


MVP Health Care Premier Plus Silver Individual Plans - HMO Network				
				
	Premier Plus Silver 1	Premier Plus Silver 2	Premier Plus Silver 3 QHDHP	Premier Plus Silver 9
Individual	\$481.78	\$440.36	\$454.58	510.84
Employee/Children	\$819.03	\$748.61	\$772.79	868.43
Double	\$963.56	\$880.72	\$909.16	1,021.68
Family	\$1,373.07	\$1,255.03	\$1,295.55	1,455.89
Medical Deductible (Individual/Family)	\$1,800 / \$3,600 Emb	\$3,400 / \$6,800 Emb	\$2,500 / \$5,000 Agg	\$4,000 / \$8,000 Emb
Out of Pocket/Coinsurance Maximum	\$6,800 / \$13,600	\$7,150 / \$14,300	\$5,000 / \$10,000 Emb	\$7,150 / \$14,300 Emb
Preventive Care	\$0	\$0	\$0	\$0
Primary Care	\$40 NoDD	3 visits at \$0, then \$40 NoDD	\$30 *	\$30 NoDD
Specialist Visit	\$60 *	\$70 *	\$60 *	\$50 NoDD
Hospital Facility Visit-Inpatient/Outpatient	20% * / \$300 *	20% * / \$200 *	\$500 * / \$200 *	20% * / 20% *
Emergency Room	\$500 *	\$500 NoDD	\$300 *	\$150 NoDD
Ambulance	\$500 *	\$500 NoDD	\$300 *	\$150 NoDD
Urgent Care	\$60 *	\$70 NoDD	\$60 *	\$50 NoDD
Durable Medicare Equipment (DME)	50% Coinsurance	50% Coinsurance *	50% Coinsurance *	50% Coinsurance *
Telemed	\$40 NoDD	\$40 NoDD	\$30 *	\$30 NoDD
Pediatric Vision Care	\$60 *	\$70 *	\$60 *	\$50
Prescription Co-payment	\$10 / \$45 / \$90	\$15 / \$40 / \$70 *	\$10 / \$45 / \$90 *	\$10 / \$35 / \$70
Pharmacy Deductible Ind/Fam	\$0 / \$0	Integrated w/medical	Integrated w/medical	\$0 / \$0
Preventive Drug List	No	No	Yes	No
	Silver 1	Silver 2	Silver 3 QHDHP	Silver 9
Pediatric Dental is required by the ACA for dependents under the age of 19 - Monthly premium is \$30.36 for child(ren)				
Domestic Partner Rider is included covering Same or Opposite Sex - Mail order RX not covered - Plans include \$1,000 out-of-area coverage for dependents				
* Deductible applied to this benefit - Member amount after deductible is met.				
Aggregate: Out of pocket maximum must be met by any one or any combination of members before the plans will make payments.				
Embedded: Each member will pay towards, but never exceeds, their individual deductible and/or OOPM until the larger Family deductible and/or OOPM is met.				
To participate in the Chamber's insurance program, businesses must maintain their Chamber Membership.				
Open Enrollment is during the month of November for January 1st coverage. All paperwork must be received by Wednesday, November 30th.				
This comparison has been prepared as a guide to assist you in evaluating the program. It 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. Plan summaries are available upon request. Monthly premium rates shown do not include administrative fees.				