

## 2019 Quarter 1: Small Group Rates MVP Health Care Platinum

	Platinum EPO 1	Platinum EPO 3	Platinum EPO 5	Platinum HMO 2	Platinum HMO 6
<b>Individual Deductible (Annual)</b>	n/a	n/a	n/a	n/a	n/a
<b>Family Deductible (Annual)</b>	n/a	n/a	n/a	n/a	n/a
<b>Individual OOP Max (Annual)</b>	\$2,450	\$2,800	\$3,550	\$2,400	\$2,000
<b>Family OOP Max (Annual)</b>	\$4,900	\$5,600	\$7,100	\$4,800	\$4,000
<b>Accumulator Type</b>	Embedded	Embedded	Embedded	Embedded	Embedded
<b>Preventive Services</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>PCP Office Visit</b>	3 visits \$0; then \$5 Copay	\$30 Copay	\$15 Copay	\$10 Copay	\$15 Copay
<b>Specialist Visit</b>	\$45 Copay	\$40 Copay	\$25 Copay	\$35 Copay	\$35 Copay
<b>Telemedicine Visit</b>	\$5 Copay	\$30 Copay	\$15 Copay	\$10 Copay	\$15 Copay
<b>Routine Eye Exam</b>	\$45 Copay (every 2 yrs)	\$40 Copay (every 2 yrs)	\$25 Copay (every 2 yrs)	\$35 Copay (every 2 yrs)	\$35 Copay (every 2 yrs)
<b>Eyewear</b>	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)
<b>Hospital Inpatient</b>	\$300 Copay	\$150 Copay	\$550 Copay	\$300 Copay	\$500 Copay
<b>Outpatient Surgery</b>	\$100 Copay	\$100 Copay	\$300 Copay	\$200 Copay	\$100 Copay
<b>Emergency Room Care</b>	\$100 Copay	\$200 Copay	\$200 Copay	\$200 Copay	\$100 Copay
<b>Urgent Care Center</b>	\$45 Copay	\$40 Copay	\$25 Copay	\$35 Copay	\$55 Copay
<b>Diabetic Supplies (per 30 days)</b>	\$5 Copay	\$30 Copay	\$15 Copay	\$10 Copay	\$15 Copay
<b>Durable Medical Equipment</b>	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	10% Coinsurance
<b>Prescription Coverage</b>	Tier 1/\$5 Copay Tier 2/\$30 Copay Tier 3/\$50 Copay	Tier 1/\$5 Copay Tier 2/\$15 Copay Tier 3/\$25 Copay	Tier 1/\$10 Copay Tier 2/\$40 Copay Tier 3/\$60 Copay	Tier 1/\$5 Copay Tier 2/\$30 Copay Tier 3/\$50 Copay	Tier 1/\$10 Copay Tier 2/\$30 Copay Tier 3/\$60 Copay
<b>Monthly Rate Tiers</b>					
<b>Single</b>	<b>\$710.69</b>	<b>\$706.77</b>	<b>\$704.42</b>	<b>\$664.28</b>	<b>\$667.95</b>
<b>Subscriber and Spouse</b>	<b>\$1,421.38</b>	<b>\$1,413.54</b>	<b>\$1,408.84</b>	<b>\$1,328.56</b>	<b>\$1,335.90</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,208.17</b>	<b>\$1,201.51</b>	<b>\$1,197.51</b>	<b>\$1,129.28</b>	<b>\$1,135.52</b>
<b>Family</b>	<b>\$2,025.47</b>	<b>\$2,014.29</b>	<b>\$2,007.60</b>	<b>\$1,893.20</b>	<b>\$1,903.66</b>

