

# Vermont Large Group 2025 Plans



MEDICAL							PHARMACY
Deductible Single/Family	Out-of-Pocket Maximum Single/Family	Primary Care/ Specialist Visit	Co-Insurance	Inpatient Hospital Stay <sup>1</sup>	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 2024 plan.

## MVP Simple Plan™ Options! 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.

VT5HMP128XLAN	\$0/\$0	\$5,000/\$10,000 EMB	\$50/\$100	0%	\$2,000	\$50	\$100/\$300	\$5/\$50/\$100
VT5HMP129XLAN	\$0/\$0	\$7,500/\$15,000 EMB	\$50/\$100	0%	\$4,000	\$50	\$100/\$300	\$5/\$50/\$100
VT5HMP130XLAN	\$0/\$0	\$7,500/\$15,000 EMB	\$50/\$100	0%	\$4,000	\$50	\$100/\$300	\$5/\$50/\$100
VT5HMP131XLAN	\$0/\$0	\$5,000/\$10,000 EMB	\$50/\$100	20%	20%	\$50	\$100/\$300	\$5/\$50/\$100
VT5HMP132XLAN	\$0/\$0	\$7,500/\$15,000 EMB	\$50/\$100	25%	25%	\$50	\$100/\$300	\$5/\$50/\$100

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

VT5HMO087ZLAN	\$0/\$0	\$5,300/\$10,600 EMB	\$25/\$40	0%	\$500	\$20	\$40/50%	Pharmacy Riders Available
VT5HMO119ZLAE	\$500/\$1,250 EMB	\$1,250/\$3,125 EMB	\$25 NoDD/\$50 NoDD	20%	20%	\$20 NoDD	\$50 NoDD/50% NoDD	
VT5HMO120ZLAE	\$750/\$1,500 EMB	\$2,000/\$4,000 EMB	\$25 NoDD/\$50 NoDD	30%	30%	\$20 NoDD	\$50 NoDD/50% NoDD	
VT5HMO092ZLAE	\$1,000/\$2,500 EMB	\$2,000/\$5,000 EMB	\$20 NoDD/\$20 NoDD	20%	20%	\$20 NoDD	\$20 NoDD/50% NoDD	
VT5HMO095ZLAE	\$1,000/\$2,500 EMB	\$3,000/\$7,500 EMB	\$25 NoDD/\$40 NoDD	20%	20%	\$20 NoDD	\$40 NoDD/50% NoDD	
VT5HMO103ZLAE	\$1,000/\$2,500 EMB	\$3,000/\$7,500 EMB	\$30 NoDD/\$50 NoDD	20%	20%	\$20 NoDD	\$50 NoDD/50% NoDD	
VT5HMO100ZLAE	\$2,000/\$5,000 EMB	\$4,000/\$10,000 EMB	\$25 NoDD/\$40 NoDD	20%	20%	\$20 NoDD	\$40 NoDD/50% NoDD	
VT5HMO110ZLAE	\$2,000/\$5,000 EMB	\$5,300/\$10,600 EMB	\$30 NoDD/\$30 NoDD	20%	20%	\$20 NoDD	\$30 NoDD/50% NoDD	
VT5HMO091ZLAE	\$3,000/\$6,000 EMB	\$5,300/\$10,600 EMB	\$20 NoDD/\$20 NoDD	20%	20%	\$20 NoDD	\$20 NoDD/50% NoDD	
VT5HMO101ZLAE	\$3,000/\$6,000 EMB	\$5,300/\$10,600 EMB	\$25 NoDD/\$40 NoDD	20%	20%	\$20 NoDD	\$40 NoDD/50% NoDD	
VT5HMO107ZLAE	\$3,000/\$6,000 EMB	\$5,300/\$10,600 EMB	\$30 NoDD/\$50 NoDD	20%	20%	\$20 NoDD	\$50 NoDD/50% NoDD	
VT5HMO118ZLAE	\$4,000/\$8,000 EMB	\$4,000/\$8,000 EMB	\$30 NoDD/0%	0%	0%	\$20 NoDD	0%/0%	
VT5HMO116ZLAE	\$5,000/\$10,000 EMB	\$5,300/\$10,600 EMB	\$30 NoDD/\$50 NoDD	0%	0%	\$20 NoDD	\$50 NoDD/50% NoDD	

See other side for Qualified and Non-Qualified High-Deductible HMO Plans →

## MVP Plan Features

### Prescription Savings with CVS Caremark Cost Saver™ and GoodRx®

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 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.

\**Gia* telemedicine services will be \$0 after the deductible is met on MVP QHDHPs beginning January 1, 2025, upon plan renewal unless the Affordable Care Act 2023 QHDHP/HSA safe harbor is further extended.

<sup>1</sup>Subject 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.

