Vermont Large Group 2024 Plans

MEDICAL							
Deductible Single/Family	Out-of-Pocket Maximum Single/Family	Primary Care/ Specialist Visit	Co-Insurance	Inpatient Hospital Stay ¹	Vision Exam	Hearing Aids Office Visit/ Equipment	Prescription Benefit Tier 1/Tier 2/Tier 3 (Mail Order is x2.5)

Cost-shares in **red** indicate a change from the 2023 plan.

MVP' Simple Plan Options NEW for 2024! National network coverage included on all plans.

These plans feature a basic plan design with no deductible and an integrated pharmacy benefit, giving members more transparency and predictability when it comes to their health care costs.

VT4HMP128XLAN	\$0/\$0	\$5,000/\$10,000 EMB	\$50/\$100	0%	\$2,000	\$20 NoDD	\$100/\$300	\$5/\$50/\$100
VT4HMP129XLAN	\$0/\$0	\$7,500/\$15,000 EMB	\$50/\$100	0%	\$4,000	\$20 NoDD	\$100/\$300	\$5/\$50/\$100
VT4HMP130XLAN	\$0/\$0	\$7,500/\$15,000 EMB	\$50/\$100	0%	\$4,000	\$20 NoDD	\$100/\$300	\$5/\$50/\$100
VT4HMP131XLAN	\$0/\$0	\$5,000/\$10,000 EMB	\$50/\$100	20%	20%	\$20 NoDD	\$100/\$300	\$5/\$50/\$100
VT4HMP132XLAN	\$0/\$0	\$7,500/\$15,000 EMB	\$50/\$100	25%	25%	\$20 NoDD	\$100/\$300	\$5/\$50/\$100

Co-Pay/Hybrid/Deductible HMO Plans National network coverage included on all plans.

VT4HMO087ZLAN	\$0/\$0	\$5,300/\$10,600 EMB	\$25/\$40	0%	\$500	\$20 NoDD	\$40/50%	Pharmacy Riders
VT4HMO119ZLAN	\$500/\$1,250 EMB	\$1,250/\$3,125 EMB	\$25 NoDD/\$50 NoDD	20%	20%	\$20 NoDD	\$50 NoDD/50% NoDD	Available
VT4HMO120ZLAN	\$750/\$1,500 EMB	\$2,000/\$4,000 EMB	\$25 NoDD/\$50 NoDD	30%	30%	\$20 NoDD	\$50 NoDD/50% NoDD	
VT4HMO092ZLAN	\$1,000/\$2,500 EMB	\$2,000/\$5,000 EMB	\$20 NoDD/\$20 NoDD	20%	20%	\$20 NoDD	\$20 NoDD/50% NoDD	
VT4HMO095ZLAN	\$1,000/\$2,500 EMB	\$3,000/\$7,500 EMB	\$25 NoDD/\$40 NoDD	20%	20%	\$20 NoDD	\$40 NoDD/50% NoDD	
VT4HMO103ZLAN	\$1,000/\$2,500 EMB	\$3,000/\$7,500 EMB	\$30 NoDD/\$50 NoDD	20%	20%	\$20 NoDD	\$50 NoDD/50% NoDD	
VT4HMO100ZLAN	\$2,000/\$5,000 EMB	\$4,000/\$10,000 EMB	\$25 NoDD/\$40 NoDD	20%	20%	\$20 NoDD	\$40 NoDD/50% NoDD	
VT4HMO110ZLAN	\$2,000/\$5,000 EMB	\$5,300/\$10,600 EMB	\$30 NoDD/\$30 NoDD	20%	20%	\$20 NoDD	\$30 NoDD/50% NoDD	
VT4HMO091ZLAN	\$3,000/\$6,000 EMB	\$5,300/\$10,600 EMB	\$20 NoDD/\$20 NoDD	20%	20%	\$20 NoDD	\$20 NoDD/50% NoDD	
VT4HMO101ZLAN	\$3,000/\$6,000 EMB	\$5,300/\$10,600 EMB	\$25 NoDD/\$40 NoDD	20%	20%	\$20 NoDD	\$40 NoDD/50% NoDD	
VT4HMO107ZLAN	\$3,000/\$6,000 EMB	\$5,300/\$10,600 EMB	\$30 NoDD/\$50 NoDD	20%	20%	\$20 NoDD	\$50 NoDD/50% NoDD	
VT4HMO118ZLAN	\$4,000/\$8,000 EMB	\$4,000/\$8,000 EMB	\$30 NoDD/0%	0%	0%	\$20 NoDD	0%/0%	
VT4HMO116ZLAN	\$5,000/\$10,000 EMB	\$5,300/\$10,600 EMB	\$30 NoDD/\$50 NoDD	0%	0%	\$20 NoDD	\$50 NoDD/50% NoDD	

¹Subject to approval. Restrictions may apply.