## 2019 Quarter 1: Small Group Rates MVP Health Care Gold

\*Services subject to deductible  
<sup>h</sup>HSA compatible

	Gold EPO 1	Gold EPO 2 <sup>h</sup>	Gold EPO 3	Gold EPO 4	Gold EPO 6	Gold EPO 7 <sup>h</sup>
<b>Individual Deductible (Annual)</b>	\$850	\$1,600	\$800	n/a	\$350	\$1,350
<b>Family Deductible (Annual)</b>	\$1,700	\$3,200	\$1,600	n/a	\$700	\$2,700
<b>Individual OOP Max (Annual)</b>	\$6,550	\$4,500	\$4,400	\$6,750	\$6,550	\$2,700
<b>Family OOP Max (Annual)</b>	\$13,100	\$9,000	\$8,800	\$13,500	\$13,100	\$5,400
<b>Accumulator Type</b>	Embedded	Aggregate/Embedded	Embedded	Embedded	Embedded	Aggregate/Embedded
<b>Preventive Services</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>PCP Office Visit</b>	3 visits \$0; then \$15 Copay	\$10 Copay*	\$10 Copay*	\$40 Copay	\$30 Copay	15% Coinsurance*
<b>Specialist Visit</b>	\$50 Copay*	\$20 Copay*	\$40 Copay*	\$60 Copay	\$50 Copay	15% Coinsurance*
<b>Telemedicine Visit</b>	\$15 Copay	\$10 Copay*	\$10 Copay*	\$40 Copay	\$30 Copay	15% Coinsurance*
<b>Routine Eye Exam</b>	\$50 Copay* (every 2 yrs)	\$20 Copay* (every 2 yrs)	\$40 Copay* (every 2 yrs)	\$60 Copay (every 2 yrs)	\$50 Copay (every 2 yrs)	15% Coinsurance* (every 2 yrs)
<b>Eyewear</b>	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)
<b>Hospital Inpatient</b>	\$500 Copay*	\$200 Copay*	\$800 Copay*	\$750 Copay	\$1,000 Copay*	15% Coinsurance*
<b>Outpatient Surgery</b>	\$200 Copay*	\$100 Copay*	\$100 Copay*	\$300 Copay	\$300 Copay*	15% Coinsurance*
<b>Emergency Room Care</b>	\$300 Copay	\$75 Copay*	\$300 Copay*	\$500 Copay	\$100 Copay	15% Coinsurance*
<b>Urgent Care Center</b>	\$50 Copay	\$20 Copay*	\$40 Copay*	\$60 Copay	\$50 Copay	15% Coinsurance*
<b>Diabetic Supplies (per 30 days)</b>	\$15 Copay	\$10 Copay*	\$10 Copay*	\$40 Copay	\$30 Copay	15% Coinsurance*
<b>Durable Medical Equipment</b>	50% Coinsurance*	50% Coinsurance*	50% Coinsurance*	50% Coinsurance	50% Coinsurance*	15% Coinsurance*
<b>Prescription Coverage</b>	Tier 1/\$5 Copay Tier 2/\$35 Copay** Tier 3/\$70 Copay** <small>**\$100/\$200 Brand Name Deductible</small>	Tier 1/\$5 Copay* Tier 2/\$15 Copay* Tier 3/\$25 Copay* <small>no deductible for preventive drugs</small>	Tier 1/\$10 Copay Tier 2/\$35 Copay Tier 3/50% Coinsurance	Tier 1/\$10 Copay Tier 2/\$40 Copay Tier 3/\$60 Copay	Tier 1/\$10 Copay Tier 2/\$40 Copay Tier 3/\$60 Copay	Tier 1/\$5 Copay* Tier 2/\$35 Copay* Tier 3/\$70 Copay* <small>no deductible for preventive drugs</small>
<b>Monthly Rate Tiers</b>						
<b>Single</b>	<b>\$602.68</b>	<b>\$570.28</b>	<b>\$588.69</b>	<b>\$620.34</b>	<b>\$626.97</b>	<b>\$573.96</b>
<b>Subscriber and Spouse</b>	<b>\$1,205.36</b>	<b>\$1,140.56</b>	<b>\$1,177.38</b>	<b>\$1,240.68</b>	<b>\$1,253.94</b>	<b>\$1,147.92</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,024.56</b>	<b>\$969.48</b>	<b>\$1,000.77</b>	<b>\$1,054.58</b>	<b>\$1,065.85</b>	<b>\$975.73</b>
<b>Family</b>	<b>\$1,717.64</b>	<b>\$1,625.30</b>	<b>\$1,677.77</b>	<b>\$1,767.97</b>	<b>\$1,786.86</b>	<b>\$1,635.79</b>

