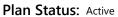
Vermont Plan Name: MVP VT Plus Gold 4

Plan Form: FRVT-HMO-SG-004-N (2026)





Coverage Information	Limits and Exclusions
\$5,000 Person/\$10,000 Family - Embedded	None
·	
20% Person/20% Family	None
\$8,000 Person/\$16,000 Family - Embedded	None
Covered in Full	None
Covered in Full	None
Covered in Full. For a full list of covered preventive care services, visit mvphealthcare.com.	None
Covered in Full	None
Covered in Full	None
Spec: \$500 copay*/Free-Stnd: \$500 copay*	Prior authorization is required for some services
\$25 copay	30 combined PT/OT/ST visits per year. Speech/Occupational Therapy follows Specialist cost share
Covered in Full	None
Covered in Full	None
20% coinsurance*	Prior authorization is required for some services
20% coinsurance*	Prior authorization is required for some services
20% coinsurance*	None
\$50 copay*	30 combined PT/OT/ST visits per year.
\$25 copav	30 combined PT/OT/ST visits per year.
\$50 copav	None
\$50 copay	None
\$500 copay*	Prior authorization is required for some services
\$1,000 copay*	Prior authorization is required for some services
\$500 copay*	None
Covered in Full	None
	None
Covered in Full	None
	None
Covered in Full 20% coinsurance* 20% coinsurance*	
	20% Person/20% Family \$8,000 Person/\$16,000 Family - Embedded Covered in Full Covered in Full. For a full list of covered preventive care services, visit mvphealthcare.com. Covered in Full Spec: \$500 copay*/Free-Stnd: \$500 copay* \$25 copay Covered in Full Covered in Full 20% coinsurance* 20% coinsurance* 20% coinsurance* \$50 copay* \$50 copay \$50 copay \$50 copay* \$50 copay \$500 copay* \$500 copay* \$500 copay* \$500 copay* \$500 copay*

Vermont Plan Name: MVP VT Plus Gold 4

Plan Form: FRVT-HMO-SG-004-N (2026)

Plan Status: Active



i idii Statasi Menve		HEALTH CARE
	Coverage Information	Limits and Exclusions
Behavioral Health Services		
Mental Health Inpatient Hospital	20% coinsurance*	None
Mental Health Outpatient	Covered in Full	None
Substance Use Disorder Inpatient Hospital	20% coinsurance*	None
Substance Use Disorder Outpatient	Covered in Full	None
Residential Treatment	20% coinsurance*	None
Other Services		
Physician Administered Drugs	20% coinsurance*	None
Skilled Nursing Facility	20% coinsurance*	None
Home Health Care	\$50 copay*	None
	20% coinsurance*	None
Hospice	20% comparance	
Durable Medical Equipment	20% coinsurance*	Prior authorization is required for some items
Diabetic Supplies & Equipment	\$80 copay	Prior authorization is required for some items
Chiropractic Benefit	***	N. C. S. C. S. C. S. C.
Acupuncture	\$25 copay \$500 allowance	No visit limit for Chiropractic Care. None
Acupuncture	\$500 allowance	None
Prescription Drug Coverage		
Tier 1	Covered in Full	None
Tier 2	30 day supply: \$40 copay*/90 day supply: \$100 copay*	Prior authorization required for some prescriptions
Tier 3	30 day supply: \$80 copay*/90 day supply: \$200 copay*	Prior authorization required for some prescriptions. Includes Diabetic Supplies and Equipment
Prescription Drug Deductible	Rx Brand - \$250 individual / \$500 family	None
Prescription Out-of-Pocket Maximum	\$500 Person/\$1,000 Family - Embedded	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	φ2ο τοραγ	one eye example year to age 21
Gia® Virtual Care	Covered in Full	None
Wellness Benefits	Covered in Full	None
Plan Highlights	\$600 allowance Specialty virtual care providers included in Gi	Get reimbursed up to \$600 per contract, per calendar year ia may be subject to the plan's applicable 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.