.

Blue figures indicate a change for 2021 plans.

¹This plan does not include a separate prescription drug out-of-pocket maximum (Rx MOOP). All expenses accumulate to the overall out-of-pocket maximum. ²Regardless of all other cost-sharing, if one individual's out-of-pocket costs reach \$8,550 in a year, we begin paying 100 percent of the allowed amount for that person's covered services and supplies. ³Cost-sharing may vary for chiropractor & outpatient physical therapy. See the Summary of Benefits and Coverage at bcbstv.com/qhpsmallbusiness. ⁴Specialists visits include cardiologist, endocrinologist, nephrologist, ophthalmologist, or podiatrist only. ⁵Visit bcbstv.com/preventive for the full list of preventive services covered at no cost to you. ⁶Medical and prescription out-of-pocket limits are separate.