

Chamber of Commerce Plan Benefits/Rates January - December 2018

MVP Health Care Liberty Small Group Plan Grid Off-Exchange

HEALTH CARE	EPO	EPO	EPO	EPO	QHDHP	EPO	QHDEPO	QHDEPO		
	LIBERTY PLATINUM 1	LIBERTY GOLD 3	LIBERTY GOLD 4	LIBERTY SILVER 3 QHDEPO (HSA Qualified)	LIBERTY SILVER 8 QHDEPO (HSA Qualified)	LIBERTY SILVER 10	LIBERTY BRONZE 5 QHDEPO (HSA Qualified)	LIBERTY BRONZE 6 QHDEPO (HSA Qualified)		
Oin ale	#700.70	#044.00	# 045.75	# 505.00	# 540.45	0540.45	#407.05	0.450.07		
Single	\$732.76	\$614.30	\$645.75	\$525.83	\$510.15	\$510.15	\$437.65	\$452.87		
Double	\$1,465.52	\$1,228.60	\$1,291.50	\$1,051.66	\$1,020.30	\$1,020.30	\$875.30	\$905.74		
Employee/Child(ren)	\$1,245.69	\$1,044.31	\$1,097.78	\$893.91	\$867.26	\$867.26	\$744.01	\$769.88		
Family	\$2,088.37	\$1,750.76	\$1,840.39	\$1,498.62	\$1,453.93	\$1,453.93	\$1,247.30	\$1,290.68		
Deductible (Individual/Family)	\$0/\$0	\$800/\$1,600 Embedded	\$0/\$0	\$2,200/\$4,400 Aggregate	\$3,700/\$7,400 Embedded	\$6,550/\$13,100 Aggregate	\$5,350/\$10,700 Embedded	\$6,550/\$13,100 Embedded		
	* Deductible applied to this benefit - Member amount after deductible is met									
Out of Pocket/Coinsurance Maximum	\$2,450/\$4,900	\$4,400/\$8,800	\$6,750/\$13,500	\$4,800/\$9,600	\$5,500/\$11,000	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100		
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Primary Care	3 vists at \$0, then \$5	\$10 *	\$40	\$25 *	\$0 *	\$30	\$5 *	\$0 *		
Specialist Visit	\$45	\$40 *	\$60	\$50 *	\$0 * / \$0 *	\$0 * / \$0 *	50% *	\$0 *		
Inpatient Hospitalization	\$300	\$800 *	\$750	\$500 *	\$0 *	\$0 *	50% *	\$0 *		
Outpatient Surgery	\$100	\$100 *	\$300	\$200 *	\$0 *	\$0 *	50% *	\$0 *		
Emergency Room	\$100	\$300 *	\$500	\$300 *	\$0 *	\$0 *	\$100 *	\$0 *		
Urgent Care	\$45	\$40 *	\$60	\$50 *	\$0 *	\$0 *	50% *	\$0 *		
Ambulance	\$100	\$300 *	\$500	300 *	\$0 *	\$0 *	\$100 *	\$0 *		
Telemedicine (My Visit Now)	\$5	\$10 *	\$40	\$25 *	\$0	\$30	\$5 *	\$0 *		
Durable Medicare Equipment (DME)	50%	50%	50%	50%	\$0 *	\$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	Integrated w/Medical	Integrated w/Medical	\$0/\$0	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	Yes	Yes	No	Yes	Yes		

2018 PLAN HIGHLIGHTS

Eligibility	Open New:		Telemedicine	Aggregate	Embedded	HSA			
To participate in the Chamber's insurance program,	Enrollment	Pediatric Dental	With MyVistNow -	Plan	Plan	Contribution			
businesses must maintain their Chamber Membership. For	November is	Benefit is now included in all small	24/7 Online Doctor	Out of pocket	Each member will	Limits			
Small Group eligibility, there must be at least one Common	Open Enrollment	group plans - \$25 co-pay deductible	Visits	maximum must be	pay towards, but	Single: \$3,450			
Law Employee (CLE) enrolled. An employee does not	for January 1st	applied to HDHP plans - Routine:	WellLife Rewards	met by any one or	never exceed their	Family: \$6,900			
include the sole owner or the spouse of the owner. If you	coverage. All	20% coinsurance * - Major: 50%	Up to \$325.	any combination of	individual and/or	HSA			
do not qualify for a Small Group product, please contact our	applications	coinsurance * including medically	reimbursement for	members before the	OOPM until the	Catch-up			
office for INDIVIDUAL plan options available to Members	must be	necessary orthodontists	health-related	plan will make	larger Family	Contributions			
without a CLE. If you do not qualify for a Small Group	received in our		activities.	payments.	deductible is met.	(Age 55 or older)			
product, please contact our office for INDIVIDUAL plan	office by Friday,			Domestic Partner		\$1,000			
options available to Members without a CLE.	December 1st.			Coverage for Same		·			
				or Opposite Sex					
Monthly premium rates shown do not include administrative fees - Plan summaries available upon request or online									

Prepared: October 2017

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.