



MVP PPO 25

Vermont

Out-of-Network:
\$2,000/\$4,000 Deductible
70%/30% Co-insurance Option

| SERVICE CATEGORY | IN-NETWORK <i>Using Participating Providers *</i> | OUT-OF-NETWORK <i>Non-Participating Providers</i> |
|---|--|---|
| Annual Deductible[†] | \$1,000 per Individual per Calendar Year \$2,000 per Family per Calendar Year <i>Certain services covered subject to satisfaction of deductible as noted below.</i> <i>As indicated, other services may require copayment only.</i> | \$2,000 per Individual per Calendar Year \$4,000 per Family per Calendar Year <i>Services covered as noted below after satisfaction of the annual deductible.</i> |
| Co-insurance | As Noted | As Noted |
| Lifetime Maximum Benefit Payable | Combined In-and Out-of-Network Lifetime | Max of \$1,000,000 per Individual |
| Annual Out-of-Pocket Maximum[†] | \$3,000 per Individual/\$6,000 per Family per Calendar Year | \$6,000 per Individual/\$12,000 per Family per Calendar Year |
| Hospital Hospital Inpatient Hospital Outpatient Surgery | 80% of Allowable Charges 80% of Allowable Charges | 70% of Allowable Charges 70% of Allowable Charges |
| Physician Office Visits Diagnosed Illnesses Only | \$25 Copay/Office Visit | 70% of Allowable Charges |
| Physician Inpatient Care (Medical/Surgical) | 80% of Allowable Charges | 70% of Allowable Charges |
| Well-Child Care Services (Per MVP Preventive Care Guidelines) | \$25 Copay/Office Visit | Covered "In-Network" Only |
| Adult Physical (One Routine Adult Physical/Calendar Year) | \$25 Copay/Office Visit | Covered "In-Network" Only |
| Screening Mammography/Pap Tests | \$25 Copay/Office Visit** | Covered "In-Network" Only |
| Diagnostic Lab & X-Ray | \$25 Copay/Office Visit** | 70% of Allowable Charges |
| Maternity Physician Services Hospital Services/Nursery Care (Well Baby) | First Office Visit \$25 Copay, Subsequent Physician Services are Covered in Full 80% of Allowable Charges (Not Subject to Deductible) | 70% of Allowable Charges 70% of Allowable Charges |
| Physical Therapy Requires Prescription (30 Visits/Calendar Year Max) | 80% of Allowable Charges | Covered "In-Network" Only |
| Ambulance | 80% of Allowable Charges | 70% of Allowable Charges |
| Chiropractic Benefit | \$25 Copay/Office Visit | Covered "In-Network" Only |
| Emergency Hospital Care | 80% of Allowable Charges | 70% of Allowable Charges |
| Durable Medical Equipment (Combined In-and Out-of-Network) Lifetime Max Benefit \$25,000 | 80% of Allowable Charges (Not Subject to Deductible)*** | 70% of Allowable Charges (Not Subject to Deductible)*** |
| Mental Health Inpatient Outpatient | 80% of Allowable Charges \$25 Copay/Office Visit** | Covered "In-Network" Only Covered "In-Network" Only |
| Substance Abuse Inpatient Outpatient | 80% of Allowable Charges \$25 Copay/Office Visit** | Covered "In-Network" Only Covered "In-Network" Only |
| Home Health Care (200 Visits/Calendar Year) | 80% of Allowable Charges | Covered "In-Network" Only |
| Skilled Nursing Facility (120 Days/Calendar Year) | 80% of Allowable Charges | Covered "In-Network" Only |

† In-System copays are not applicable towards deductibles or out-of-pocket maximums.

* MVP or PHCS Network Providers

** \$25 Copay/Office Visit or 80% of Allowable Charges dependent on location of delivery of services.

*** Member expenses in association with Durable Medical Equipment benefits are not applicable to deductibles or annual out-of-pocket maximums.

This chart is intended to provide a general outline of MVP coverage. In the event of any conflict between this document and your Contract and any pertinent rider(s), your contract and riders will be controlling. Benefits may vary by state. For details, call 1-800-TALK-MVP (1-800-825-5687).

Doctors Across America

MVP PPO gives you access to *MVP America*, our new national network of health care providers, including:

- 350,000 doctors • 40,000 pharmacies • 3,000 hospitals

Finding in-network providers is easy; visit joinmvp.com/drsearch and search by plan type, specialty, location or name. You can even customize and print out a directory of providers in your area.

NEW!
MVP America
network
thousands of
doctors, hospitals
and pharmacies



Here's How It Works

With MVP PPO, you can visit any doctor or hospital in the *MVP America* network – by simply presenting your MVP ID card. You also have the option to see out-of-network health care providers, for a higher cost. The choice is yours! In-network or out-of-network, you never need a referral to see any doctor or specialist.

MVP PPO is the ultimate in freedom and flexibility. Members decide whether they want to stay in-network and lower their out-of-pocket costs, or pay more to see out-of-network providers. The Benefit Summary on the other side of this page highlights the specific out-of-pocket costs for MVP PPO benefits and shows how MVP PPO members can minimize their expenses.

Benefits Based on Your Choice of Providers

In-Network Care

- See any provider in the extensive *MVP America* network
- Lower your out-of-pocket costs
- No referrals required
- More services covered

Out-of-Network Care

- See the provider of your choice
- No referrals required
- You file claim forms for reimbursement

Additional Features

- *MVP After Hours* – reach our *Member Services Department* every day 8 a.m. to 10 p.m., excluding holidays, **1-888-MVP-MBRS (1-888-687-6277)**.
- Our innovative Web site offers many convenient features - mvphealthcare.com:
 - Ask a question about coverage
 - Find answers to commonly asked questions
 - Check claim status, eligibility and benefits
 - Health Central - Online health library and special programs
- *Worldwide Emergency Coverage*
- *Exclusive member discounts on health and safety items, health clubs, optical programs, etc.*
- *A variety of special education programs for expectant mothers and families*
- *...And more!*