



BETHLEHEM CHAMBER OF COMMERCE 2016 MVP SMALL GROUP MEDICAL PLAN OPTIONS



Network Type		Platinum 1	Gold 3	Gold 4	Silver 1	Silver 3	Bronze 5	
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/ Cvd=Covered/ CIF=Covered in full / RX: G=Generic, NB=Name Brand & NF = Non formulary								
IN Network (INN)	Annual Deductible	\$0	\$600 S/\$1,200 F (Embedded)	\$0	\$1,900S/\$3,800F (Embedded)	\$2,000S/\$4,000F (Aggregate)	\$4,500S/\$9,000F (Embedded)	
	Out of Pocket Max	\$3,000S/\$6,000 F (Embedded)	\$4,000 S/\$8,000 F (Embedded)	\$6,450S/\$12,900F (Embedded)	\$6,350S/\$12,700F (Embedded)	\$4,500S/\$9,000F (Embedded)	\$6,450S/\$12,900F (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/\$40	INN:\$10 AD/\$40 AD	\$40/\$50	INN:\$30 PCP No DD/\$50 AD	INN:\$25 AD/\$50 AD	INN:\$5 AD/50%	
	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:\$30 No DD/\$50 AD	INN:\$25 AD/\$50 AD	INN:\$5 AD/50% AD	INN:\$5 AD/50% AD
	Chiropractic Care	INN:\$40	INN:\$40 AD	INN:\$50	INN:\$50 AD	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-CIF/Delivery 20% AD	INN: Office-CIF/\$100 AD Delivery	INN:Office-CIF/Delivery 50% AD	INN:Office-CIF/Delivery 50% AD
	Imaging, X-rays*	INN:\$5/\$40/\$100*	INN:\$10/\$50/ \$150* AD	INN:\$40/\$150/\$150*	INN:\$30 No DD/\$125 AD/\$225 AD*	INN:\$25 AD/\$50 AD/\$150 AD*	INN:50% AD *	INN:50% AD *
Therapies: PT/OT/ST **	INN:\$40	INN:\$40 AD	INN:\$50	INN:\$50 AD	INN:\$50 AD	INN:50% AD **	INN:50% AD **	
Pediatric Dental	Pediatric Dental	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info	
	Note: APPLIES TO ALL PLANS: The ACA REQUIRES Pediatric dental. If you insure children under age 19 & DO NOT provide a dental waiver, an add'l \$31.24 mo (w/Delta Dental) per family w/b billed to you.							
Hospital Services	Hospital Inpatient	INN:\$300	INN:\$800 AD	INN:\$500	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	
	ER & Ambulance	INN:\$100	INN:\$250 AD	INN:\$500	INN:\$350 AD	INN: \$300 AD	INN:\$100 AD	
	Urgent Care	INN:\$40	INN:\$40 AD	INN:\$50	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-\$40/hardware cov.	1 Exam/yr-\$40/hardware cov.	
	Note: APPLIES TO ALL PLANS: OOP pediatric vision costs now apply to OOP maximum totals.							
	Adult	Medical necessity	Medical necessity	Medical necessity	Medical necessity	Medical necessity	Medical necessity	
Prescription Medications	In network	\$5G/\$30NB/\$50NF	\$10G/\$35NB/50%NF	\$10G/\$40NB/\$60NF	\$100S/\$200F Ded NB Meds Only / \$8G/\$35NB/\$70NF AD	\$10G/\$40NB/\$60NF AD	\$5G/\$30NB/\$50% AD (Preventive drugs NO DD)	
	Mail Order Meds:	ALL PLANS Mail order option avail - able 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	
	Depts/Domestic Ptnrs	Depts to 26/DP Cvd	Depts to 26/DP Cvd	Depts to 26/DP Cvd	Depts to 26/DP Cvd	Depts to 26/DP Cvd	Depts to 26/DP Cvd	
Monthly Premiums	Single	\$647.84	\$551.75	\$575.19	\$486.63	\$459.08	\$370.15	
	Employee/Child (ren)	\$1,101.33	\$937.98	\$977.82	\$827.27	\$780.44	\$629.26	
	Employee/Spouse	\$1,295.68	\$1,103.50	\$1,150.38	\$973.26	\$918.16	\$740.30	
	Family	\$1,846.34	\$1,572.49	\$1,639.29	\$1,386.90	\$1,308.38	\$1,054.93	

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. ** PT/OT/ST visits combined at 54 visits total per LIFETIME

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