




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	\$918.55	\$771.30	\$824.92	\$664.84	\$670.67	\$642.28	\$542.55	\$569.66
Double	\$1,837.10	\$1,542.60	\$1,649.84	\$1,329.68	\$1,341.34	\$1,284.56	\$1,085.10	\$1,139.32
Employee/Child(ren)	\$1,561.54	\$1,311.21	\$1,402.36	\$1,130.23	\$1,140.14	\$1,091.88	\$922.34	\$968.42
Family	\$2,617.87	\$2,198.21	\$2,351.02	\$1,894.79	\$1,911.41	\$1,830.50	\$1,546.27	\$1,623.53
Deductible (Individual/Family)	\$0/\$0	\$1,000 Single/\$2,000 Family (Embedded)	\$0/\$0	\$2,200 Single/\$4,400 Family (Aggregate)	\$3,100 Single/\$6,200 Family (Embedded)	\$3,900 Single/\$7,800 Family (Embedded)	\$6,250 Single/\$12,500 Family (Embedded)	\$6,900 Single/\$13,800 Family (Embedded)
Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	50%	N/A
Out of Pocket Maximum	\$2,450 Single/\$4,900 Family (Embedded)	\$5,000 Single/\$10,000 Family (Embedded)	\$6,750 Single/\$13,500 Family (Embedded)	\$5,200 Single/\$10,400 Family (Embedded)	\$8,000 Single/\$16,000 Family (Embedded)	\$6,000 Single/\$12,000 Family (Embedded)	\$6,900 Single/\$13,800 Family (Embedded)	\$6,900 Single/\$13,800 Family (Embedded)
Preventive Annual Visit	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Primary Care Co-Pay	3 visits at \$0 then \$5/\$45	Deductible then \$20	\$40	Deductible then \$25	\$30, not subject to deductible	Deductible then Covered In Full	Deductible then \$5	Deductible then Covered In Full
Specialist Co-Pay	\$45	Deductible then \$40	\$60	Deductible then \$50	Deductible then \$40	Deductible then Covered In Full	Deductible then 50% coinsurance	Deductible then Covered In Full
Inpatient Co-Pay	\$300	Deductible then \$800	\$750	Deductible then \$500	Deductible then \$500	Deductible then Covered In Full	Deductible then 50% Coinsurance	Deductible then Covered In Full
Outpatient Surgery	\$100	Deductible then \$100	\$300	Deductible then \$200	Deductible then \$200	Deductible then Covered In Full	Deductible then 50% Coinsurance	Deductible then Covered In Full
Emergency Room/Ambulance	\$100	Deductible then \$300	\$500	Deductible then \$300	Deductible then \$200	Deductible then Covered In Full	Deductible then \$100	Deductible then Covered In Full
Urgent Care	\$45	Deductible then \$40	\$60	Deductible then \$50	\$40, not subject to deductible	Deductible then Covered In Full	Deductible then 50% coinsurance	Deductible then Covered In Full
Telemedicine	\$0	\$0	\$0	\$0, not subject to deductible	\$0, not subject to deductible	\$0, not subject to deductible	\$0, not subject to deductible	\$0, not subject to deductible
Drug Benefit: Generic/Brand Name/Specialty	\$5/\$30/\$50	\$10/\$35/50%, not subject to deductible	\$10 /\$40/\$60	Deductible then \$15/\$40/\$60, preventive drugs not subject to deductible	\$15/\$45/\$90, not subject to deductible	Deductible then \$15/\$40/\$60, preventive drugs not subject to deductible	Deductible then \$5/\$30/50%, preventive drugs not subject to deductible	Deductible then \$0, preventive drugs not subject to deductible
Dependent Coverage	To Age 26	To Age 26	To Age 26	To Age 26	To Age 26	To Age 26	To Age 26	To Age 26
	PLATINUM 1	GOLD 3	GOLD 4	SILVER 3	SILVER 7	SILVER 8	BRONZE 5	BRONZE 6

2022 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 Wednesday, December 1st</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>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: \$3,650 Family: \$7,300 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.