

Vermont Large Group 2021 Plans



Plan Benefits & Program Enhancements

✓ \$0 Telemedicine Services

Includes all MVP telemedicine services: urgent care, behavioral health, nutrition, physical therapy, and emergency room assessment and coordination.

✓ Free Meal Delivery

Members can elect to receive up to two free meals delivered to their home per day for one week from Mom's Meals® after post-inpatient hospital admissions, including maternity stays.

✓ \$600 WellBeing Rewards

MVP members can earn up to \$600, per contract, per calendar year, with WellBeing Rewards by completing health-related activities, submitting for reimbursements, and tracking their physical activity.

Diversified Services to Supplement Your Plan

✓ COBRA Administration

Get COBRA administration from MVP for a one-time implementation fee of \$300 and \$1 per active medical contract, per month.

✓ Spending Account Administration

MVP offers Health Savings Accounts, Health Reimbursement Arrangements, and Flexible Spending Accounts to help offset your employees' health care costs.

Learn more at mvphealthcare.com/shop.

HMO Co-Pay/Hybrid/Deductible Plans

Form Number	Medical					Pharmacy
	Deductible (Single/Family)	Out-of-Pocket Maximum (Single/Family)	Primary Care/ Specialist Visit	Co-Insurance	Inpatient Hospital Stay*	Rx Benefit (Mail Order is x2.5)
VT3HMO087ZL	\$0/\$0	\$5,300/\$10,600 Embedded	\$25 NoDD/\$40 NoDD	0%	\$500 NoDD	Pharmacy Riders Available
VT3HMO089ZL	\$0/\$0	\$5,300/\$10,600 Embedded	\$30 NoDD/\$50 NoDD	0%	\$1,000 NoDD	Pharmacy Riders Available
VT3HMO119ZL	\$500/\$1,250 Embedded	\$1,250/\$3,125 Embedded	\$25 NoDD/\$50 NoDD	20%	20%	Pharmacy Riders Available
VT3HMO120ZL	\$750/\$1,500 Embedded	\$2,000/\$4,000 Embedded	\$25 NoDD/\$50 NoDD	30%	30%	Pharmacy Riders Available
VT3HMO092ZL	\$1,000/\$2,500 Embedded	\$2,000/\$5,000 Embedded	\$20 NoDD/\$20 NoDD	20%	20%	Pharmacy Riders Available
VT3HMO095ZL	\$1,000/\$2,500 Embedded	\$3,000/\$7,500 Embedded	\$25 NoDD/\$40 NoDD	20%	20%	Pharmacy Riders Available
VT3HMO103ZL	\$1,000/\$2,500 Embedded	\$3,000/\$7,500 Embedded	\$30 NoDD/\$50 NoDD	20%	20%	Pharmacy Riders Available
VT3HMO093ZL	\$2,000/\$5,000 Embedded	\$4,000/\$10,000 Embedded	\$20 NoDD/\$20 NoDD	20%	20%	Pharmacy Riders Available
VT3HMO100ZL	\$2,000/\$5,000 Embedded	\$4,000/\$10,000 Embedded	\$25 NoDD/\$40 NoDD	20%	20%	Pharmacy Riders Available
VT3HMO110ZL	\$2,000/\$5,000 Embedded	\$5,300/\$10,600 Embedded	\$30 NoDD/\$30 NoDD	20%	20%	Pharmacy Riders Available
VT3HMO091ZL	\$3,000/\$6,000 Embedded	\$5,300/\$10,600 Embedded	\$20 NoDD/\$20 NoDD	20%	20%	Pharmacy Riders Available
VT3HMO101ZL	\$3,000/\$6,000 Embedded	\$5,300/\$10,600 Embedded	\$25 NoDD/\$40 NoDD	20%	20%	Pharmacy Riders Available
VT3HMO107ZL	\$3,000/\$6,000 Embedded	\$5,300/\$10,600 Embedded	\$30 NoDD/\$50 NoDD	20%	20%	Pharmacy Riders Available
VT3HMO118ZL	\$4,000/\$8,000 Embedded	\$4,000/\$8,000 Embedded	\$30 NoDD/0%	0%	0%	Pharmacy Riders Available
VT3HMO117ZL	\$5,000/\$10,000 Embedded	\$5,000/\$10,000 Embedded	0%/0%	0%	0%	Pharmacy Riders Available
VT3HMO116ZL	\$5,000/\$10,000 Embedded	\$5,300/\$10,600 Embedded	\$30 NoDD/\$50 NoDD	0%	0%	Pharmacy Riders Available

Aggregate (AGG): For any policy with two or more members, the deductible must be met by any one or any combination of members before the plan will make payments.

Embedded (EMB): Each member pays toward, but never exceeds, their individual deductible and/or 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.

The term Stacked is used on VHC materials to define this deductible and/or OOPM structure.

NoDD: Not subject to the deductible.

* Subject to approval. Restrictions may apply.

** This plan does not meet the minimum actuarial value of 60%.

Telemedicine services from MVP Health Care are powered by AmWell, UCM Digital Health, and Physera. Regulatory restrictions may apply.

This product overview is intended to provide a general outline of coverage. In the event of any conflict between this document, your Certificate of Coverage, and any applicable Rider(s), your Certificate of Coverage and Rider(s) will be controlling. For details, please call 1-800-TALK-MVP (825-5687).

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.

