



**VERMONT
HEALTH
CONNECT**

Find the plan that's right for you.

Small Business

Health coverage application for EMPLOYEES

APPENDIX B: MVP only

Please complete this document to designate your plan selection.

BUSINESS NAME (please print): _____

PRIMARY WORKSITE ADDRESS: _____

EMPLOYEE NAME (please print): _____ SSN: _____

Employee Plan Selection

Step 1: Please choose the plan that you wish to enroll in by checking the box to the left.

	Medical Plan	Tier	Total Premium	Employer Contribution	Employee Responsibility
<input type="radio"/>	MVP Platinum Standard	Single	\$ 594.30	\$	\$
		Couple	\$ 1,188.60	\$	\$
		Parent and Child(ren)	\$ 1,147.00	\$	\$
		Family	\$ 1,669.98	\$	\$
<input type="radio"/>	MVP Gold Standard	Single	\$ 513.83	\$	\$
		Couple	\$ 1,027.66	\$	\$
		Parent and Child(ren)	\$ 991.69	\$	\$
		Family	\$ 1,443.86	\$	\$
<input type="radio"/>	MVP Silver Standard	Single	\$ 427.51	\$	\$
		Couple	\$ 855.02	\$	\$
		Parent and Child(ren)	\$ 825.09	\$	\$
		Family	\$ 1,201.30	\$	\$
<input type="radio"/>	MVP Bronze Standard *	Single	\$ 336.13	\$	\$
		Couple	\$ 672.26	\$	\$
		Parent and Child(ren)	\$ 648.73	\$	\$
		Family	\$ 944.53	\$	\$
<input type="radio"/>	MVP Silver HDHP <i>Can be paired with HSA</i>	Single	\$ 428.58	\$	\$
		Couple	\$ 857.16	\$	\$
		Parent and Child(ren)	\$ 827.16	\$	\$
		Family	\$ 1,204.31	\$	\$
<input type="radio"/>	MVP Bronze HDHP * <i>Can be paired with HSA</i>	Single	\$ 366.22	\$	\$
		Couple	\$ 732.44	\$	\$
		Parent and Child(ren)	\$ 706.80	\$	\$
		Family	\$ 1,029.08	\$	\$

<input type="radio"/>	MVP Gold HMO 500 Non-Standard	Single	\$ 521.59	\$	\$
		Couple	\$ 1,043.18	\$	\$
		Parent and Child(ren)	\$ 1,006.67	\$	\$
		Family	\$ 1,465.67	\$	\$
<input type="radio"/>	MVP Silver HMO 1700 Non-Standard	Single	\$ 419.17	\$	\$
		Couple	\$ 838.34	\$	\$
		Parent and Child(ren)	\$ 809.00	\$	\$
		Family	\$ 1,177.87	\$	\$
<input type="radio"/>	MVP Bronze HMO 3000 Non-Standard *	Single	\$ 341.95	\$	\$
		Couple	\$ 683.90	\$	\$
		Parent and Child(ren)	\$ 659.96	\$	\$
		Family	\$ 960.88	\$	\$
<input type="radio"/>	I decline medical coverage.				

***Please note:** The Bronze plans have the potential for significant out-of-pocket costs in addition to the premium.

Pediatric Dental (up to the end of the year in which the child turns 21) is embedded in the above medical plans. DO NOT include these children in choosing a plan below.

	Dental Plan	Tier	Total Premium	Employer Contribution	Employee Responsibility
<input type="radio"/>	High Option – Adult Plan \$50 Pediatric Deductible	Single	\$ 46.93	\$	\$
		Couple	\$ 89.62	\$	\$
		Parent and Child(ren)	\$ 122.12	\$	\$
		Family	\$ 165.34	\$	\$
		Rates per child	\$ 38.64	\$	\$
<input type="radio"/>	Low Option – Adult Plan \$625 Pediatric Deductible	Single	\$ 46.93	\$	\$
		Couple	\$ 89.62	\$	\$
		Parent and Child(ren)	\$ 110.74	\$	\$
		Family	\$ 160.34	\$	\$
		Rates per Child	\$ 32.79	\$	\$
<input type="radio"/>	I decline dental coverage.				

Step 2: Please list the members of the family that will be insured on the medical and/or dental plan:

MEDICAL

Relationship to EE	Name	SSN	DOB	Other Insurance*?
Self				YES / NO
Spouse				YES / NO
Dependent				YES / NO
Dependent				YES / NO
Dependent				YES / NO
Dependent				YES / NO

*Will this employee (and family members if applicable), have other sources of health coverage once this employer's Vermont Health Connect plan is effective?

DENTAL

Pediatric Dental (up to the end of the calendar year in which the child turns 21) is embedded in the above medical plans. DO NOT include these children in the list below.

Relationship to EE	Name	SSN	DOB	Other Insurance*?
Self				YES / NO
Spouse				YES / NO
Dependent				YES / NO
Dependent				YES / NO
Dependent				YES / NO
Dependent				YES / NO

*Will this employee (and family members if applicable), have other sources of health coverage once this employer's Vermont Health Connect plan is effective?

Other: Please tell us how you heard about Vermont Health Connect?

<input type="radio"/>	Employer	<input type="radio"/>	Friends/Family	<input type="radio"/>	Mail
<input type="radio"/>	News	<input type="radio"/>	Internet	<input type="radio"/>	Other