

**Vermont**

Plan Name: MVP VT Gold 3 HDHP Plus

Plan Form: FRVT-HMOH-G-003-N (2019)

Plan Status: Active



<b>MVP VT Gold 3 HDHP Plus</b>	<b>COVERAGE INFORMATION</b>
<b>Plan Cost-Sharing Highlights</b>	
<b>Annual Deductible</b>	\$2,700 Person/ \$5,400 Family - Aggregate
<b>Coinsurance</b>	As Noted Below
<b>Annual Out-of-Pocket Maximum</b>	\$2,700 Person/ \$5,400 Family - Aggregate
<b>Primary Care Physician Office Visits</b>	0% coinsurance*
<b>Specialist Office Visits</b>	0% coinsurance*
<b>Preventive &amp; Well Care Services</b>	
<b>Well Child Care &amp; Immunizations</b>	Covered in Full For a full list of covered preventive care services, visit <a href="http://www.mvphealthcare.com">www.mvphealthcare.com</a>
<b>Adult Annual Physical</b>	
<b>Mammography</b>	
<b>Annual Pap Test &amp; Ob/Gyn Exam</b>	
<b>Immunizations for Adults</b>	
<b>Colonoscopy/Sigmoidoscopy Screening</b>	
<b>Bone Density Tests</b>	
<b>Physician Office Services</b>	
<b>Diagnostic Laboratory Services</b>	PCP: 0% coinsurance* / Spec: 0% coinsurance*
<b>Diagnostic X-ray</b>	PCP: 0% coinsurance* / Spec: 0% coinsurance*
<b>Advanced Imaging Services</b> (CT/PET scans, MRIs)	Spec: 0% coinsurance* / Free-Stnd: 0% coinsurance*
<b>Rehabilitative Services</b> (PT/OT/ST)	0% coinsurance*
<b>Allergy Services</b>	0% coinsurance*
<b>Chemotherapy</b>	0% coinsurance*
<b>Inpatient Services - Hospital</b>	
<b>Medical/Surgical Admissions</b>	0% coinsurance*
<b>Surgical Services</b>	0% coinsurance*
<b>Inpatient Physical Rehabilitation</b>	0% coinsurance*
<b>Outpatient Hospital Services</b>	
<b>Hospital Rehab Services</b> (PT/OT/ST)	0% coinsurance*
<b>Diagnostic Laboratory Services</b>	0% coinsurance*
<b>Diagnostic X-ray</b>	0% coinsurance*
<b>Advanced Imaging Services</b> (CT/PET scans, MRIs)	0% coinsurance*
<b>Ambulatory/Outpatient Surgery</b>	0% coinsurance*
<b>Emergency Care</b>	
<b>Emergency Room (ER) Visit</b>	0% coinsurance*
<b>Urgent Care Centers</b>	0% coinsurance*
<b>Ambulance</b> (Emergency Medical Transportation)	0% coinsurance*
<b>Behavioral Health Services</b>	
<b>Mental Health Inpatient Hospital</b>	0% coinsurance*
<b>Mental Health Outpatient</b>	0% coinsurance*
<b>Substance Abuse Inpatient Hospital</b>	0% coinsurance*
<b>Substance Abuse Outpatient</b>	0% coinsurance*
<b>Residential Treatment</b>	0% coinsurance*

\*Denotes that a deductible applies to this benefit

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<b>MVP VT Gold 3 HDHP Plus</b>	<b>COVERAGE INFORMATION</b>
<b>Maternity Services</b>	
<b>Prenatal Office Visit</b>	0% coinsurance
<b>Physician Delivery</b>	0% coinsurance*
<b>Inpatient Hospital Services</b>	0% coinsurance*
<b>Other Services</b>	
<b>Skilled Nursing Facility</b>	0% coinsurance*
<b>Home Health Care</b>	0% coinsurance*
<b>Hospice</b>	0% coinsurance*
<b>Durable Medical Equipment</b>	0% coinsurance*
<b>Diabetic Supplies &amp; Equipment</b>	0% coinsurance*
<b>Chiropractic Benefit</b>	0% coinsurance*
<b>Prescription Coverage</b>	
<b>Tier 1</b>	\$0 copay*
<b>Tier 2</b>	\$0 copay*
<b>Tier 3</b>	0% coinsurance*
<b>Prescription Drug Deductible</b>	Subject to annual deductible
<b>Prescription Out-of-Pocket Maximum</b>	\$1,350 Person/\$2,700 Family - Aggregate
<b>Vision Care</b>	
<b>Adult Vision Care</b>	Not covered
<b>Pediatric Vision Care</b>	0% coinsurance*
<b>Dental</b>	
<b>Pediatric Dental</b>	Class 1: 0% coinsurance*, Class 2: 0% coinsurance*, Class 3: 0% coinsurance*, Ortho: 0% coinsurance*
<b>Other Plan Features</b>	
<b>Wellness Benefits</b>	\$50 allowance
<b>Plan Highlights</b>	National network, Preventive drug No DD

**\* 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**<sup>SM</sup> - 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](http://mvphealthcare.com).

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