



Chamber of Commerce Plan Benefits/Rates
January - December 2020

* Common Law employee (CLE) must be enrolled

MVP Health Care Liberty Small Group Plan Grid
Off-Exchange

	EPO	EPO	EPO	QHDEPO	EPO	QHDEPO	QHDEPO	QHDEPO
	PLATINUM 1	GOLD 3	GOLD 4	SILVER 3 (HSA Qualified)	SILVER 7	SILVER 8 (HSA Qualified)	BRONZE 5 (HSA Qualified)	BRONZE 6 (HSA Qualified)
Single	\$840.51	\$698.17	\$734.41	\$586.79	\$601.08	\$565.02	\$479.13	\$498.01
Double	\$1,681.02	\$1,396.34	\$1,468.82	\$1,173.58	\$1,202.16	\$1,130.04	\$958.26	\$996.02
Employee/Child(ren)	\$1,428.87	\$1,186.89	\$1,248.50	\$997.54	\$1,021.84	\$960.53	\$814.52	\$846.62
Family	\$2,395.45	\$1,989.78	\$2,093.07	\$1,672.35	\$1,713.08	\$1,610.31	\$1,365.52	\$1,419.33
Deductible (Individual/Family)	\$0/\$0	\$800/\$1,600 Embedded	\$0/\$0	\$2,200/\$4,400 Aggregate	\$3,100/\$6,200 Aggregate	\$3,900/\$7,800 Embedded	\$5,350/\$10,700 Embedded	\$6,750/\$13,500 Embedded
An * asterisk next to a benefit means the DEDUCTIBLE must be met before the plan pays or co-pays are applied. Shaded boxes reflect 2020 changes.								
Out of Pocket/Coinsurance Maximum	\$2,450/\$4,900	\$5,000/\$10,000	\$6,750/\$13,500	\$5,200/\$10,400	\$8,000/\$16,000	\$6,000/\$12,000	\$6,750/\$13,500	\$6,750/\$13,500
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care	3 visits at \$0, then \$5	\$20 *	\$40	\$25 *	\$30 NoDD	\$0 *	\$5 *	\$0 *
Specialist Visit	\$45	\$40 *	\$60	\$50 *	\$40 *	\$0 * / \$0 *	50% *	\$0 *
Inpatient Hospitalization	\$300	\$800 *	\$750	\$500 *	\$500 *	\$0 *	50% *	\$0 *
Outpatient Surgery	\$100	\$100 *	\$300	\$200 *	\$200 *	\$0 *	50% *	\$0 *
Emergency Room	\$100	\$300 *	\$500	\$300 *	\$200 *	\$0 *	\$100 *	\$0 *
Urgent Care	\$45	\$40 *	\$60	\$50 *	\$40 *	\$0 *	50% *	\$0 *
Ambulance	\$100	\$300 *	\$500	\$300 *	\$200 *	\$0 *	\$100 *	\$0 *
Telemedicine (My Visit Now)	\$5	\$20 *	\$40	\$25 *	\$30 NoDD	\$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	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical
Prescription Co-payment	\$5 / \$30 / \$50	\$10 / \$35 / 50%	\$10 / \$40 / \$60	\$15 * / \$40 * / \$60 *	\$15 / \$45 / \$90	\$15 / \$40 / \$60 *	\$5 / \$30 / 50% *	0% / 0% / 0% *
Preventive Drug List	No	No	No	Yes	Yes	Yes	Yes	Yes
	PLATINUM 1	GOLD 3	GOLD 4	SILVER 3	SILVER 7	SILVER 8	BRONZE 5	BRONZE 6

2020 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 Monday, December 2nd.</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 \$600 reimbursement for health-related activities</p>	<p>Aggregate Deductible For non-single contract tiers, the family deductible must be met before the plan pays.</p>	<p>Embedded Deductible For non-single contract tiers, each member will pay towards, but never exceed the individual deductible before the plan pays.</p>	<p>HSA Contribution Limits Single: \$3,550 Family: \$7,100 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.