## 2019 Quarter 1: Small Group Rates MVP Health Care Gold

Highlighted benefits denote a change from 2018

\*Services subject to deductible  
<sup>h</sup>HSA compatible

	Gold EPO 8	Gold PPO		Gold HMO 1	Gold HMO 2 <sup>h</sup>	Gold HMO 10
<b>Individual Deductible (Annual)</b>	\$4,000	\$700 IN	\$4,000 OON	\$850	\$1,600	\$600
<b>Family Deductible (Annual)</b>	\$8,000	\$1,400 IN	\$8,000 OON	\$1,700	\$3,200	\$1,200
<b>Individual OOP Max (Annual)</b>	\$7,900	\$7,150 IN	\$8,000 OON	\$6,550	\$4,500	\$4,000
<b>Family OOP Max (Annual)</b>	\$15,800	\$14,300 IN	\$16,000 OON	\$13,100	\$9,000	\$8,000
<b>Accumulator Type</b>	Embedded	Embedded	Aggregate	Embedded	Aggregate/Embedded	Embedded
<b>Preventive Services</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>PCP Office Visit</b>	\$30 Copay	\$40 Copay	20% Coinsurance*	3 visits \$0; then \$15 Copay	\$10 Copay*	\$25 Copay*
<b>Specialist Visit</b>	\$50 Copay	\$60 Copay	20% Coinsurance*	\$50 Copay*	\$20 Copay*	\$40 Copay*
<b>Telemedicine Visit</b>	\$30 Copay	\$40 Copay	Not Covered	\$15 Copay	\$10 Copay*	\$25 Copay*
<b>Routine Eye Exam</b>	\$50 Copay (every 2 yrs)	\$60 Copay* (every 2 yrs)	20% Coinsurance* (every 2 yrs)	\$50 Copay* (every 2 yrs)	\$20 Copay* (every 2 yrs)	\$40 Copay* (every 2 yrs)
<b>Eyewear</b>	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)
<b>Hospital Inpatient</b>	20% Coinsurance*	\$500 Copay*	20% Coinsurance*	\$500 Copay*	\$200 Copay*	\$1,000 Copay*
<b>Outpatient Surgery</b>	20% Coinsurance*	\$300 Copay*	20% Coinsurance*	\$200 Copay*	\$100 Copay*	\$100 Copay*
<b>Emergency Room Care</b>	\$300 Copay	\$300 Copay*	\$300 Copay*	\$300 Copay	\$75 Copay*	\$150 Copay*
<b>Urgent Care Center</b>	\$50 Copay	\$60 Copay*	\$60 Copay*	\$50 Copay	\$20 Copay*	\$60 Copay*
<b>Diabetic Supplies (per 30 days)</b>	\$30 Copay	\$40 Copay	20% Coinsurance*	\$15 Copay	\$10 Copay*	\$25 Copay*
<b>Durable Medical Equipment</b>	50% Coinsurance	50% Coinsurance*	20% Coinsurance*	50% Coinsurance*	50% Coinsurance*	20% Coinsurance*
<b>Prescription Coverage</b>	Tier 1/\$10 Copay Tier 2/\$40 Copay Tier 3/\$60 Copay	Tier 1/\$10 Copay Tier 2/\$40 Copay Tier 3/\$60 Copay	Not Covered	Tier 1/\$5 Copay Tier 2/\$35 Copay** Tier 3/\$70 Copay** <small>**\$100/\$200 Brand Name Deductible</small>	Tier 1/\$5 Copay* Tier 2/\$15 Copay* Tier 3/\$25 Copay* <small>no deductible for preventive drugs</small>	Tier 1/\$10 Copay Tier 2/\$35 Copay Tier 3/\$70 Copay
<b>Monthly Rate Tiers</b>						
<b>Single</b>	\$569.55	\$629.06		\$564.57	\$534.23	\$570.78
<b>Subscriber and Spouse</b>	\$1,139.10	\$1,258.12		\$1,129.14	\$1,068.46	\$1,141.56
<b>Subscriber and Child(ren)</b>	\$968.24	\$1,069.40		\$959.77	\$908.19	\$970.33
<b>Family</b>	\$1,623.22	\$1,792.82		\$1,609.02	\$1,522.56	\$1,626.72

