Vermont
Plan Name: MVP VT Bronze 4
Plan Form: FRVT-HMO-B-004-S (2024)
Plan Status: Active

Plan Cost-Sharing Highlights	Coverage Information	Limits and Exclusions
Annual Deductible per Contract Year	$9,400 Person/$18,800 Family - Embedded	None
Co-insurance	As Noted Below	None
Annual Out-of-Pocket Maximum	$9,400 Person/$18,800 Family - Embedded	None
Primary Care Physician Office Visits	$40 copay	First 3 PCP or MH/SA Visits Covered in Full
Specialist Office Visits	$100 copay	None
Preventive & Well Care Services		
Well Child Care & Immunizations Adult Annual Physical (One per Contract Year) Mammography Annual Pap Test & Ob/Gyn Exam Immunizations for Adults Colonoscopy /Sigmoidoscopy Screening Bone Density Tests	Covered in Full. For a full list of covered preventive care services, visit mvphealthcare.com.	None
Physician Office Visits		
Diagnostic Laboratory Services	PCP: $40 copay/Spec: $100 copay	None
Diagnostic X-ray	PCP: $40 copay/Spec: $100 copay	None
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: 0% coinsurance*/Free-Stnd: 0% coinsurance*	Prior authorization is required for some services
Rehabilitative Services (PT/OT/ST)	$50 copay	30 combined PT/OT/ST visits per year. Speech/Occupational Therapy follows Specialist cost share
Allergy Services	$100 copay	None
Chemotherapy Visit	$100 copay	None
Inpatient Services - Hospital		
Medical/Surgical Admissions	0% coinsurance*	Prior authorization is required for some services
Surgical Services	0% coinsurance*	Prior authorization is required for some services
Inpatient Physical Rehabilitation	0% coinsurance*	None
Outpatient Hospital Services		
Hospital Rehab Services (OT/ST)	0% coinsurance*	30 combined PT/OT/ST visits per year.
Hospital Rehab Services (PT)	$50 copay	30 combined PT/OT/ST visits per year.
Diagnostic Laboratory Services	0% coinsurance*	None
Diagnostic X-ray	0% coinsurance*	None
Advanced Imaging Services (CT/PET, scans, MRIs)	0% coinsurance*	Prior authorization is required for some services
Ambulatory/Outpatient Surgery	0% coinsurance*	Prior authorization is required for some services
Emergency Care		
Emergency Room (ER) Visit	0% coinsurance*	None
Urgent Care Centers	0% coinsurance*	None
Ambulance (Emergency Medical Transportation)	0% coinsurance*	None
Maternity Services		
Maternity – Prenatal Care	$40 copay	None
Maternity – Physician Delivery	0% coinsurance*	None
Maternity – Inpatient Hospital Services	0% coinsurance*	None

*Deductible applies to this benefit

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	Coverage Information	Limits and Exclusions
Behavioral Health Services		
Mental Health Inpatient Hospital	0% coinsurance*	None
Mental Health Outpatient	$40 copay	First 3 PCP or MH/SA Visits Covered in Full
Substance Use Disorder Inpatient Hospital	0% coinsurance*	None
Substance Use Disorder Outpatient	$40 copay	First 3 PCP or MH/SA Visits Covered in Full
Residential Treatment	0% coinsurance*	None
Other Services		
Physician Administered Drugs	0% coinsurance*	None
Skilled Nursing Facility	0% coinsurance*	None
Home Health Care	0% coinsurance*	None
Hospice	0% coinsurance*	None
Durable Medical Equipment	0% coinsurance*	Prior authorization is required for some items
Diabetic Supplies & Equipment	0% coinsurance*	Prior authorization is required for some items
Chiropractic Benefit	$50 copay	No visit limit for Chiropractic Care.
Acupuncture	Not covered	None
Prescription Drug Coverage		
Tier 1	30 day supply: $30 copay/90 day supply: $75 copay	None
Tier 2	0% coinsurance*	Prior authorization is required for some prescriptions
Tier 3	0% coinsurance*	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	Integrated with medical	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	Covered in Full	None
Wellness Benefits	Not covered	None
	Visit mvphealthcare.com for more information. View a complete Glossary of Terms and Member FAQs to better understand your MVP plan benefits.	

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.

***Deductible applies to this benefit**