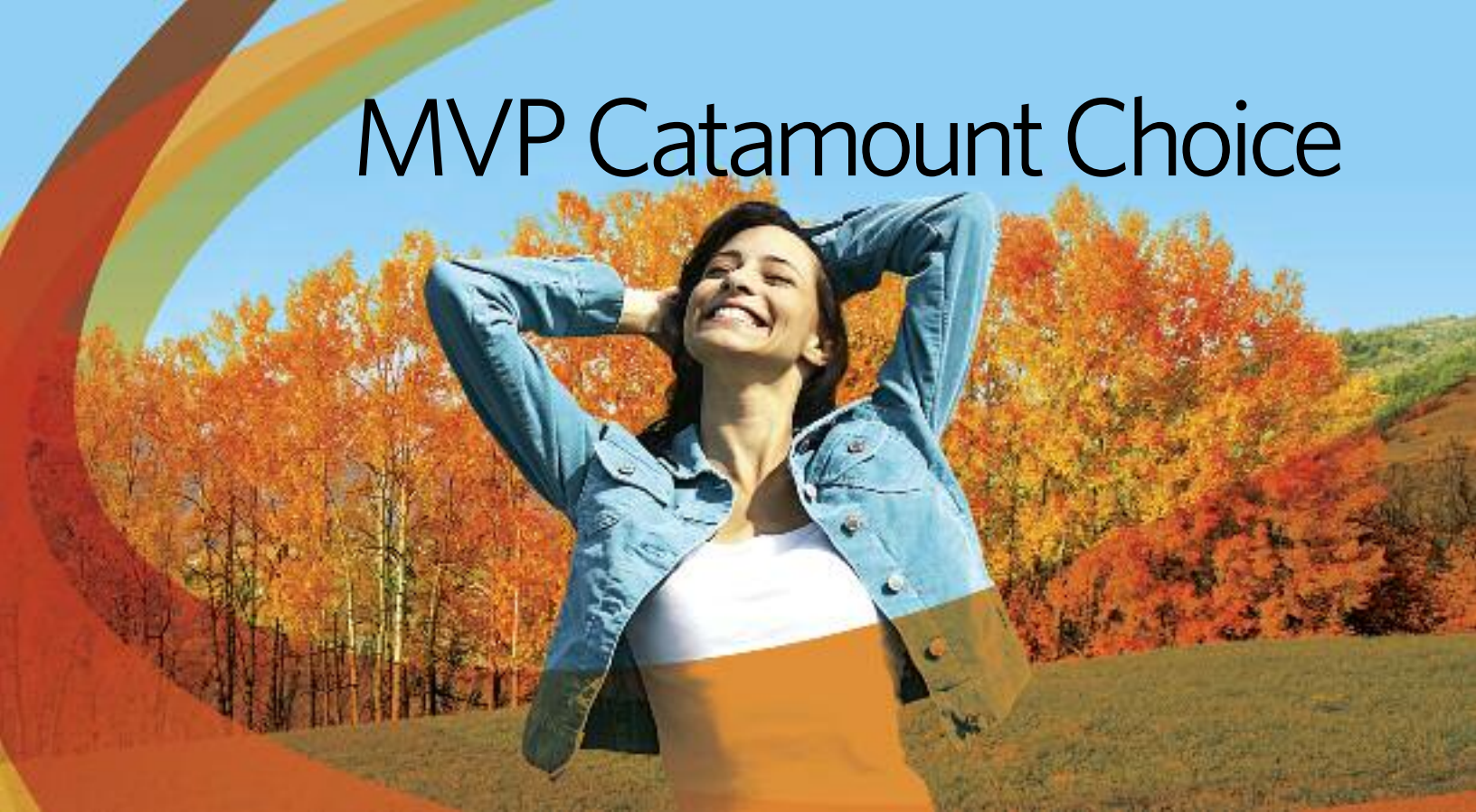


MVP Catamount Choice



Introducing a new health plan just for Vermonters from MVP Health Care



MVP Catamount Choice offers you the coverage you need:

- Primary care/hospital visits
- Prescription drug coverage
- Free wellness visits for children under 18
- Preventive dental for kids and adolescents
- Urgent care

Everything you need in a health plan and more!