## 2019 Quarter 1: Small Group Rates MVP Health Care Silver

Highlighted benefits denote a change from 2018

\*Services subject to deductible  
<sup>h</sup>HSA compatible

	Silver EPO 1	Silver EPO 2	Silver EPO 3 <sup>h</sup>	Silver EPO 4 HRA
<b>Individual Deductible (Annual)</b>	\$2,100	\$3,700	\$2,200	\$2,500
<b>Family Deductible (Annual)</b>	\$4,200	\$7,400	\$4,400	\$5,000
<b>Individual OOP Max (Annual)</b>	\$6,550	\$7,900	\$4,800	\$6,350
<b>Family OOP Max (Annual)</b>	\$13,100	\$15,800	\$9,600	\$12,700
<b>Accumulator Type</b>	Embedded	Embedded	Aggregate/Embedded	Embedded
<b>Preventive Services</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>PCP Office Visit</b>	\$30 Copay	3 visits \$0; then \$40 Copay	\$25 Copay*	\$20 Copay*
<b>Specialist Visit</b>	\$50 Copay*	\$70 Copay*	\$50 Copay*	\$50 Copay*
<b>Telemedicine Visit</b>	\$30 Copay	\$40 Copay	\$25 Copay*	\$20 Copay*
<b>Routine Eye Exam</b>	\$50 Copay* (every 2 yrs)	\$70 Copay* (every 2 yrs)	\$50 Copay* (every 2 yrs)	\$50 Copay* (every 2 yrs)
<b>Eyewear</b>	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)
<b>Hospital Inpatient</b>	20% Coinsurance*	20% Coinsurance*	\$500 Copay*	\$800 Copay*
<b>Outpatient Surgery</b>	\$300 Copay*	\$200 Copay*	\$200 Copay*	\$200 Copay*
<b>Emergency Room Care</b>	\$350 Copay*	\$500 Copay	\$300 Copay*	\$300 Copay*
<b>Urgent Care Center</b>	\$50 Copay*	\$70 Copay	\$50 Copay*	\$50 Copay*
<b>Diabetic Supplies (per 30 days)</b>	\$30 Copay	\$40 Copay	\$25 Copay*	\$20 Copay*
<b>Durable Medical Equipment</b>	50% Coinsurance*	50% Coinsurance*	50% Coinsurance*	50% Coinsurance*
<b>Prescription Coverage</b>	Tier 1/\$8 Copay Tier 2/\$35 Copay** Tier 3/\$70 Copay** **\$100/\$200 Brand Name Deductible	Tier 1/\$15 Copay* Tier 2/\$40 Copay* Tier 3/\$70 Copay*	Tier 1/\$10 Copay* Tier 2/\$40 Copay* Tier 3/\$60 Copay* no deductible for preventive drugs	Tier 1/\$10 Copay Tier 2/\$35 Copay Tier 3/50% Coinsurance
<b>Monthly Rate Tiers</b>				
<b>Single</b>	\$517.92	\$468.07	\$496.86	\$486.33
<b>Subscriber and Spouse</b>	\$1,035.84	\$936.14	\$993.72	\$972.66
<b>Subscriber and Child(ren)</b>	\$880.46	\$795.72	\$844.66	\$826.76
<b>Family</b>	\$1,476.07	\$1,334.00	\$1,416.05	\$1,386.04

## 2019 Quarter 1: Small Group Rates MVP Health Care Silver

Highlighted benefits denote a change from 2018

\*Services subject to deductible  
<sup>h</sup>HSA compatible

	Silver EPO 7	Silver EPO 8 <sup>h</sup>	Silver HMO 3 <sup>h</sup>	Silver HMO 12
<b>Individual Deductible (Annual)</b>	\$3,100	\$3,700	\$2,200	\$1,700
<b>Family Deductible (Annual)</b>	\$6,200	\$7,400	\$4,400	\$3,400
<b>Individual OOP Max (Annual)</b>	\$7,700	\$5,500	\$4,800	\$7,500
<b>Family OOP Max (Annual)</b>	\$15,400	\$11,000	\$9,600	\$15,000
<b>Accumulator Type</b>	Embedded	Embedded	Aggregate/Embedded	Embedded
<b>Preventive Services</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>PCP Office Visit</b>	\$30 Copay	Covered in Full*	\$25 Copay*	\$30 Copay*
<b>Specialist Visit</b>	\$40 Copay*	Covered in Full*	\$50 Copay*	\$50 Copay*
<b>Telemedicine Visit</b>	\$30 Copay	Covered in Full*	\$25 Copay*	\$30 Copay*
<b>Routine Eye Exam</b>	\$40 Copay* (every 2 yrs)	Covered in Full* (every 2 yrs)	\$50 Copay* (every 2 yrs)	\$50 Copay* (every 2 yrs)
<b>Eyewear</b>	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)
<b>Hospital Inpatient</b>	\$500 Copay*	Covered in Full*	\$500 Copay*	\$1,500 Copay*
<b>Outpatient Surgery</b>	\$150 Copay*	Covered in Full*	\$200 Copay*	\$100 Copay*
<b>Emergency Room Care</b>	\$200 Copay*	Covered in Full*	\$300 Copay*	\$250 Copay*
<b>Urgent Care Center</b>	\$40 Copay*	Covered in Full*	\$50 Copay*	\$70 Copay*
<b>Diabetic Supplies (per 30 days)</b>	\$30 Copay	Covered in Full*	\$25 Copay*	\$30 Copay*
<b>Durable Medical Equipment</b>	50% Coinsurance*	Covered in Full*	50% Coinsurance*	30% Coinsurance*
<b>Prescription Coverage</b>	Tier 1/\$10 Copay Tier 2/\$40 Copay Tier 3/\$60 Copay	Tier 1/\$10 Copay* Tier 2/\$40 Copay* Tier 3/\$60 Copay* <small>no deductible for preventive drugs</small>	Tier 1/\$10 Copay* Tier 2/\$40 Copay* Tier 3/\$60 Copay* <small>no deductible for preventive drugs</small>	Tier 1/\$10 Copay Tier 2/\$35 Copay Tier 3/\$70 Copay
<b>Monthly Rate Tiers</b>				
<b>Single</b>	\$512.31	\$481.41	\$465.45	\$482.55
<b>Subscriber and Spouse</b>	\$1,024.62	\$962.82	\$930.90	\$965.10
<b>Subscriber and Child(ren)</b>	\$870.93	\$818.40	\$791.27	\$820.34
<b>Family</b>	\$1,460.08	\$1,372.02	\$1,326.53	\$1,375.27

