Vermont

Plan Name: MVP VT Silver 4 HDHP 73 Plan Form: FRVT-HMOH-S4-001-S (2023)

Plan Status: Active



Plan Cost-Sharing Highlights Coverage Information Limits and Exclusions Annual Deductible per Contract Year \$2,000 Person/\$4,000 Family - Aggregate None Co-insurance 25% Person/25% Family None None Annual Out-of-Pocket Maximum \$6,000 Person/\$12,000 Family (Max \$9,100 None Primary Care Physician Office Visits 25% coinsurance* None Specialist Office Visits 25% coinsurance* None Preventive & Well Care Services Covered in Full. For a full list of covered preventive care services, visit Well Child Care & Immunizations Covered in Full. For a full list of covered preventive care services, visit None Preventive & Well Care Services Covered in Full. For a full list of covered preventive care services, visit None Bone Density Tests PCP: 10% coinsurance*/Spec: 25% None None Diagnostic Laboratory Services PCP: 10% coinsurance*/Spec: 25% None Prior authorization is required for some service coinsurance* Advanced Imaging Services (CT/PET scans, MRIs) Specialis Coinsurance* Specialis Cost share 30 combined PT/OT/ST visits per year. Rehabilitative Services 25% coi
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Rehabilitative Services (PT/OT/ST) Speech/Occupational Therapy follows Specialis cost share 25% coinsurance* None
Rehabilitative Services (PT/OT/ST) cost share 25% coinsurance* None
25% coinsurance* None
Allergy Services
Chemotherapy Visit 25% coinsurance* None
Inpatient Services - Hospital
Medical/Surgical Admissions 25% coinsurance* Prior authorization is required for some service
Surgical Services 25% coinsurance* Prior authorization is required for some service
Inpatient Physical Rehabilitation 25% coinsurance* None
Outpatient Hospital Services 30 combined PT/QT/ST visits per year Hospital Rehab Services (QT/ST) 25% coinsurance* 30 combined PT/QT/ST visits per year
Diagnostic Laboratory Services 25% coinsurance* None Diagnostic X-ray 25% coinsurance* None
Diagnostic X-ray 25% coinsurance* None Advanced Imaging Services (CT/PET, scans, MRIs) 25% coinsurance* Prior authorization is required for some service
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Emergency Care
Emergency Room (ER) Visit 25% coinsurance* None
Urgent Care Centers 25% coinsurance* None
Ambulance (Emergency Medical Transportation) 25% coinsurance* None
Matorpity Sonvicos
Maternity Services
Maternity Services None Maternity - Prenatal Care 10% coinsurance* None
Maternity – Prenatal Care 10% coinsurance* None
10% coinsurance* None

Vermont

Plan Name: MVP VT Silver 4 HDHP 73 Plan Form: FRVT-HMOH-S4-001-S (2023) Plan Status: Active



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	Coverage Information	Limits and Exclusions
Behavioral Health Services		
Mental Health Inpatient Hospital	25% coinsurance*	None
Mental Health Outpatient	10% coinsurance*	None
Substance Use Disorder Inpatient Hospital	25% coinsurance*	None
Substance Use Disorder Outpatient	10% coinsurance*	None
Residential Treatment	25% coinsurance*	None
Other Services		
Physician Administered Drugs	25% coinsurance*	None
Skilled Nursing Facility	25% coinsurance*	None
Home Health Care	25% coinsurance*	None
Hospice	25% coinsurance*	None
Durable Medical Equipment	25% coinsurance*	Prior authorization is required for some items
Diabetic Supplies & Equipment	50% coinsurance*	Prior authorization is required for some items
Chiropractic Benefit	25% coinsurance*	No visit limit for Chiropractic Care
Acupuncture	Not covered	None
Prescription Drug Coverage		
Tier 1	30 day supply: \$10 copay*/90 day supply: \$25 copay*	Preventive drugs deductible waived
Tier 2	30 day supply: \$40 copay*/90 day supply: \$100 copay*	Preventive drugs deductible waived. Prior authorization is required for some prescriptions
Tier 3	50% coinsurance*	Preventive drugs deductible waived. Prior authorization is required for some prescriptions. Includes Diabetic Supplies and Equipment
Prescription Drug Deductible	Subject to annual deductible	None
Prescription Out-of-Pocket Maximum	\$1,500 Person/\$3,000 Family - Aggregate	None
Vision Care		
Adult Vision Care	Not covered	None
Pediatric Vision Care	\$20 copay*	One eye exam per year to age 21
Other Plan Features		
Gia® Virtual Care	0% coinsurance	None
Wellness Benefits	Not covered	None
	-	on. View a complete Glossary of Terms and Member FAQs to

Gia virtual care services are available at no member cost-share for medical plans, including qualified high-deductible health plans (QHDHPs), upon enrollment and plan renewal in 2023. Members enrolled in a 2022 QHDHP must meet the plan's annual deductible before Gia services are available at no member cost share.

This plan overview is intended to provide a general outline of coverage. In the event of any conflict between this document and your Certificate of Coverage (COC), Schedule, and any applicable Rider(s), your COC, Schedule, and Rider(s) will be controlling. For plan details, please call **1-800-TALK-MVP** (825-5687), or visit **mvphealthcare.com**.

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.