Vermont
Plan Name: MVP VT Plus Bronze 5 AI-AN U300%
Plan Form: FRVT-HMO-BA1-005-N (2024)
Plan Status: Active

Plan Cost-Sharing Highlights	Coverage Information	Limits and Exclusions
Annual Deductible per Contract Year	$0 Person/$0 Family - Embedded	None
Co-insurance	As Noted Below	None
Annual Out-of-Pocket Maximum	$0 Person/$0 Family - Embedded	None
Primary Care Physician Office Visits	Covered in Full	None
Specialist Office Visits	Covered in Full	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	Covered in Full	None
Diagnostic X-ray	Covered in Full	None
Advanced Imaging Services (CT/PET scans, MRIs)	Covered in Full	Prior authorization is required for some services
Rehabilitative Services (PT/OT/ST)	Covered in Full	30 combined PT/OT/ST visits per year
Allergy Services	Covered in Full	None
Chemotherapy Visit	Covered in Full	None
Inpatient Services - Hospital		
Medical/Surgical Admissions	Covered in Full	Prior authorization is required for some services
Surgical Services	Covered in Full	Prior authorization is required for some services
Inpatient Physical Rehabilitation	Covered in Full	None
Outpatient Hospital Services		
Hospital Rehab Services (OT/ST)	Covered in Full	30 combined PT/OT/ST visits per year
Hospital Rehab Services (PT)	Covered in Full	30 combined PT/OT/ST visits per year
Diagnostic Laboratory Services	Covered in Full	None
Diagnostic X-ray	Covered in Full	None
Advanced Imaging Services (CT/PET, scans, MRIs)	Covered in Full	Prior authorization is required for some services
Ambulatory/Outpatient Surgery	Covered in Full	Prior authorization is required for some services
Emergency Care		
Emergency Room (ER) Visit	Covered in Full	None
Urgent Care Centers	Covered in Full	None
Ambulance (Emergency Medical Transportation)	Covered in Full	None
Maternity Services		
Maternity – Prenatal Care	Covered in Full	None
Maternity – Physician Delivery	Covered in Full	None
Maternity – Inpatient Hospital Services	Covered in Full	None

*Deductible applies to this benefit

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	Coverage Information	Limits and Exclusions
Behavioral Health Services		
Mental Health Inpatient Hospital	Covered in Full	None
Mental Health Outpatient	Covered in Full	None
Substance Use Disorder Inpatient Hospital	Covered in Full	None
Substance Use Disorder Outpatient	Covered in Full	None
Residential Treatment	Covered in Full	None
Other Services		
Physician Administered Drugs	Covered in Full	None
Skilled Nursing Facility	Covered in Full	None
Home Health Care	Covered in Full	None
Hospice	Covered in Full	None
Durable Medical Equipment	Covered in Full	Prior authorization is required for some items
Diabetic Supplies & Equipment	Covered in Full	Prior authorization is required for some items
Chiropractic Benefit	Covered in Full	No visit limit for Chiropractic Care
Acupuncture	$500 allowance	None
Prescription Drug Coverage		
Tier 1	Covered in Full	None
Tier 2	Covered in Full	Prior authorization is required for some prescriptions. 30 day retail/90 day mail order
Tier 3	Covered in Full	Prior authorization is required for some prescriptions. Includes Diabetic Supplies and Equipment
Prescription Drug Deductible	None	None
Prescription Out-of-Pocket Maximum	$0 Person/$0 Family	None
Vision Care		
Adult Vision Care	Not covered	None
Pediatric Vision Care	Covered in Full	One eye exam per year to age 21
Other Plan Features		
Gia® Virtual Care	Covered in Full	None
Wellness Benefits	$600 allowance	Get reimbursed up to $600 per contract, per calendar year
	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**