Vermont Large Group 2021 Plans



Qualified High-Deductible HMO Plans

Medical						Pharmacy
Form Number	Deductible (Single/Family)	Out-of-Pocket Maximum (Single/Family)	Primary Care/Specialist Visit	Co-Insurance	Inpatient Hospital Stay*	Rx Benefit (Mail Order is x2.5)
VT3H01AXB	\$1,500/\$3,000 Aggregate	\$2,500/\$5,000 Aggregate	0%/0%	0%	0%	\$10/\$30/\$50
VT3H07AXB	\$1,500/\$3,000 Aggregate	\$3,000/\$6,000 Aggregate	20%/20%	20%	20%	20%/20%/40%
VT3H02AXB	\$2,500/\$5,000 Aggregate	\$3,500/\$7,000 Embedded	0%/0%	0%	0%	\$10/\$30/\$50
VT3H08AXB	\$2,000/\$4,000 Aggregate	\$4,000/\$8,000 Embedded	20%/20%	20%	20%	20%/20%/40%
VT3H09AXB	\$2,500/\$5,000 Aggregate	\$5,000/\$10,000 Embedded	20%/20%	20%	20%	20%/20%/40%
VT3H15AXB	\$2,500/\$5,000 Aggregate	\$5,000/\$10,000 Embedded	20%/20%	20%	20%	50%/50%/50%
VT3H17AXB	\$2,500/\$5,000 Aggregate	\$5,000/\$10,000 Embedded	\$30/\$50	0%	\$500	\$10/\$30/\$50
VT3H56AXB	\$2,700/\$5,400 Aggregate	\$6,750/\$13,500 Embedded	\$35/\$60	0%	\$1,000	\$10/\$40/\$60
VT3H60EXB	\$2,800/\$5,600 Embedded	\$2,800/\$5,600 Embedded	0%/0%	0%	0%	0%/0%/0%
VT3H46AXB	\$3,000/\$6,000 Aggregate	\$3,000/\$6,000 Aggregate	0%/0%	0%	0%	0%/0%/0%
VT3H52AXB	\$3,000/\$6,000 Aggregate	\$6,000/\$12,000 Embedded	30%/30%	30%	30%	30%/30%/50%
VT3H57EXB	\$3,000/\$6,000 Embedded	\$6,000/\$12,000 Embedded	\$35/\$60	0%	\$1,000	\$10/\$40/\$60
New! VT3H58AXC	\$4,000/\$8,000 Aggregate	\$4,000/\$8,000 Aggregate	0%/0%	0%	0%	0%/0%/0%
VT3H43EXB	\$4,000/\$8,000 Embedded	\$4,000/\$8,000 Embedded	0%/0%	0%	0%	0%/0%/0%
VT3H19EXB	\$5,000/\$10,000 Embedded	\$5,000/\$10,000 Embedded	0%/0%	0%	0%	0%/0%/0%
VT3H59AXB	\$5,000/\$10,000 Aggregate	\$6,550/\$13,300 Embedded	\$35/\$60	0%	\$1,000	\$10/\$40/\$60
VT3H50EXB	\$6,550/\$13,100 Embedded	\$6,550/\$13,100 Embedded	0%/0%	0%	0%	0%/0%/0%
VT3H51EXB	\$6,650/\$13,300 Embedded	\$6,650/\$13,300 Embedded	0%/0%	0%	0%	0%/0%/0%
New! VT3H55AXC	\$6,750/\$13,500 Aggregate	\$6,750/\$8,550/\$13,500 Aggregate†	0%/0%	0%	0%	0%/0%/0%

Non-Qualified High-Deductible HMO Plans

Medical						Pharmacy
Form Number	Deductible (Single/Family)	Out-of-Pocket Maximum (Single/Family)	Primary Care/Specialist Visit	Co-Insurance	Inpatient Hospital Stay*	Rx Benefit (Mail Order is x2.5)
New! VT3H127XL	\$3,000/\$6,000 Embedded	\$3,000/\$6,000 Embedded	0%/0%	0%	0%	\$10/\$30/\$50 NoDD
New! VT3H124XL	\$4,000/\$8,000 Embedded	\$4,000/\$8,000 Embedded	0%/0%	0%	0%	\$10/\$30/\$50 NoDD
New! VT3H125XL	\$6,900/\$13,800 Aggregate	\$6,900/\$8,550/\$13,800 Aggregate†	0%/0%	0%	0%	\$10/\$30/\$50 NoDD
New! VT3H126XL	\$6,900/\$13,800 Embedded	\$6,900/\$13,800 Embedded	0%/0%	0%	0%	\$10/\$30/\$50 NoDD
New! VT3H122XLC	\$7,900/\$15,800 Aggregate	\$7,900/\$8,550/\$15,800 Aggregate†	0%/0%	0%	0%	0%/0%/0%
New! VT3H123XL**	\$7,900/\$15,800 Aggregate	\$7,900/\$8,550/\$15,800 Aggregate†	0%/0%	0%	0%	\$10/\$30/\$50 NoDD

NoDD: Not subject to the deductible.

* Subject to approval. Restrictions may apply.

** This plan does not meet the minimum actuarial value of 60%.

† 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 \$8,550. The term Embedded is used on Vermont Health Connect (VHC) materials to define this deductible and OOPM structure.

This product overview is intended to provide a general outline of coverage. In the event of any conflict between this document, your Certificate of Coverage, and any applicable Rider(s), your Certificate of Coverage and Rider(s) will be controlling. For details, please call **1-800-TALK-MVP** (825-5687).

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