



BETHLEHEM CHAMBER OF COMMERCE
2018 MVP SMALL GROUP MEDICAL PLAN OPTIONS



Network Type		Platinum 1	Gold 3	Gold 4	Gold 8	Silver 1	Silver 3	Bronze 5
EPO		EPO	EPO	EPO	EPO	EPO	EPO - HSA Eligible	EPO - HSA Eligible
Abbreviations used below: N/A=Non applicable/ INN=In Network/ OON=Out of network/ AD=After deductible/ S=Single/ F=Family/ Cov=Coverage/ Covd=Covered/ CIF=Covered in full / RX: G=Generic, NB=Name Brand & NF = Non formulary								
IN Network (INN)	Annual Deductible	\$0	\$800 S/\$1,600 F (Embedded)	\$0	\$4,000S/\$8000F	\$2,100S/\$4,200F (Embedded)	\$2,200S/\$4,400F (Aggregate)	\$5,350S/\$10,700F (Embedded)
	Out of Pocket Max	\$2,450S/\$4,900F (Embedded)	\$4,400 S/\$8,800 F (Embedded)	\$6,750S/\$13,500F (Embedded)	\$7,150S/\$14,300F (Embedded)	\$6,550S/\$13,100F (Embedded)	\$4,800S/\$9,600F (Embedded)	\$6,550S/\$13,100F (Embedded)
	Co-insurance split	N/A	N/A	N/A	N/A	20%	N/A	50% AD
OUT of Network (OON)	Annual Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Out of Pocket Max	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Co-insurance split	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Medical Services	Office Visit PCP/Spec	INN:\$0/ \$45	INN:\$10 AD/\$40 AD	INN:\$40/\$60	INN:\$30/\$50 NoDD	INN:\$30 PCP No DD/\$50 AD	INN:\$25 AD/\$50 AD	INN:\$5 AD/OON:50% AD
	Note:	PLATINUM 1 ONLY: First 3 visits for Adults and Pediatrics covered at \$0 then \$5 thereafter.						
	Preventive Services	INN ONLY:\$0	INN ONLY:\$0	INN ONLY: \$0	INN ONLY: \$0	INN ONLY: \$0	INN ONLY: \$0	INN ONLY: \$0
	Laboratory	INN:\$5/\$40	INN:\$10/\$40 AD	INN:\$40/\$50	INN:\$40/\$50	INN:\$30 No DD/\$50 AD	INN:\$25 AD/\$50 AD	INN:\$5 AD/50% AD
	Chiropractic Care	INN:\$40	INN:\$40 AD	INN:\$50	INN:\$50	INN:\$50 AD	INN:\$50 AD	INN:50% AD
	Maternity-Dr	INN: Office-CIF/\$100 Delivery	INN: Office-CIF/\$50 Delivery	INN:Office & Delivery CIF	INN:Office & Delivery CIF	INN:Office-CIF/Delivery 20% AD	INN: Office-CIF/\$100 AD Delivery	INN:Office-CIF/Delivery 50% AD
	Imaging, X-rays*	INN:\$5/\$40/\$100*	INN:\$10/\$50/ \$150* AD	INN:\$40/\$150/\$150*	INN:\$40/\$150/\$150*	INN:\$30 No DD/\$125 AD/\$225 AD*	INN:\$25 AD/\$50 AD/\$150 AD*	INN:50% AD *
Therapies: PT/OT/ST **	INN:\$40	INN:\$40 AD	INN:\$50	INN:\$50	INN:\$50 AD	INN:\$50 AD	INN:50% AD **	
Pediatric Dental	INN Embedded	INN Embedded	INN Embedded	INN Embedded	INN Embedded	INN Embedded	INN Embedded	
Note: APPLIES TO ALL PLANS: With the exception of Preventive Services which are not subject to the deductible, Services are subject to the medical deductible and Out of Pocket Maximum.								
Hospital Services	Hospital Inpatient	INN:\$300	INN:\$800 AD	INN:\$750	INN:20% AD	INN:20% AD	INN:\$500 AD	INN:50% AD
	OutPatient Surgery	INN:\$100	INN:\$100 AD	INN:\$300	INN:20% AD	INN:\$300 AD	INN:\$200 AD	INN:50% AD
	ER & Ambulance	INN:\$100	INN:\$300 AD	INN:\$500	INN:\$150 NoDD	INN:\$350 AD	INN: \$300 AD	INN:\$100 AD
	Urgent Care	INN:\$45	INN:\$40 AD	INN:\$60	INN:\$50 NoDD	INN:\$50 AD	INN:\$50 AD	INN:50% AD
Vision	Pediatric	1 Exam/yr-\$40/hardware cov.	1 Exam/yr-\$40/hardware cov.	1 Exam/yr-\$50/hardware cov.	1 Exam/yr-\$50/hardware cov.	1 Exam/yr-\$50/hardware cov.	1 Exam/yr-\$40/hardware cov.	1 Exam/yr-\$40/hardware cov.
	Note:	APPLIES TO ALL PLANS: OOP pediatric vision costs now apply to OOP maximum totals.						
Prescription Medications	In network	\$5G/\$30NB/\$50NF	\$10G/\$35NB/50%NF	\$10G/\$40NB/\$60NF	\$10G/\$35NB/\$70NF	\$100S/\$200F Ded NB Meds Only / \$8G/\$35NB/\$70NF AD	\$40NB/\$60NF AD (Preventive drugs No	\$5G/\$30NB/\$50% AD (Preventive drugs NO DD)
	Mail Order Meds:	ALL PLANS Mail order option avail - at 2.5 Co-pays for 90 day supply						
Additional Benefits	Wellness Benefits	Up to \$325 in Benefits/Contract	Up to \$325 in Benefits/Contract	Up to \$325 in Benefits/Contract	Up to \$325 in Benefits/Contract	Up to \$325 in Benefits/Contract	Up to \$325 in Benefits/Contract	Up to \$325 in Benefits/Contract
	Worldwide Coverage	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only
	Depts/Domestic Ptnts	Depts to 26/DP Covd	Depts to 26/DP Covd	Depts to 26/DP Covd	Depts to 26/DP Covd	Depts to 26/DP Covd	Depts to 26/DP Covd	Depts to 26/DP Covd
Premiums	Single	\$653.55	\$614.30	\$645.78	\$585.88	\$546.28	\$525.83	\$437.65
	Employee/Child (ren)	\$1,111.04	\$1,044.31	\$1,097.78	\$996.00	\$928.68	\$893.91	\$744.01
	Employee/Spouse	\$1,307.10	\$1,228.60	\$1,291.50	\$1,171.76	\$1,092.56	\$1,051.66	\$875.30
	Family	\$1,862.62	\$1,750.76	\$1,840.39	\$1,669.76	\$1,556.90	\$1,498.62	\$1,247.30
Important NOTES:	<p>ALL plans include routine preventive care covered in full IN NETWORK ONLY: examples; routine annual physical, routine lab tests, routine annual well woman exam /cytology, etc.</p> <p>Aggregate deductible: In policies insuring more than one person, one or more persons must meet the full FAMILY deductible amount before co-pays/co-insurance goes into effect for any insured person.</p> <p>Embedded deductible: A deductible where each person must satisfy the individual deductible amount; <u>not the full family deductible amount</u>; before co-pays & co-insurance will be in effect.</p> <p>* Higher co-pay applies to Advanced Imaging Services (CT/PET scans and MRI's) in all plans.</p> <p>** PT/OT/ST visits combined at 54 visits total per LIFETIME</p>							

This is a general overview of benefits available under these plans; it is not a contract.

|