

Vermont

Plan Name: MVP VT Gold 3 HDHP Plus 2400

Plan Form: FRVT-HMOH-G-003-N (2018)

Plan Status: Active



MVP VT Gold 3 HDHP Plus 2400	COVERAGE INFORMATION
Plan Cost-Sharing Highlights	
Annual Deductible	\$2,400 Person/\$4,800 Family - Aggregate
Coinsurance	As Noted Below
Annual Out-of-Pocket Maximum	\$2,400 Person/\$4,800 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	Subject to annual deductible
Prescription Out-of-Pocket Maximum	\$1,350 Person/\$2,700 Family - Aggregate
Vision Care	
Adult Vision Care	Not covered
Pediatric Vision Care	0% coinsurance*
Dental	
Pediatric Dental	Class 1: 0% coinsurance*, Class 2: 0% coinsurance*, Class 3: 0% coinsurance*, Ortho: 0% coinsurance*
Other Plan Features	
Wellness Benefits	\$50 allowance
Plan Highlights	National network

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

As an MVP member, you can be sure you'll always get the care, support, tools, and information you need. You'll have access to top-rated customer service representatives, **myVisitNow**SM - 24/7 online doctor visits, online wellness tools & activities, free Care Management programs, a 24/7 Nurse Advice Line, and more. Call us today at **1-800-TALK-MVP (825-5687)** for more information. Already an MVP member? You can call our Customer Care Center at the phone number listed on the back of your member ID card. MVP is making health insurance more convenient. More supportive. More personal.

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 mvphealthcare.com.

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