

# Vermont Large Group Plans

## 2023

### Care Navigation

#### MVP Plan Guides

A dedicated member of our team is available to help your employees understand their new plan and the tools and resources available to them when you switch to MVP.

#### 24/7 Access to Care, Plan Details, and Savings

The *Gia*® by MVP mobile app can help reduce the overall cost of care and decrease employee absenteeism by giving your employees access to important care and plan information whenever and wherever they need it.

#### 24/7 Virtual Primary Care

MVP has partnered with Galileo to offer same-day \$0 virtual primary and multispecialty care with doctors via text or video chat through the *Gia* by MVP mobile app—no appointments necessary!

### Well-Being Support

#### \$600 Well-Being Reimbursement

Your employees can get reimbursed up to \$600, per contract, per calendar year, for well-being services, items, and activities.

#### Free Meal Delivery

Getting the right nutrition is essential to achieving and maintaining good health, which is why we've partnered with Mom's Meals®. They have been delivering refrigerated, ready-to-heat-and-eat meals to homes nationwide for over 20 years. Crafted by chefs and registered dietitians, meals are medically-tailored to support most major chronic conditions and overall wellness.

### Diversified Services and Supplemental Plan Options

- Health Savings Accounts
- Flexible Spending Accounts
- Health Reimbursement Arrangements
- COBRA Administration
- Vision Plans, Powered by EyeMed\*
- Dental Plans

To learn more, visit [mvphealthcare.com/diversify](https://mvphealthcare.com/diversify).

### Learn more!


Visit [mvphealthcare.com/largegroup](https://mvphealthcare.com/largegroup) or contact your MVP Account Representative.

Form Number	MEDICAL					New for 2023! Vision Exam	PHARMACY Prescription Benefit (Mail Order is x2.5)
	Deductible (Single/Family)	Out-of-Pocket Maximum (Single/Family)	Primary Care/ Specialist Visit	Co-Insurance	Inpatient Hospital Stay <sup>2</sup>		

### HMO Co-Pay/Hybrid/Deductible Plans

National Network coverage included on all plans.

VT3HMO087ZLCN	\$0/\$0	\$5,300/\$10,600 EMB	\$25 NoDD/\$40 NoDD	0%	\$500 NoDD	\$20 NoDD	Pharmacy Riders Available
VT3HMO089ZLCN	\$0/\$0	\$5,300/\$10,600 EMB	\$30 NoDD/\$50 NoDD	0%	\$1,000 NoDD	\$20 NoDD	Pharmacy Riders Available
VT3HMO119ZLCE	\$500/\$1,250 EMB	\$1,250/\$3,125 EMB	\$25 NoDD/\$50 NoDD	20%	20%	\$20 NoDD	Pharmacy Riders Available
VT3HMO120ZLCE	\$750/\$1,500 EMB	\$2,000/\$4,000 EMB	\$25 NoDD/\$50 NoDD	30%	30%	\$20 NoDD	Pharmacy Riders Available
VT3HMO092ZLCE	\$1,000/\$2,500 EMB	\$2,000/\$5,000 EMB	\$20 NoDD/\$20 NoDD	20%	20%	\$20 NoDD	Pharmacy Riders Available
VT3HMO095ZLCE	\$1,000/\$2,500 EMB	\$3,000/\$7,500 EMB	\$25 NoDD/\$40 NoDD	20%	20%	\$20 NoDD	Pharmacy Riders Available
VT3HMO103ZLCE	\$1,000/\$2,500 EMB	\$3,000/\$7,500 EMB	\$30 NoDD/\$50 NoDD	20%	20%	\$20 NoDD	Pharmacy Riders Available
VT3HMO093ZLCE	\$2,000/\$5,000 EMB	\$4,000/\$10,000 EMB	\$20 NoDD/\$20 NoDD	20%	20%	\$20 NoDD	Pharmacy Riders Available
VT3HMO100ZLCE	\$2,000/\$5,000 EMB	\$4,000/\$10,000 EMB	\$25 NoDD/\$40 NoDD	20%	20%	\$20 NoDD	Pharmacy Riders Available
VT3HMO110ZLCE	\$2,000/\$5,000 EMB	\$5,300/\$10,600 EMB	\$30 NoDD/\$30 NoDD	20%	20%	\$20 NoDD	Pharmacy Riders Available
VT3HMO091ZLCE	\$3,000/\$6,000 EMB	\$5,300/\$10,600 EMB	\$20 NoDD/\$20 NoDD	20%	20%	\$20 NoDD	Pharmacy Riders Available
VT3HMO101ZLCE	\$3,000/\$6,000 EMB	\$5,300/\$10,600 EMB	\$25 NoDD/\$40 NoDD	20%	20%	\$20 NoDD	Pharmacy Riders Available
VT3HMO107ZLCE	\$3,000/\$6,000 EMB	\$5,300/\$10,600 EMB	\$30 NoDD/\$50 NoDD	20%	20%	\$20 NoDD	Pharmacy Riders Available
VT3HMO118ZLCE	\$4,000/\$8,000 EMB	\$4,000/\$8,000 EMB	\$30 NoDD/0%	0%	0%	\$20 NoDD	Pharmacy Riders Available
VT3HMO117ZLCE	\$5,000/\$10,000 EMB	\$5,000/\$10,000 EMB	\$0/\$0	0%	0%	\$20 NoDD	Pharmacy Riders Available
VT3HMO116ZLCE	\$5,000/\$10,000 EMB	\$5,300/\$10,600 EMB	\$30 NoDD/\$50 NoDD	0%	0%	\$20 NoDD	Pharmacy Riders Available

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<sup>1</sup> Gia virtual care services are available at no member cost-share for medical plans, including qualified high-deductible health plans (QHDHPs), upon enrollment and plan renewal. Exceptions may apply for self-funded plans.