NoDD: Not subject to deductible

Aggregate vs. Embedded

Aggregate (AGG): For a policy with two or more members and an aggregate deductible, the deductible must be met by any one or any combination of members before the plan will make payments. Embedded (EMB): For a family plan with an embedded deductible, each member pays toward, but never exceeds, their individual deductible and/or out-of-pocket maximum (OOPM) until the larger family deductible and/or OOPM is met. Once the family deductible and/or OOPM are met, the plan makes payments for all covered services of all members on the contract.



MVP Plan Features

New for 2024! Prescription Savings with CVS Caremark Cost Saver[®] and GoodRx[®]

Beginning January 1, 2024, MVP Commercial plan members with pharmacy benefits will have access to GoodRx prescription pricing, lowering their out-of-pocket costs for many generic prescription drugs.

Wherever Life Takes You, Take Gia®

The *Gia*^{*} by *MVP* mobile app can help reduce the overall cost of care and decrease employee absenteeism by giving your employees access to care and plan information whenever and wherever they need it. Gia virtual care services are \$0 and include 24/7 virtual primary and specialty care through the Galileo mobile app, and virtual behavioral health care through the myVisitNow mobile app.

\$600 Well-Being Reimbursement

Your employees can get reimbursed up to \$600, per contract, per calendar year, for well-being services, items, and activities.

Free Meal Delivery

Getting the right nutrition is essential to achieving and maintaining good health, which is why we've partnered with Mom's Meals. They have been delivering refrigerated, ready-to-heat-and-eat meals to homes nationwide for over 20 years. Crafted by chefs and registered dietitians, meals are medically-tailored to support most major chronic conditions and overall wellness.



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		MEDICAL							
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Cost-shares in red ind	icate a change from the 202	3 plan.							
Qualified High-D	eductible HMO Plans	National network coverag	e included on all plans	5.					
VT4HDH01AXLA	\$1,600/\$3,200 AGG	\$2,600/\$5,200 AGG	0%/0%	0%	0%	\$20 NoDD	0%/0%	\$10/\$30/\$50	
VT4HDH02AXLA	\$2,500/\$5,000 AGG	\$3,500/\$7,000 AGG	0%/0%	0%	0%	\$20 NoDD	0%/0%	\$10/\$30/\$50	
VT4HDH08AXLA	\$2,000/\$4,000 AGG	\$4,000/\$8,000 EMB	20%/20%	20%	20%	\$20 NoDD	20%/20%	20%/20%/40%	
VT4HDH09AXLA	\$2,500/\$5,000 AGG	\$5,000/\$10,000 EMB	20%/20%	20%	20%	\$20 NoDD	20%/20%	20%/20%/40%	
VT4HDH15AXLA	\$2,500/\$5,000 AGG	\$5,000/\$10,000 EMB	20%/20%	20%	20%	\$20 NoDD	20%/20%	50%/50%/50%	
VT4HDH56AXLA	\$2,700/\$5,400 AGG	\$6,750/\$13,500 EMB	\$35/\$60	0%	\$1,000	\$20 NoDD	\$60/50%	\$10/\$40/\$60	
VT4HDH60EXLAE	\$3,000/\$6,000 EMB	\$3,000/\$6,000 EMB	0%/0%	0%	0%	\$20 NoDD	0%/0%	0%/0%/0%	
VT4HDH46AXLA	\$3,000/\$6,000 AGG	\$3,000/\$6,000 AGG	0%/0%	0%	0%	\$20 NoDD	0%/0%	0%/0%/0%	
VT4HDH52AXLA	\$3,200/\$6,400 AGG	\$6,400/\$12,800 EMB	30%/30%	30%	30%	\$20 NoDD	30%/30%	30%/30%/50%	
VT4HDH58AXLG	\$4,000/\$8,000 AGG	\$4,000/\$8,000 AGG	0%/0%	0%	0%	\$20 NoDD	0%/0%	0%/0%/0%	
VT4HDH43EXLAE	\$4,000/\$8,000 EMB	\$4,000/\$8,000 EMB	0%/0%	0%	0%	\$20 NoDD	0%/0%	0%/0%/0%	
VT4HDH19EXLAE	\$5,000/\$10,000 EMB	\$5,000/\$10,000 EMB	0%/0%	0%	0%	\$20 NoDD	0%/0%	0%/0%/0%	
VT4HDH59AXLA	\$5,000/\$10,000 AGG	\$6,550/\$13,300 EMB	\$35/\$60	0%	\$1,000	\$20 NoDD	\$60/50%	\$10/\$40/\$60	
VT4HDH50EXLAE	\$7,500/\$15,000 EMB	\$7,500/\$15,000 EMB	0%/0%	0%	0%	\$20 NoDD	0%/0%	0%/0%/0%	
VT4HDH51EXLAE	\$6,650/\$13,300 EMB	\$6,650/\$13,300 EMB	0%/0%	0%	0%	\$20 NoDD	0%/0%	0%/0%/0%	
VT4HDH55AXLA	\$6,750/\$13,500 AGG	\$6,750/13,500 AGG ²	0%/0%	0%	0%	\$20 NoDD	0%/0%	0%/0%/0%	

