



## BETHLEHEM CHAMBER OF COMMERCE 2019 MVP Health Small Group Medical Plan Options

Network Type		PLATINUM 1	GOLD 3	GOLD 4	SILVER 1	SILVER 3	BRONZE 5
		EPO	EPO	EPO	EPO	EPO - HAS Eligible	EPO - HAS Eligible
Abbreviations use 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					
IN NETWORK (INN)	Annual Deductible	\$0	\$800 S / \$1,600 F (Embedded)	\$0	\$2,100 S / \$4,200 F (Embedded)	\$2,200 S / \$4,400 F (Aggregate)	\$5,350 S / \$10,700 F (Embedded)
	Out of Pocket Max	\$2,450 S / \$4,900 F (Embedded)	\$4,400 S / \$8,800 F (Embedded)	\$6,750 S / \$13,500 F (Embedded)	\$6,550 S / \$13,100 F (Embedded)	\$4,800 S / \$9,600 F (Embedded)	\$6,550 S / \$13,100 F (Embedded)
	Co-insurance split	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
	Out of Pocket Max	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
MEDICAL SERVICES	Office Visit PCP/Spec	INN: \$5 / \$45	INN: \$10 AD / \$40 AD	INN: \$40 / \$60	INN: \$30 PCP NO DED / \$50 AD	INN: \$25 AD / \$50 AD	INN: \$5 AD / 50% AD
	Note:	PLATINUM 1 ONLY: first three (3) visits for Adults and Pediatrics covered at \$0 then \$5 thereafter.					
	Preventive Services	INN: \$0	INN: \$0	INN: \$0	INN: \$0	INN: \$0	INN: \$0
	Laboratory	INN: \$5 / Spec: \$45	INN: \$10 / \$40 AD	INN: \$40 / \$60	INN: \$30 NO DED / \$50 NO DED	INN: \$25 AD/\$50 AD	INN: \$5 AD / 50% AD
	Chiropractic Care	INN: \$45	INN: \$40 AD	INN: \$60	INN: \$50 AD	INN: \$50 AD	INN: 50% AD
	Maternity-Dr	INN: Office - CIF / Delivery \$100	INN: Office - CIF / Delivery \$50	INN: Office - CIF / Delivery CIF	INN: Office - CIF / Delivery 20% AD	INN: Office - CIF / Delivery \$100 AD	INN: Office - CIF / Delivery 50% AD
	Imaging, X-rays*	INN: \$5 / \$45 / \$100*	INN: \$10 / \$40 / \$140* AD	INN: \$40 / \$60 / \$150*	INN: \$30 no DED / \$125 AD / \$225 AD*	INN: \$25 / \$50 / \$150 AD *	INN: \$5 / 50% AD *
Therapies: PT/OT/ST **	INN: \$45	INN: \$40 AD	INN: \$60	INN: \$50 AD	INN: \$50 AD	INN: 50% AD	
PEDIATRIC DENTAL	Pediatric Dental Benefits are included with ALL MVP NY Small Group Plans. Preventive: \$25 co-pay / Routine Care: 20% AD / Major Services: 50% AD / Medically-Necessary Orthodontia: 50% AD. See flyer for complete details.						
HOSPITAL SERVICES	Hospital Inpatient	INN: \$300	INN: \$800 AD	INN: \$750	INN: 20% AD	INN: \$500 AD	INN: 50% AD
	OutPatient Surgery	INN: \$100	INN: \$100 AD	INN: \$300	INN: \$300 AD	INN: \$200 AD	INN: 50% AD
	Emergency Room	INN: \$100	INN: \$300 AD	INN: \$500	INN: \$350 AD	INN: \$300 AD	INN: \$100 AD
	Urgent Care	INN: \$45	INN: \$40 AD	INN: \$60	INN: \$50 AD	INN: \$50 AD	INN: 50% AD
VISION	Pediatric	1 Exam/yr - \$45	1 Exam/yr - \$40	1 Exam/yr - \$60	1 Exam/yr - \$50 AD	1 Exam/yr - \$50 AD	1 Exam/yr - 50% AD
	Note:	APPLIES TO ALL PLANS: OOP pediatric vision costs now apply to OOP maximum totals.					
	Adult	1 Exam/yr - \$45	1 Exam/yr - \$40	1 Exam/yr - \$60	1 Exam/yr - \$50 AD	1 Exam/yr - \$50 AD	1 Exam/yr - 50% AD
PRESCRIPTION MEDICATIONS	In network	\$5G / \$30NB / \$50NF	\$10G / \$35NB / 50%NF	\$10G / \$40NB / \$60NF	\$8G / \$35NB AD / \$70NF AD ( \$100 S / \$200 F Ded NB Meds ONLY)	\$10G / \$40NB / \$60NF AD (Preventive drugs NO DED)	\$5G / \$30NB / \$50NF AD (Preventive drugs NO DED)
	Mail Order Meds:	APPLIES TO ALL PLANS: Mail Order option available 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
	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
	Deps/Domestic Ptnrs	Deps to 26 / DP Covd	Deps to 26 / DP Covd	Deps to 26 / DP Covd	Deps to 26 / DP Covd	Deps to 26 / DP Covd	Deps to 26 / DP Covd
MONTHLY PREMIUMS	Single	\$795.68	\$659.08	\$694.53	\$579.86	\$556.28	\$455.38
	Employee/Child (ren)	\$1,352.66	\$1,120.44	\$1,180.70	\$985.76	\$945.68	\$774.15
	Employee/Spouse	\$1,591.36	\$1,318.16	\$1,389.06	\$1,159.72	\$1,112.56	\$910.76
	Family	\$2,267.69	\$1,878.38	\$1,979.41	\$1,652.60	\$1,585.40	\$1,297.83

**IMPORTANT NOTES**

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.

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.

Embedded Deductible: A deductible where each person must satisfy the *individual* deductible amount; *not the full family deductible amount* ; before co-pays & co-insurance will be in effect.

\* Higher co-pay applies to Advanced Imaging Services (CT/PET scans and MRI's) in all plans.

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