<sup>2</sup> Subject to approval. Restrictions may apply.

<sup>3</sup> 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 \$9,100. The term Embedded is used on Vermont Health Connect (VHC) materials to define this deductible and OOPM structure.

**NoDD:** Not subject to deductible

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.

#### 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).

# Vermont Large Group Plans 2023

Form Number	MEDICAL					PHARMACY	
	Deductible (Single/Family)	Out-of-Pocket Maximum (Single/Family)	Primary Care/ Specialist Visit	Co-Insurance	Inpatient Hospital Stay <sup>2</sup>	New for 2023! Vision Exam	Prescription Benefit (Mail Order is x2.5)

## Qualified High-Deductible HMO Plans

National Network coverage included on all plans.

VT3H01AXLD	\$1,500/\$3,000 AGG	\$2,500/\$5,000 AGG	0%/0%	0%	0%	\$20 NoDD	\$10/\$30/\$50
VT3H07AXLD	\$1,500/\$3,000 AGG	\$3,000/\$6,000 AGG	20%/20%	20%	20%	\$20 NoDD	20%/20%/40%
VT3H02AXLD	\$2,500/\$5,000 AGG	\$3,500/\$7,000 EMB	0%/0%	0%	0%	\$20 NoDD	\$10/\$30/\$50
VT3H08AXLD	\$2,000/\$4,000 AGG	\$4,000/\$8,000 EMB	20%/20%	20%	20%	\$20 NoDD	20%/20%/40%
VT3H09AXLD	\$2,500/\$5,000 AGG	\$5,000/\$10,000 EMB	20%/20%	20%	20%	\$20 NoDD	20%/20%/40%
VT3H15AXLD	\$2,500/\$5,000 AGG	\$5,000/\$10,000 EMB	20%/20%	20%	20%	\$20 NoDD	50%/50%/50%
VT3H17AXLD	\$2,500/\$5,000 AGG	\$5,000/\$10,000 EMB	\$30/\$50	0%	\$500	\$20 NoDD	\$10/\$30/\$50
VT3H56AXLD	\$2,700/\$5,400 AGG	\$6,750/\$13,500 EMB	\$35/\$60	0%	\$1,000	\$20 NoDD	\$10/\$40/\$60
VT3H60EXLDE	\$3,000/\$6,000 EMB	\$3,000/\$6,000 EMB	0%/0%	0%	0%	\$20 NoDD	0%/0%/0%
VT3H46AXLD	\$3,000/\$6,000 AGG	\$3,000/\$6,000 AGG	0%/0%	0%	0%	\$20 NoDD	0%/0%/0%
VT3H52AXLD	\$3,000/\$6,000 AGG	\$6,000/\$12,000 EMB	30%/30%	30%	30%	\$20 NoDD	30%/30%/50%
VT3H57EXLDE	\$3,000/\$6,000 EMB	\$6,000/\$12,000 EMB	\$35/\$60	0%	\$1,000	\$20 NoDD	\$10/\$40/\$60
VT3H58AXLG	\$4,000/\$8,000 AGG	\$4,000/\$8,000 AGG	0%/0%	0%	0%	\$20 NoDD	0%/0%/0%
VT3H43EXLDE	\$4,000/\$8,000 EMB	\$4,000/\$8,000 EMB	0%/0%	0%	0%	\$20 NoDD	0%/0%/0%
VT3H19EXLDE	\$5,000/\$10,000 EMB	\$5,000/\$10,000 EMB	0%/0%	0%	0%	\$20 NoDD	0%/0%/0%
VT3H59AXLD	\$5,000/\$10,000 AGG	\$6,550/\$13,300 EMB	\$35/\$60	0%	\$1,000	\$20 NoDD	\$10/\$40/\$60
VT3H50EXLDE	\$6,550/\$13,100 EMB	\$6,550/\$13,100 EMB	0%/0%	0%	0%	\$20 NoDD	0%/0%/0%
VT3H51EXLDE	\$6,650/\$13,300 EMB	\$6,650/\$13,300 EMB	0%/0%	0%	0%	\$20 NoDD	0%/0%/0%
VT3H55AXLG	\$6,750/\$13,500 AGG	\$6,750/\$9,100/13,500 AGG <sup>3</sup>	0%/0%	0%	0%	\$20 NoDD	0%/0%/0%

## Non-Qualified High-Deductible HMO Plans

National Network coverage included on all plans.

VT3HM127XLCE	\$3,000/\$6,000 EMB	\$3,000/\$6,000 EMB	0%/0%	0%	0%	\$20 NoDD	\$10/\$30/\$50 NoDD
VT3HM124XLCE	\$4,000/\$8,000 EMB	\$4,000/\$8,000 EMB	0%/0%	0%	0%	\$20 NoDD	\$10/\$30/\$50 NoDD
VT3HM125XLC	\$6,900/\$13,800 AGG	\$6,900/\$9,100/13,800 AGG <sup>3</sup>	0%/0%	0%	0%	\$20 NoDD	\$10/\$30/\$50 NoDD
VT3HM126XLCE	\$6,900/\$13,800 EMB	\$6,900/\$13,800 EMB	0%/0%	0%	0%	\$20 NoDD	\$10/\$30/\$50 NoDD
VT3HM122XLG	\$8,700/\$17,400 AGG	\$8,700/\$9,100/\$17,400 AGG <sup>3</sup>	0%/0%	0%	0%	\$20 NoDD	0%/0%/0%
VT3HM123XLC	\$8,700/\$17,400 AGG	\$8,700/\$9,100/\$17,400 AGG <sup>3</sup>	0%/0%	0%	0%	\$20 NoDD	\$10/\$30/\$50 NoDD