## 2019 Quarter 1: Small Group Rates MVP Health Care Bronze

\*Services subject to deductible  
<sup>h</sup>HSA compatible

	Bronze EPO 2	Bronze EPO 3 <sup>h</sup>	Bronze EPO 5 <sup>h</sup>	Bronze EPO 6 <sup>h</sup>	Bronze EPO 7 <sup>h</sup>	Bronze EPO 8
<b>Individual Deductible (Annual)</b>	\$5,000	\$5,900	\$5,350	\$6,550	\$4,800	\$7,350
<b>Family Deductible (Annual)</b>	\$10,000	\$11,800	\$10,700	\$13,100	\$9,600	\$14,700
<b>Individual OOP Max (Annual)</b>	\$7,150	\$6,550	\$6,550	\$6,550	\$6,550	\$7,350
<b>Family OOP Max (Annual)</b>	\$14,300	\$13,100	\$13,100	\$13,100	\$13,100	\$14,700
<b>Accumulator Type</b>	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
<b>Preventive Services</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>PCP Office Visit</b>	3 visits \$0; then \$35 Copay*	\$30 Copay*	\$5 Copay*	Covered in Full*	40% Coinsurance*	\$30 Copay
<b>Specialist Visit</b>	\$60 Copay*	\$50 Copay*	50% Coinsurance*	Covered in Full*	40% Coinsurance*	Covered in Full*
<b>Telemedicine Visit</b>	\$35 Copay*	\$30 Copay*	\$5 Copay*	Covered in Full*	40% Coinsurance*	\$30 Copay
<b>Routine Eye Exam</b>	\$60 Copay* (every 2 yrs)	\$50 Copay* (every 2 yrs)	50% Coinsurance* (every 2 yrs)	Covered in Full* (every 2 yrs)	40% Coinsurance* (every 2 yrs)	Covered in Full* (every 2 yrs)
<b>Eyewear</b>	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)
<b>Hospital Inpatient</b>	30% Coinsurance*	30% Coinsurance*	50% Coinsurance*	Covered in Full*	40% Coinsurance*	Covered in Full*
<b>Outpatient Surgery</b>	\$300 Copay*	\$100 Copay*	50% Coinsurance*	Covered in Full*	40% Coinsurance*	Covered in Full*
<b>Emergency Room Care</b>	\$350 Copay*	\$300 Copay*	\$100 Copay*	Covered in Full*	40% Coinsurance*	Covered in Full*
<b>Urgent Care Center</b>	\$60 Copay*	\$50 Copay*	50% Coinsurance*	Covered in Full*	40% Coinsurance*	Covered in Full*
<b>Diabetic Supplies (per 30 days)</b>	\$35 Copay*	\$30 Copay*	\$5 Copay*	Covered in Full*	40% Coinsurance*	\$30 Copay
<b>Durable Medical Equipment</b>	50% Coinsurance*	50% Coinsurance*	50% Coinsurance*	Covered in Full*	40% Coinsurance*	Covered in Full*
<b>Prescription Coverage</b>	Tier 1/\$10 Copay* Tier 2/\$40 Copay* Tier 3/\$60 Copay*	Tier 1/\$10 Copay* Tier 2/\$40 Copay* Tier 3/\$60 Copay*	Tier 1/\$5 Copay* Tier 2/\$30 Copay* Tier 3/50% Coinsurance* no deductible for preventive drugs	Covered in Full*  no deductible for preventive drugs	Tier 1/\$10 Copay* Tier 2/\$40 Copay* Tier 3/\$60 Copay* no deductible for preventive drugs	Tier 1/\$25 Copay Tier 2/\$CIF* Tier 3/\$CIF* no deductible for preventive drugs
<b>Monthly Rate Tiers</b>						
<b>Single</b>	<b>\$400.60</b>	<b>\$407.42</b>	<b>\$406.74</b>	<b>\$422.42</b>	<b>\$399.24</b>	<b>\$440.14</b>
<b>Subscriber and Spouse</b>	<b>\$801.20</b>	<b>\$814.84</b>	<b>\$813.48</b>	<b>\$844.84</b>	<b>\$798.48</b>	<b>\$880.28</b>
<b>Subscriber and Child(ren)</b>	<b>\$681.02</b>	<b>\$692.61</b>	<b>\$691.46</b>	<b>\$718.11</b>	<b>\$678.71</b>	<b>\$748.24</b>
<b>Family</b>	<b>\$1,141.71</b>	<b>\$1,161.15</b>	<b>\$1,159.21</b>	<b>\$1,203.90</b>	<b>\$1,137.83</b>	<b>\$1,254.40</b>

