

2019 MVP HEALTH CARE - STANDARD PLANS FOR INDIVIDUALS														
METAL TIER		PRODUCT	TIER	MONTHLY RATE	DEDUCTIBLE (SINGLE/FAMILY)	OOP MAX (SINGLE/FAMILY)	OFFICE VISIT	SPECIALIST VISIT	INPATIENT HOSPITAL	OUTPATIENT SURGERY	URGENT CARE	ER	TELEMEDICINE	PRESCRIPTION DRUGS
PLATINUM	Standard Plan	PREMIER PLATINUM 1 EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	\$848.53 \$1697.06 \$1,442.50 \$2,418.31	\$0/\$0	\$2,000/\$4,000	\$15	\$35	\$500	\$100	\$55	\$100	\$15	\$0 Deductible; Copayment \$10/\$30/\$60
	Standard Plan	PREMIER GOLD 1 EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	\$688.60 \$1,377.20 \$1,170.62 \$1,962.51	\$600/\$1,200	\$4,000/\$8,000	\$25*	\$40*	\$1,000*	\$100*	\$60*	\$150*	\$25*	\$0 Deductible; Copayment \$10/\$35/\$70
	Standard Plan	PREMIER SILVER 1 EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	\$581.88 \$1,163.76 \$989.20 \$1,658.36	\$1,700/\$3,400 (change from 2018)	\$7,500/\$15,000 (change from 2018)	\$30*	\$50*	\$1,500*	\$100*	\$70*	\$250*	\$30*	\$0 Deductible; Copayment \$10/\$35/\$70
BRONZE	Standard Plan	PREMIER BRONZE 1 HDHP EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	\$388.94 \$777.88 \$661.20 \$1,108.48	\$5,500/\$11,000	\$6,550/\$13,100	50%*	50%*	50%*	50%*	50%*	50%*	50%*	Ded. Integrated w/Medical; Copayment \$10*/\$35*/\$70*
	Standard Plan	PREMIER BRONZE 2 EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	\$384.89 \$769.78 \$654.31 \$1,096.94	\$4,000/\$8,000	\$7,600/\$15,200 (change from 2018)	50%*	50%*	50%*	50%*	50%*	50%*	50%*	Ded. Integrated w/Medical; Copayment \$10*/\$35*/\$70*

NoDD: Not subject to Deductible * Member amount after deductible is met. NOTE: In case of a discrepancy in the display of these plan details and rates, The carrier's actual plan details and rates prevail.

AGGREGATE: For any policy with two or more members, the deductible must be met by any one or any combination of members before the plan makes payments.

EMBEDDED: Each member must meet their individual deductible before plan makes payments. The individual deductible also applies to family deductible level. Once family deductible is met, plan begins payment of services for all contract members.

MVP'S WELL LIFE REWARDS: All plans include up to \$200 per subscriber/per calendar year for completing health related activities; plus \$125 reimbursement (per sub/per cal yr) for kids sports/weight management-gym membership/massage therapy/tobacco cessation courses.

PEDIATRIC DENTAL COVERAGE TO 19: For all plans covering children up to the age of 19, MVP will automatically add pediatric dental coverage in compliance with the Affordable Care Act.

If you have a standalone dental plan, you can sign a waiver to remove the pediatric dental rider.

TELEMEDICINE BENEFIT - access care anywhere, anytime on your computer, tablet or smartphone with 24/7 online doctor visits. Board-certified doctors and therapists.

