

Vermont

Plan Name: MVP VT Plus HDHP Gold 2500

Plan Form: FRVT-HMOH-G-003-N (2017)

Plan Status: Active



| MVP VT Plus HDHP Gold 2500 | COVERAGE INFORMATION |
|---|--|
| Plan Cost-Sharing Highlights | |
| Annual Deductible | \$2,500 Person/\$5,000 Family - Aggregate |
| Coinsurance | As Noted Below |
| Annual Out-of-Pocket Maximum | \$2,500 Person/\$5,000 Family - Aggregate |
| Primary Care Physician Office Visits | 0% coinsurance* |
| Specialist Office Visits | 0% coinsurance* |
| Preventive & Well Care Services | |
| Well Child Care & Immunizations | Covered in Full For a full list of covered preventive care services, visit www.mvphealthcare.com |
| Adult Annual Physical | |
| Mammography | |
| Annual Pap Test & Ob/Gyn Exam | |
| Immunizations for Adults | |
| Colonoscopy/Sigmoidoscopy Screening | |
| Bone Density Tests | |
| Physician Office Services | |
| Diagnostic Laboratory Services | PCP: 0% coinsurance*/Spec: 0% coinsurance* |
| Diagnostic X-ray | PCP: 0% coinsurance*/Spec: 0% coinsurance* |
| Advanced Imaging Services (CT/PET scans, MRIs) | Spec: 0% coinsurance*/Free-Stnd: 0% coinsurance* |
| Rehabilitative Services (PT/OT/ST) | 0% coinsurance* |
| Allergy Services | 0% coinsurance* |
| Chemotherapy | 0% coinsurance* |
| Inpatient Services - Hospital | |
| Medical/Surgical Admissions | 0% coinsurance* |
| Surgical Services | 0% coinsurance* |
| Inpatient Physical Rehabilitation | 0% coinsurance* |
| Outpatient Hospital Services | |
| Hospital Rehab Services (PT/OT/ST) | 0% coinsurance* |
| Diagnostic Laboratory Services | 0% coinsurance* |
| Diagnostic X-ray | 0% coinsurance* |
| Advanced Imaging Services (CT/PET scans, MRIs) | 0% coinsurance* |
| Ambulatory/Outpatient Surgery | 0% coinsurance* |
| Emergency Care | |
| Emergency Room (ER) Visit | 0% coinsurance* |
| Urgent Care Centers | 0% coinsurance* |
| Ambulance (Emergency Medical Transportation) | 0% coinsurance* |
| Behavioral Health Services | |
| Mental Health Inpatient Hospital | 0% coinsurance* |
| Mental Health Outpatient | 0% coinsurance* |
| Substance Abuse Inpatient Hospital | 0% coinsurance* |
| Substance Abuse Outpatient | 0% coinsurance* |
| Residential Treatment | 0% coinsurance* |

*Denotes that a deductible applies to this benefit

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| Maternity Services | |
| Prenatal Office Visit | 0% coinsurance |
| Physician Delivery | 0% coinsurance* |
| Inpatient Hospital Services | 0% coinsurance* |
| Other Services | |
| Skilled Nursing Facility | 0% coinsurance* |
| Home Health Care | 0% coinsurance* |
| Hospice | 0% coinsurance* |
| Durable Medical Equipment | 0% coinsurance* |
| Diabetic Supplies & Equipment | 0% coinsurance* |
| Chiropractic Benefit | 0% coinsurance* |
| Prescription Coverage | |
| Tier 1 | \$0 copay* |
| Tier 2 | \$0 copay* |
| Tier 3 | 0% coinsurance* |
| Prescription Drug Deductible | None |
| Prescription Out-of-Pocket Maximum | \$1,300 Person/\$2,600 Family - Aggregate |
| Vision Care | |
| Adult Vision Care | Not covered |
| Pediatric Vision Care | 0% coinsurance* |
| Dental | |
| Pediatric Dental | Class 1: \$0 copay*, Class 2: \$0 copay*, Class 3: \$0 copay*, Ortho: \$0 copay* |
| Other Plan Features | |
| Wellness Benefits | \$50 allowance |
| Plan Highlights | National network |

*** Denotes that a deductible applies to this benefit**

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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, Schedule and any applicable Rider(s), your Certificate of Coverage, Schedule and Rider(s) will be controlling. For plan details, call **1-800-TALK-MVP (825-5687)** or visit **DiscoverMVP.com**.

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