Non-Qualified High-Deductible HMO Plans National network coverage included on all plans.

VT3HMH127XLCE	\$3,000/\$6,000 EMB	\$3,000/\$6,000 EMB	0%/0%	0%	0%	\$20 NoDD	0%/0%	\$10/\$30/\$50 NoDD
VT3HMH124XLCE	\$4,000/\$8,000 EMB	\$4,000/\$8,000 EMB	0%/0%	0%	0%	\$20 NoDD	0%/0%	\$10/\$30/\$50 NoDD
VT3HMH125XLC	\$6,900/\$13,800 AGG	\$6,900/\$9,450/13,800 AGG ²	0%/0%	0%	0%	\$20 NoDD	0%/0%	\$10/\$30/\$50 NoDD
VT3HMH126XLCE	\$6,900/\$13,800 EMB	\$6,900/\$13,800 EMB	0%/0%	0%	0%	\$20 NoDD	0%/0%	\$10/\$30/\$50 NoDD
VT3HMH122XLG	\$9,450/\$18,900 AGG	\$9,450/\$9,450/\$18,900 AGG ²	0%/0%	0%	0%	\$20 NoDD	0%/0%	0%/0%/0%
VT3HMH123XLC	\$8,700/\$17,400 AGG	\$8,700/\$9,450/\$17,400 AGG ²	0%/0%	0%	0%	\$20 NoDD	0%/0%	\$10/\$30/\$50 NoDD

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²This plan features an aggregate deductible and out-of-pocket maximum (OOPM). Each member on a family plan will pay toward the family OOPM. No individual will pay more than the government mandated OOPM of \$9,450. The term Embedded is used on Vermont Health Connect (VHC) materials to define this deductible and OOPM structure.

These plan overviews are intended to provide a general outline of coverage. For comprehensive benefit details, please review your Certificate of Coverage (COC), Schedule of Benefits, Summary of Benefits and Coverage (SBC), and any applicable Rider(s). Your COC, SBC, and Rider(s) will be controlling. These documents can be found in your MVP online account, or are available by request. For details, call **1-800-TALK-MVP** (1-800-825-5687).

NoDD: Not subject to deductible

Aggregate vs. Embedded

Aggregate (AGG): For a policy with two or more members and an aggregate deductible, the deductible must be met by any one or any combination of members before the plan will make payments. Embedded (EMB): For a family plan with an embedded deductible, each member pays toward, but never exceeds, their individual deductible and/or out-of-pocket maximum (OOPM) until the larger family deductible and/or OOPM is met. Once the family deductible and/or OOPM are met, the plan makes payments for all covered services of all members on the contract. Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.



Diversified Services and Supplemental Plan Options

MVP offers diversified services that can be offered alongside group-sponsored health plans to support your business and help offset your employees' health care costs.

- Health Savings Accounts
- Flexible Spending Accounts
- Health Reimbursement Arrangements
- COBRA Administration
- Vision Plans, powered by EyeMed*
- Dental Plans

Visit **mvphealthcare.com/employers** and select *Shop Ancillary Products* to learn more about these services.

Vision Benefits

Your employees receive an annual vision exam with their plan. Please refer to your benefit summary for plan cost-share details.

Learn More

Visit **mvphealthcare.com/largegroup** or contact your MVP Account Representative.

> See other side for MVP Simple Plan/ Co-Pay/Hybrid/Deductible HMO Plans