

Vermont Large Group Plans

2022



Plan Benefits and Program Enhancements

Coast-to-Coast Coverage

All Vermont Large Group plans include access to our regional network of more than 51,000 providers and our national network alliance with Cigna provides access to more than one million providers, clinics, and facilities.

Virtual Care Services

Gia® virtual care services and virtual physical therapy are available on all plans. Virtual care services are \$0 on most plans, except qualified high-deductible health plans (QHDHPs) in 2022. Members enrolled in QHDHPs will pay in full for virtual care until the plan deductible is met. After the deductible is met, virtual care is \$0.³

\$600 MVP WellBeing Rewards

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

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.

Diversified Services to Supplement Your Plan

COBRA Administration

Get COBRA administration from MVP Health Care® 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.

MVP Vision Plans

New! MVP vision plans are powered by EyeMed®, which means every doctor in our network is carefully selected to ensure our members have the flexibility to choose from the right mix of independent, national retail, and regional retail providers. Plus, we offer online, in-network options through LensCrafters, Ray Ban, **Glasses.com**, and **ContactsDirect.com**.

Learn more about MVP's Large Group health plans.

Visit mvphealthcare.com/shop or contact your MVP Account Representative.

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

¹ Subject to approval. Restrictions may apply.

² 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 \$8,700. The term Embedded is used on Vermont Health Connect (VHC) materials to define this deductible and OOPM structure.

³ Virtual care services from MVP Health Care are provided by UCM Digital Health, Amwell, and Physera at no cost-share for members. (Plan exceptions may apply.) Members' direct or digital provider visits may be subject to co-pay/cost-share per plan.

HDHP: High-Deductible Health Plan **NoDD:** Not subject to deductible **OOPM:** Out-of-pocket maximum

Aggregate vs. Embedded

Aggregate (AGG): For a policy with two or more members and an aggregate deductible, the deductible must be met by any one or any combination of members before the plan will make payments. **Embedded (EMB):** For a family plan with an embedded deductible, 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.

These plan overviews are intended to provide a general outline of coverage. For comprehensive benefit details, please review your Certificate of Coverage (COC), Schedule of Benefits, Summary of Benefits and Coverage (SBC), and any applicable Rider(s). Your COC, SBC, and Rider(s) will be controlling. These documents can be found in your MVP online account, or are available by request. For details, call **1-800-TALK-MVP** (1-800-825-5687).

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 Plans 2022

Form Number	MEDICAL					PHARMACY
	Deductible (Single/Family)	Out-of-Pocket Maximum (Single/Family)	Primary Care/ Specialist Visit	Co-Insurance	Inpatient Hospital Stay ¹	Prescription Benefit (Mail Order is x2.5)

Qualified High-Deductible HMO Plans

VT3HDH01AXC	\$1,500/\$3,000 AGG	\$2,500/\$5,000 AGG	0%/0%	0%	0%	\$10/\$30/\$50
VT3HDH07AXC	\$1,500/\$3,000 AGG	\$3,000/\$6,000 AGG	20%/20%	20%	20%	20%/20%/40%
VT3HDH02AXC	\$2,500/\$5,000 AGG	\$3,500/\$7,000 EMB	0%/0%	0%	0%	\$10/\$30/\$50
VT3HDH08AXC	\$2,000/\$4,000 AGG	\$4,000/\$8,000 EMB	20%/20%	20%	20%	20%/20%/40%
VT3HDH09AXC	\$2,500/\$5,000 AGG	\$5,000/\$10,000 EMB	20%/20%	20%	20%	20%/20%/40%
VT3HDH15AXC	\$2,500/\$5,000 AGG	\$5,000/\$10,000 EMB	20%/20%	20%	20%	50%/50%/50%
VT3HDH17AXC	\$2,500/\$5,000 AGG	\$5,000/\$10,000 EMB	\$30/\$50	0%	\$500	\$10/\$30/\$50
VT3HDH56AXC	\$2,700/\$5,400 AGG	\$6,750/\$13,500 EMB	\$30/\$60	0%	\$1,000	\$10/\$40/\$60
VT3HDH60EXC	\$2,800/\$5,600 EMB	\$2,800/\$5,600 EMB	0%/0%	0%	0%	0%/0%/0%
VT3HDH46AXC	\$3,000/\$6,000 AGG	\$3,000/\$6,000 AGG	0%/0%	0%	0%	0%/0%/0%
VT3HDH52AXC	\$3,000/\$6,000 AGG	\$6,000/\$12,000 EMB	30%/30%	30%	30%	30%/30%/50%
VT3HDH57EXC	\$3,000/\$6,000 EMB	\$6,000/\$12,000 EMB	\$30/\$60	0%	\$1,000	\$10/\$40/\$60
VT3HDH58AXD	\$4,000/\$8,000 AGG	\$4,000/\$8,000 AGG	0%/0%	0%	0%	0%/0%/0%
VT3HDH43EXC	\$4,000/\$8,000 EMB	\$4,000/\$8,000 EMB	0%/0%	0%	0%	0%/0%/0%
VT3HDH19EXC	\$5,000/\$10,000 EMB	\$5,000/\$10,000 EMB	0%/0%	0%	0%	0%/0%/0%
VT3HDH59AXC	\$5,000/\$10,000 AGG	\$6,550/\$13,300 EMB	\$30/\$60	0%	\$1,000	\$10/\$40/\$60
VT3HDH50EXC	\$6,550/\$13,100 EMB	\$6,550/\$13,100 EMB	0%/0%	0%	0%	0%/0%/0%
VT3HDH51EXC	\$6,550/\$13,300 EMB	\$6,550/\$13,300 EMB	0%/0%	0%	0%	0%/0%/0%
VT3HDH55AXD	\$6,750/\$13,500 AGG	\$6,750/\$8,700/13,500 AGG ²	0%/0%	0%	0%	0%/0%/0%

Non-Qualified High-Deductible HMO Plans

VT3HMH127ALB	\$3,000/\$6,000 EMB	\$3,000/\$6,000 EMB	0%/0%	0%	0%	\$10/\$30/\$50 NoDD
VT3HMH124XLB	\$4,000/\$8,000 EMB	\$4,000/\$8,000 EMB	0%/0%	0%	0%	\$10/\$30/\$50 NoDD
VT3HMH125XLB	\$6,900/\$13,800 AGG	\$6,900/\$8,700/13,800 AGG ²	0%/0%	0%	0%	\$10/\$30/\$50 NoDD
VT3HMH126XLB	\$6,900/\$13,800 EMB	\$6,900/\$13,800 EMB	0%/0%	0%	0%	\$10/\$30/\$50 NoDD
VT3HMH122XLD	\$7,900/\$15,800 AGG	\$7,900/\$8,700/15,800 AGG ²	0%/0%	0%	0%	0%/0%/0%
VT3HMH123XLB	\$7,900/\$15,800 AGG	\$7,900/\$8,550/15,800 AGG ²	0%/0%	0%	0%	\$10/\$30/\$50 NoDD