2019 MVP HEALTH CARE - NON-STANDARD PLANS FOR INDIVIDUALS

METAL TIER		PRODUCT	TIER	MONTHLY RATE	DEDUCTIBLE (SINGLE/FAMILY)	OOP MAX (SINGLE/FAMILY)	OFFICE VISIT	SPECIALIST VISIT	INPATIENT HOSPITAL	OUTPATIENT SURGERY	URGENT CARE	ER	TELEMEDICINE	PRESCRIPTION DRUGS
PLATINUM	Non-Standard Plan	PREMIER PLUS PLATINUM NATIONAL	Discontinued. Replaced with Premier Plus GOLD National											
GOLD	Non-Standard Plan	PREMIER PLUS GOLD 1 EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$675.28 \$1,350.56 \$1,147.98 \$1,924.55	\$950/\$1,900	\$5,500/\$11,000	\$3 visits at \$0 then \$15 NoDD	\$50*	\$500*	\$200*	\$50 NoDD	\$350 NoDD	\$15 NoDD	\$100/\$200 Deductible (Name brand only); Copayment \$10/\$40*/\$60*
	Non-Standard Plan	PREMIER PLUS GOLD 2 HDHP Aggregate-Embedded	Individual Indiv/Spouse Parent/Child(ren) Family	\$657.80 \$1,315.60 \$1,118.26 \$1,874.73	\$1,350/\$2,700 AGG	\$4,100/\$8,200 EMB	\$5*	\$25*	\$400*	\$100*	\$25*	\$75*	\$5*	Ded. Integrated w/Medical; Copayment \$5*/\$15*/\$25* (preventive drugs NoDD)
	Non-Standard Plan	PREMIER PLUS GOLD 4 Embedded	Individual Indiv/Spouse Parent/Child(ren) Family	\$701.08 \$1,402.16 \$1,191.84 \$1,998.08	\$0/\$0	\$6,750/\$13,500	\$40	\$50	\$1,000	\$300	\$50	\$500	\$40	\$0/\$0 deductible; Copayment \$10/\$40/\$60
	Non-Standard Plan	PREMIER PLUS GOLD 5 Embedded	Individual Indiv/Spouse Parent/Child(ren) Family	\$684.43 \$1,368.86 \$1,163.53 \$1,950.63	\$1,200/\$2,400	\$4,700/\$9,400	\$30 NoDD	\$50 NoDD	20%*	20%*	\$50 NoDD	\$300 NoDD	\$30 NoDD	\$0/\$0 deductible; Copayment \$5/\$30/\$50
	Non-Standard Plan	PREMIER PLUS GOLD 8 EMBEDDED	Discontinued. Replaced with Premier Plus Silver 2											
	Non-Standard Plan	PREMIER PLUS GOLD NATIONAL HDHP	Individual Indiv/Spouse Parent/Child(ren) Family	\$658.50 \$1,316.80 \$1,119.28 \$1,876.44	\$1,350/\$2,700 Aggregate	\$5,600/\$11,200	20%*	20%*	20%*	20%*	20%*	20%*	20%*	Ded. Integrated w/Medical; \$10*/\$40*/\$60* (Preventive Drugs NoDD)
SILVER	Non-Standard Plan	PREMIER PLUS SILVER 1 EMBEDDED	Discontinued. Replaced with Premier Silver (Standard).											
	Non-Standard Plan	PREMIER PLUS SILVER 2 EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	\$553.31 \$1,106.62 \$940.63 \$1,576.93	\$2,645/\$5,290 (change from 2018)	\$6,350/\$12,700	3 visits at \$0 then \$40 NoDD	\$70*	20%*	\$200*	\$70 NoDD	\$500 NoDD	\$40 NoDD	Ded. Integrated w/Medical; Copayment \$15*/\$40*/\$70*
	Non-Standard Plan	PREMIER PLUS SILVER 3 HDHP AGGREGATE / EMBEDDED	Individual Indiv/Spouse Parent/Child(ren) Family	\$543.00 \$1,086.00 \$923.10 \$1,547.55	\$2,500/\$5,000 AGG	\$5,000/\$10,000 EMB	\$30*	\$60*	\$500*	\$200*	\$60*	\$300*	\$30*	Ded. Integrated w/Medical; Copayment \$10*/\$45*/\$90* (preventive drugs NoDD)
	Non-Standard Plan	PREMIER PLUS SILVER NATIONAL Embedded	Individual Indiv/Spouse Parent/Child(ren) Family	\$581.85 \$1,163.70 \$989.15 \$1,658.27	\$2,200/\$4,400 Aggregate (change from 2018)	\$6,550/\$13,100	20%*	20%*	20%*	20%*	20%*	20%*	20%*	Ded. Integrated w/Medical; Copayment \$10*/\$40*/\$60* (Preventive Drugs NoDD)

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BRONZE	Non-Standard Plan	PREMIER PLUS BRONZE 1 EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$396.37 \$792.74 \$673.83 \$1,129.65	\$4,800/\$9,600 (change from 2018)	\$7,900/\$15,800 (change from 2018)	\$40*	\$80*	\$1,500*	\$300*	\$80*	\$500*	\$40*	\$300/\$600 Deductible (change from 2018); \$10*/\$45*/\$90*
	Non-Standard Plan	PREMIER PLUS BRONZE 2 EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$397.72 \$795.44 \$676.12 \$1,133.50	\$5,100/\$10,200	\$7,150/\$14,300	3 visits @ \$0, then 40%*	40%*	40%*	40%*	40%*	40%*	40%*	Ded. Integrated w/Medical; Copayment \$5*/\$60*/\$80*
	Non-Standard Plan	PREMIER PLUS BRONZE 3 HDHP EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$402.44 \$804.88 \$684.15 \$1,146.95	\$5,900/\$11,800	\$6,550/\$13,100	\$30*	\$50*	30%	\$100*	\$50*	\$500*	\$30*	Ded. Integrated w/Medical; Copayment \$10*/\$45*/\$90* (preventive drugs NoDD)
	Non-Standard Plan	PREMIER PLUS BRONZE NATIONAL HDHP EMBEDDED	Individual Empl/Spouse Parent/Child(ren) Family	\$450.82 \$901.64 \$766.39 \$1,284.84	\$3,700/\$7,400 (change from 2018)	\$6,550/\$13,100	30%*	30%*	30%*	30%*	30%*	30%*	30%*	Ded. Integrated w/Medical; Copayment \$10*/\$50*/\$80* (preventive drugs NoDD)

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* Member amount after deductible is met.

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NATIONAL: NATIONAL PLANS PROVIDE ACCESS TO THE CIGNA HEALTHCARE NETWORK NATIONWIDE.**AGGREGATE:** For any policy with two or more members, the deductible must be met by any one or any combination of members before the plan makes payments.**EMBEDDED:** Each member must meet their individual deductible before plan makes payments. The individual deductible also applies to family deductible level. Once family deductible is met, plan begins payment of services for all contract members.**MVP'S WELL LIFE REWARDS:** All plans include up to \$200 per subscriber/per calendar year for completing health related activities; plus \$125 reimbursement (per sub/per cal yr) for kids sports/weight management-gym membership/massage therapy/tobacco cessation courses.**PEDIATRIC DENTAL COVERAGE TO 19:** For all plans covering children up to the age of 19, MVP will automatically add pediatric dental coverage in compliance with the Affordable Care Act.

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