## 2019 Quarter 1: Small Group Rates MVP Health Care Bronze

Highlighted benefits denote a change from 2018

\*Services subject to deductible  
<sup>h</sup>HSA compatible

	Bronze HMO 1	Bronze HMO 2	Bronze HMO 9 <sup>h</sup>	Bronze HMO 10 (New)
Individual Deductible (Annual)	\$4,550	\$5,000	\$5,500	\$7,900
Family Deductible (Annual)	\$9,100	\$10,000	\$11,000	\$15,800
Individual OOP Max (Annual)	\$7,900	\$7,150	\$6,550	\$7,900
Family OOP Max (Annual)	\$15,800	\$14,300	\$13,100	\$15,800
Accumulator Type	Embedded	Embedded	Embedded	Embedded
Preventive Services	Covered in Full	Covered in Full	Covered in Full	Covered in Full
PCP Office Visit	\$35 Copay*	3 visits \$0; then \$35 Copay*	50% Coinsurance*	Covered in Full*
Specialist Visit	\$80 Copay*	\$60 Copay*	50% Coinsurance*	Covered in Full*
Telemedicine Visit	\$35 Copay*	\$35 Copay*	50% Coinsurance*	Covered in Full*
Routine Eye Exam	\$80 Copay* (every 2 yrs)	\$60 Copay* (every 2 yrs)	50% Coinsurance* (every 2 yrs)	Covered in Full* (every 2 yrs)
Eyewear	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)	\$60 Allowance (every 2 yrs)
Hospital Inpatient	50% Coinsurance*	30% Coinsurance*	50% Coinsurance*	Covered in Full*
Outpatient Surgery	\$300 Copay*	\$300 Copay*	50% Coinsurance*	Covered in Full*
Emergency Room Care	50% Coinsurance*	\$350 Copay*	50% Coinsurance*	Covered in Full*
Urgent Care Center	\$80 Copay*	\$60 Copay*	50% Coinsurance*	Covered in Full*
Diabetic Supplies (per 30 days)	\$35 Copay*	\$35 Copay*	50% Coinsurance*	Covered in Full*
Durable Medical Equipment	50% Coinsurance*	50% Coinsurance*	50% Coinsurance*	Covered in Full*
Prescription Coverage	Tier 1/\$10 Copay** Tier 2/\$40 Copay** Tier 3/50% Coinsurance** **\$300/\$600 Rx Deductible	Tier 1/\$10 Copay* Tier 2/\$40 Copay* Tier 3/\$60 Copay*	Tier 1/\$10 Copay* Tier 2/\$35 Copay* Tier 3/\$70 Copay* no deductible for preventive drugs	Covered in Full*
<b>Monthly Rate Tiers</b>				
Single	\$377.84	\$375.29	\$368.26	\$359.96
Subscriber and Spouse	\$755.68	\$750.58	\$736.52	\$719.92
Subscriber and Child(ren)	\$642.33	\$637.99	\$626.04	\$611.93
Family	\$1,076.84	\$1,069.58	\$1,049.54	\$1,025.89