



2023 Vermont Small Group Plans

Indicate below which plan(s) you would like to offer your employees.

		Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)	
MVP VT Plus (Non-Standard) Plans						
<input type="checkbox"/>	Gold 2	\$850/\$1,700 (EMB) deductible, \$6,600/\$13,200 (EMB) OOPM	\$844.01	\$1,688.02	\$1,628.94	\$2,371.67
<input type="checkbox"/>	Gold 3 HDHP[†]	\$3,200/\$6,400 (AGG) deductible, \$3,200/\$6,400 (AGG) OOPM	\$829.87	\$1,659.74	\$1,601.65	\$2,331.93
<input type="checkbox"/>	Reflective Silver 1[*]	\$2,100/\$4,200 (EMB) deductible, \$7,000/\$14,000 (EMB) OOPM	\$664.20	\$1,328.40	\$1,281.91	\$1,866.40
<input type="checkbox"/>	Reflective Silver 2 HDHP[*]	\$5,525/\$11,050 (EMB) deductible, \$5,525/\$11,050 (EMB) OOPM	\$684.28	\$1,368.56	\$1,320.66	\$1,922.83
<input type="checkbox"/>	Bronze 1	\$7,250/\$14,500 (EMB) deductible, \$8,400/\$16,800 (EMB) OOPM	\$575.27	\$1,150.54	\$1,110.27	\$1,616.51
<input type="checkbox"/>	Bronze 5	\$9,100/\$18,200 (EMB) deductible, \$9,100/\$18,200 (EMB) OOPM	\$580.42	\$1,160.84	\$1,120.21	\$1,630.98

MVP VT (Standard) Plans

<input type="checkbox"/>	Platinum 1	\$425/\$850 (EMB) deductible, \$1,500/\$3,000 (EMB) OOPM	\$970.41	\$1,940.82	\$1,872.89	\$2,726.85
<input type="checkbox"/>	Gold 1	\$1,400/\$2,800 (EMB) deductible, \$5,600/\$11,200 (EMB) OOPM	\$801.64	\$1,603.28	\$1,547.17	\$2,252.61
<input type="checkbox"/>	Reflective Silver 3[*]	\$4,000/\$8,000 (EMB) deductible, \$9,100/\$18,200 (EMB) OOPM	\$669.71	\$1,339.42	\$1,292.54	\$1,881.89
<input type="checkbox"/>	Reflective Silver 4 HDHP^{††}	\$2,100/\$4,200 (AGG) deductible, \$7,050/\$14,100 (AGG) OOPM	\$680.91	\$1,361.82	\$1,314.16	\$1,913.36
<input type="checkbox"/>	Bronze 2	\$6,450/\$12,900 (EMB) deductible, \$9,100/\$18,200 (EMB) OOPM	\$576.78	\$1,153.56	\$1,113.19	\$1,620.75
<input type="checkbox"/>	Bronze 3 HDHP[†]	\$5,800/\$11,600 (AGG) deductible, \$7,100/\$14,200 (AGG) OOPM	\$586.05	\$1,172.10	\$1,131.08	\$1,646.80
<input type="checkbox"/>	Bronze 4	\$9,000/\$18,000 (EMB) deductible, \$9,000/\$18,000 (EMB) OOPM	\$603.83	\$1,207.66	\$1,165.39	\$1,696.76

^{*} Reflective Silver plans are available only from MVP Health Care.

[†] This plan features an aggregate deductible and OOPM. Each member on a family plan will pay toward the family OOPM. However, no individual will pay more than the government mandated maximum OOPM of \$9,100. The term "Embedded" is used on VHC materials to define this deductible and OOPM structure.

OOPM: Out-of-pocket maximum **HDHP:** High-Deductible Health Plan

Aggregate (AGG): All members of a family plan contribute toward the family deductible and OOPM until it is met.

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 Vermont Health Connect (VHC) materials to define this deductible and/or OOPM structure.

These plan overviews are intended to provide a general outline of coverage. For comprehensive benefit details, please review your Certificate of Coverage (COC), Schedule of Benefits, Summary of Benefits and Coverage (SBC), and any applicable Rider(s). Your COC, SBC, and Rider(s) will be controlling. These documents can be found in your MVP online account, or are available by request. 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.

Group Health Benefits Administrator Signature

Date

Group Name

Group Number (if assigned)