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

VT5HDH01AXLA	\$1,650/\$3,300 AGG	\$3,300/\$6,600 AGG	0%/0%	0%	0%	\$20 NoDD	0%/0%	\$10/\$30/\$50
VT5HDH08AXLA	\$2,000/\$4,000 AGG	\$4,000/\$8,000 EMB	20%/20%	20%	20%	\$20 NoDD	20%/20%	20%/20%/40%
VT5HDH02AXLA	\$2,500/\$5,000 AGG	\$3,500/\$7,000 AGG	0%/0%	0%	0%	\$20 NoDD	0%/0%	\$10/\$30/\$50
VT5HDH09AXLA	\$2,500/\$5,000 AGG	\$5,000/\$10,000 EMB	20%/20%	20%	20%	\$20 NoDD	20%/20%	20%/20%/40%
VT5HDH15AXLA	\$2,500/\$5,000 AGG	\$5,000/\$10,000 EMB	20%/20%	20%	20%	\$20 NoDD	20%/20%	50%/50%/50%
VT5HDH56AXLA	\$2,700/\$5,400 AGG	\$6,750/\$13,500 EMB	\$35/\$60	0%	\$1,000	\$20 NoDD	\$60/50%	\$10/\$40/\$60
VT5HDH46AXLA	\$3,000/\$6,000 AGG	\$3,000/\$6,000 AGG	0%/0%	0%	0%	\$20 NoDD	0%/0%	0%/0%/0%
VT5HDH52AXLA	\$3,200/\$6,400 AGG	\$6,400/\$12,800 EMB	30%/30%	30%	30%	\$20 NoDD	30%/30%	30%/30%/50%
VT5HDH60EXLAE	\$3,300/\$6,600 EMB	\$3,300/\$6,600 EMB	0%/0%	0%	0%	\$20 NoDD	0%/0%	0%/0%/0%
VT5HDH43EXLAE	\$4,000/\$8,000 EMB	\$4,000/\$8,000 EMB	0%/0%	0%	0%	\$20 NoDD	0%/0%	0%/0%/0%
VT5HDH58AXLA	\$4,000/\$8,000 AGG	\$4,000/\$8,000 AGG	0%/0%	0%	0%	\$20 NoDD	0%/0%	0%/0%/0%
VT5HDH19EXLAE	\$5,000/\$10,000 EMB	\$5,000/\$10,000 EMB	0%/0%	0%	0%	\$20 NoDD	0%/0%	0%/0%/0%
VT5HDH59AXLA	\$5,000/\$10,000 AGG	\$6,550/\$13,300 EMB	\$35/\$60	0%	\$1,000	\$20 NoDD	\$60/50%	\$10/\$40/\$60
VT5HDH51EXLAE	\$6,650/\$13,300 EMB	\$6,650/\$13,300 EMB	0%/0%	0%	0%	\$20 NoDD	0%/0%	0%/0%/0%
VT5HDH55AXLA	\$6,750/\$13,500 AGG	\$6,750/\$9,200/\$13,500 AGG <sup>2</sup>	0%/0%	0%	0%	\$20 NoDD	0%/0%	0%/0%/0%
VT5HDH50EXLAE	\$7,500/\$15,000 EMB	\$7,500/\$15,000 EMB	0%/0%	0%	0%	\$20 NoDD	0%/0%	0%/0%/0%

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

VT5HMH127XLAE	\$3,000/\$6,000 EMB	\$3,000/\$6,000 EMB	0%/0%	0%	0%	\$20 NoDD	0%/0%	\$10/\$30/\$50 NoDD
VT5HMH124XLAE	\$4,000/\$8,000 EMB	\$4,000/\$8,000 EMB	0%/0%	0%	0%	\$20 NoDD	0%/0%	\$10/\$30/\$50 NoDD
VT5HMH125XLA	\$6,900/\$13,800 AGG	\$6,900/\$9,200/\$13,800 AGG <sup>2</sup>	0%/0%	0%	0%	\$20 NoDD	0%/0%	\$10/\$30/\$50 NoDD
VT5HMH126XLAE	\$6,900/\$13,800 EMB	\$6,900/\$13,800 EMB	0%/0%	0%	0%	\$20 NoDD	0%/0%	\$10/\$30/\$50 NoDD
VT5HMH123XLA	\$8,700/\$17,400 AGG	\$8,700/\$9,200/\$17,400 AGG <sup>2</sup>	0%/0%	0%	0%	\$20 NoDD	0%/0%	\$10/\$30/\$50 NoDD
VT5HMH122XLA	\$9,200/\$18,400 AGG	\$9,200/\$9,200/\$18,400 AGG <sup>2</sup>	0%/0%	0%	0%	\$20 NoDD	0%/0%	0%/0%/0%

<sup>1</sup>Subject to approval. Restrictions may apply.

<sup>2</sup>This 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 \$9,200. 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**

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## 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\*
- Lifestyle Spending Accounts
- Medical Expense Reimbursement Plans

For more information, visit [mvphealthcare.com/ancillary](https://mvphealthcare.com/ancillary).

## 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](https://mvphealthcare.com/largegroup) or contact your MVP Account Representative.

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