MVP HEALTH CARE 2027 VERMONT PLANS

Commercial Product Highlights & Changes

Changes to Vermont 2027 Open Enrollment Dates: Open Enrollment will run from **November 1 through December 28, 2026**

- November 1 through December 15: Enroll for coverage effective January 1, 2027
- December 16 through December 28: Enroll for coverage effective February 1, 2027

New for 2027: **Insulin covered in full** on Vermont Fully Insured Commercial plans, helping reduce out-of-pocket costs for members who rely on insulin therapy

New for 2027: **Movn Health Virtual Cardiac Rehabilitation** is now included with all Fully Insured Commercial plans, providing eligible members with personalized, at-home recovery support following a cardiac event

Effective January 1, 2027, **MVP will discontinue the second level** of internal appeals, creating a more streamlined review process for members

Naturopathic Care and Wellness Features

- **Naturopathic Care**, giving Vermont members the option to choose a naturopathic provider as their PCP, with visits subject to the PCP cost-share
- $600 Well-Being Reimbursement for eligible well-being expenses[1]
- $500 Acupuncture Allowance[2]

Comprehensive Coverage. Seamless Experience.

- A strong regional network and access to more than one million providers nationwide through our alliance with Cigna Healthcare
- $0 Gia® virtual care services, available 24/7, on all Fully Insured Vermont Commercial plans[3]
- Up to $1,500 reimbursement for eligible doula services[4]

Flexible Benefits That Work for Everyone

MVP offers simple, easy-to-manage spending account options that help members save money and take control of their health care:

- Health Savings Accounts (HSA)
- Flexible Spending Accounts
- Integrated Health Reimbursement Arrangements
- Lifestyle Spending Accounts
- Medical Expense Reimbursement Plans
- ICHRA (CHOICE Arrangements)

Plus, MVP offers supplemental options including COBRA Administration, and Vision Plans, Powered by EyeMed®!

2027 New Plans and Discontinuances

Individual and Small Group Plan Discontinuances

MVP will discontinue Vermont Small Group Reflective Silver plans for 2027. Groups enrolled in these plans will be automatically mapped to a comparable Silver plan with similar or enhanced benefits.

2026 Plan No Longer Offered	2027 Mapped Plan
Vermont Small Group Reflective Silver 1 Non-Standard	Vermont Small Group Silver 1 Non-Standard
Vermont Small Group Reflective Silver 2 Qualified High-Deductible Health Plan (QHDHP) Non-Standard	Vermont Small Group Silver 2 QHDHP Non-Standard
Vermont Small Group Reflective Silver 3 Standard	Vermont Small Group Silver 3 Standard
Vermont Small Group Reflective Silver 4 QHDHP Standard	Vermont Small Group Silver 4 QHDHP Standard

There are no Vermont Individual plan discontinuations for 2027.

New Large Group Plans

- A new HMO QHDHP option featuring the 2027 QHDHP limits, with a matching $8,700 single/$17,400 family deductible and out-of-pocket maximum

Large Group Plan Discontinuances

- MVP is discontinuing eight large group plans with no membership

Learn more!

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

2027 Regulatory Updates

- Actuarial Value (AV) and Metal Level Requirements: CMS released the final 2027 AV Calculator and updated methodology, resulting in cost-sharing adjustments across many products
- HSA Contribution Limits: Beginning January 1, 2027, HSA contributions may not exceed $4,500 single/$8,950 family
- Out-of-Pocket Maximum Adjustments: Beginning January 1, 2027, Affordable Care Act requirements increase maximum out-of-pocket limits to $12,000 single/$24,000 family. IRS QHDHPs will continue to be subject to lower limits of $8,700 single/$17,400 family, with minimum aggregate deductibles of $1,750 single/$3,500 family required to maintain HSA eligibility

[1] Members can get up to $600, per contract, per calendar year for eligible expenses. Eligible on MVP VT Plus plans only.
[2] Members can receive up to $500, per member, per contract, with an acupuncture allowance. Eligible on MVP VT Plus plans only. Refer to the Certificate of Coverage for benefit details.
[3] Gia virtual care services generally start at $0, but a member cost-share may apply for specialty providers, in-person visits, and referrals. Refer to Gia for estimated costs at the time of service. Eligibility, covered services, and age limits may apply. For serious or life-threatening emergencies call 911.
[4] Members can receive a $1,500 reimbursement, per contract, per calendar year, for support services from a birthing doula.