Vermont

Plan Name: MVP VT Plus Gold 3 HDHP Plan Form: FRVT-HMOH-SG-003-N (2024)





Plan Cost-Sharing Highlights	Coverage Information	Limits and Exclusions
Annual Deductible per Contract Year	\$3,000 Person/\$6,000 Family - Aggregate	None
Co-insurance	As Noted Below	None
Annual Out-of-Pocket Maximum	\$3,000 Person/\$6,000 Family - Aggregate	None
Primary Care Physician Office Visits	0% coinsurance*	None
Specialist Office Visits	0% coinsurance*	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	Covered in Full. For a full list of covered preventive care services, visit mvphealthcare.com.	None
Bone Density Tests		
Physician Office Visits		
	PCP: 0% coinsurance*/Spec: 0% coinsurance*	None
Diagnostic Laboratory Services		
Diagnostic X-ray	PCP: 0% coinsurance*/Spec: 0% coinsurance*	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)	0% coinsurance*	30 combined PT/OT/ST visits per year. Speech/Occupational Therapy follows Specialist cost share
Allergy Services	0% coinsurance*	None
Chemotherapy Visit	0% coinsurance*	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)	0% coinsurance*	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	0% coinsurance*	None
Maternity – Physician Delivery	0% coinsurance*	None
Maternity – Inpatient Hospital Services	0% coinsurance*	None

Vermont

Plan Name: MVP VT Plus Gold 3 HDHP **Plan Form:** FRVT-HMOH-SG-003-N (2024)

Plan Status: Active



	Coverage Information	Limits and Exclusions	
Behavioral Health Services			
Mental Health Inpatient Hospital	0% coinsurance*	None	
Mental Health Outpatient	0% coinsurance*	None	
Substance Use Disorder Inpatient Hospital	0% coinsurance*	None	
Substance Use Disorder Outpatient	0% coinsurance*	None	
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	0% coinsurance*	No visit limit for Chiropractic Care	
Acupuncture	\$500 allowance*	None	
Prescription Drug Coverage			
Tier 1	0% coinsurance*	Preventive drugs 30 day supply \$10; 90 day supply \$25, deductible waived	
Tier 2	0% coinsurance*	Preventive drugs 30 day supply \$15; 90 day supply \$37.50, DD Waived. Prior authorization is required for some prescriptions	
	0% coinsurance*	Preventive drugs 30 day/90 supply 5% deductible waived.	
		Prior authorization is required for some prescriptions.	
Tier 3		Includes Diabetic Supplies and Equipment	
Prescription Drug Deductible	Subject to annual deductible	None	
Prescription Out-of-Pocket Maximum	\$1,600 Person/\$3,200 Family - Aggregate	None	
Vision Care			
Adult Vision Care	Not covered	None	
Pediatric Vision Care	0% coinsurance*	One eye exam per year to age 21	
Other Plan Features			
Gia® Virtual Care	0% coinsurance	None	
Wellness Benefits	\$600 allowance	Get reimbursed up to \$600 per contract, per calendar year	
	Visit myphealthcare.com for more information. View a complete Glossary of Terms and Member FAQs to		
	better understand your MVP plan benefits.		
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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 myphealthcare.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.