

# 2024 Vermont Small Group Plans Selection



## Instructions for Completing this Request

Select below the plan(s) you would like to offer your employees.

|   | Employee | Employee + Spouse | Employee + Child(ren) | Employee + Spouse + Child(ren) |
|---|----------|-------------------|-----------------------|--------------------------------|
| <b>MVP VT Plus (Non-Standard) Plans</b>   |          |                   |                       |                                |
| <input type="checkbox"/> <b>Gold 2</b><br>\$850/\$1,700 EMB Deductible, \$6,600/\$13,200 EMB OOPM                                   | \$944.14 | \$1,888.28        | \$1,822.19            | \$2,653.03                     |
| <input type="checkbox"/> <b>Gold 3 QHDHP</b><br>\$3,000/\$6,000 AGG Deductible, \$3,000/\$6,000 AGG OOPM                            | \$947.82 | \$1,895.64        | \$1,829.29            | \$2,663.37                     |
| <input type="checkbox"/> <b>Reflective Silver 1<sup>1</sup></b><br>\$2,500/\$5,000 EMB Deductible, \$7,500/\$15,000 EMB OOPM        | \$720.03 | \$1,440.06        | \$1,389.66            | \$2,023.28                     |
| <input type="checkbox"/> <b>Reflective Silver 2 QHDHP<sup>1</sup></b><br>\$5,800/\$11,600 EMB Deductible, \$5,800/\$11,600 EMB OOPM | \$740.27 | \$1,480.54        | \$1,428.72            | \$2,080.16                     |
| <input type="checkbox"/> <b>Bronze 1</b><br>\$7,250/\$14,500 EMB Deductible, \$8,400/\$16,800 EMB OOPM                              | \$637.04 | \$1,274.08        | \$1,229.49            | \$1,790.08                     |
| <input type="checkbox"/> <b>Bronze 5</b><br>\$9,450/\$18,900 EMB Deductible, \$9,450/\$18,900 EMB OOPM                              | \$638.01 | \$1,276.02        | \$1,231.36            | \$1,792.81                     |

## MVP VT (Standard) Plans

|  |            |            |            |            |
|--|------------|------------|------------|------------|
| <input type="checkbox"/> <b>Platinum 1</b><br>\$450/\$900 EMB Deductible, \$1,500/\$3,000 EMB OOPM                                   | \$1,094.86 | \$2,189.72 | \$2,113.08 | \$3,076.56 |
| <input type="checkbox"/> <b>Gold 1</b><br>\$1,400/\$2,800 EMB Deductible, \$5,600/\$11,200 EMB OOPM                                  | \$912.32   | \$1,824.64 | \$1,760.78 | \$2,563.62 |
| <input type="checkbox"/> <b>Reflective Silver 3<sup>1</sup></b><br>\$4,000/\$8,000 EMB Deductible, \$9,300/\$18,600 EMB OOPM         | \$720.03   | \$1,440.06 | \$1,389.66 | \$2,023.28 |
| <input type="checkbox"/> <b>Reflective Silver 4 QHDHP<sup>1,2</sup></b><br>\$2,100/\$4,200 AGG Deductible, \$7,050/\$14,100 AGG OOPM | \$733.96   | \$1,467.92 | \$1,416.54 | \$2,062.43 |
| <input type="checkbox"/> <b>Bronze 2</b><br>\$6,450/\$12,900 EMB Deductible, \$9,450/\$18,900 EMB OOPM                               | \$631.98   | \$1,263.96 | \$1,219.72 | \$1,775.86 |
| <input type="checkbox"/> <b>Bronze 3 QHDHP<sup>2</sup></b><br>\$5,800/\$11,600 AGG Deductible, \$7,200/\$14,400 AGG OOPM             | \$641.13   | \$1,282.26 | \$1,237.38 | \$1,801.58 |
| <input type="checkbox"/> <b>Bronze 4</b><br>\$9,400/\$18,800 EMB Deductible, \$9,400/\$18,800 EMB OOPM                               | \$653.19   | \$1,306.38 | \$1,260.66 | \$1,835.46 |

<sup>1</sup>Reflective Silver plans are available only from MVP Health Care.

<sup>2</sup>This plan features an aggregate deductible and OOPM. Each member on a family plan will pay toward the family OOPM. No individual will pay more than the government mandated OOPM of \$9,450. The term **embedded** is used in Vermont Health Connect (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 VHC materials to define this deductible and/or OOPM structure.

Group Health Benefits Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

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 Name \_\_\_\_\_

Group No. \_\_\_\_\_