PLEASE NOTE: Pre-existing Condition Limitation

Coverage under the Catamount Health program is subject to a pre-existing condition waiting period. This means if you have been diagnosed with, treated for or advised to seek treatment by a healthcare professional for a medical condition in the last twelve (12) months, services for the treatment of that condition may be excluded from coverage for up to a year.

However

- **If members have had prior health insurance coverage and have not had a break in coverage that is longer than 63 days, the pre-existing condition limitation waiting period will be reduced or waived**
- **Coverage for other services will still be available for all other covered conditions.**

Please refer to your *Certificate of Coverage Section 4 - Pre-Existing Conditions* for additional information.

Services that help you take on life and live well:

- Care management programs to help you manage common diseases
- Time saving and innovative Web services
- MVP's PersonalAdvocate - a Registered Nurse that you can call to discuss health questions and concerns 24/7

MVP Health Care's Chronic Care Program has the following programs:

- Asthma Care Program
- Diabetes Care Program
- Back Care Program
- Depression Care Program
- COPD Care Program
- Cardiac Care Program (Participation in the disease management Cardiac Program is only available following an acute hospitalization for a heart attack, cardiac bypass surgery or angioplasty)

If you are eligible and choose to participate in any of these programs you may receive reduced cost-sharing, including the waiver of copayments and waiting periods for chronic care services. Please contact MVP if you are interested in participating.



MVP Catamount Choice

Summary of Benefits

Vermont

2009 Premium Rates: **Single**-\$393.11; **Double**-\$786.22; **Parent with Child(ren)**-\$746.90; **Family**-\$1100.70
 These rates do not include state premium assistance, if applicable.

1-888-MVP-MBRS (1-888-687-6277)

MVPvermont.com

SERVICE CATEGORY ¹	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$250 Individual/\$500 Family	\$500 Individual/\$1,000 Family
Coinsurance	20% member responsibility	
Annual Out-of-Pocket Maximum	\$800 Individual/\$1,600 Family	\$1,500 Individual/\$3,000 Family
Lifetime Annual Maximum Benefit Payable	\$1,000,000	
Preventive Dental for Kids	Periodic Exams and X-rays to age 19 - \$25 Copay/Office Visit	
Prescription Drugs	\$10 Generic, \$30 Brand Name, \$50 Non-Formulary	
Urgent Care	MVP covers at 80% of allowable charges	
Hospital Inpatient Stays Outpatient Surgery	MVP Covers at 80% of allowable charges after deductible	
Outpatient Lab and X-ray		
Physician Inpatient Care		
Physician Office Visits	\$10 Copay/Office Visit	
Well-Child Care Services		Covered "In-Network" Only
Adult Physical	Covered in Full	
Office Lab Services²		MVP Covers at 80% of allowable charges after deductible
Diagnostic X-ray Services²	\$10 Copay/Office Visit	
Maternity Physician Services ³	\$10 Copay	
Hospital Services Newborn Nursery Care	MVP Covers at 80% of allowable charges (no deductible)	
Ambulance	MVP covers at 80% of allowable charges after deductible	
Emergency Hospital Care		
Physical Therapy <i>Office setting</i>	\$10 Copay/Office Visit	Covered "In-Network" Only
Mental Health Inpatient Outpatient	MVP covers at 80% of allowable charges after deductible	
Office	\$10 Copay/Office Visit	
Alcohol and Drug Abuse Inpatient Detoxification Outpatient Rehabilitation	MVP covers at 80% of allowable charges after deductible	
Office	\$10 Copay/Office Visit	
Chiropractic Benefit	\$10 Copay/Office Visit	

¹Some services are subject to Notification or Prior Authorization requirements. See your Catamount Health Insurance Plan Subscriber Contract for details.

²Many X-rays and Laboratory tests require two providers' services, one for taking the X-ray or drawing the lab work, the other for interpreting/processing results. Processing/professional fees that are performed outside of the office setting are subject to Deductible and Coinsurance.

³\$10 Copay for the first office visit, additional maternity office visits covered in full. All other physician fees and services covered at the Copayment level.

This Summary of Benefits chart is intended to provide a general outline of MVP Catamount Choice coverage; it is not a complete list of covered benefits. For additional details, please call 1-888-MVP-MBRS (1-888-687-6277) between 8:00 am and 10:00 pm 7 days a week (excluding holidays). In the event of any conflict between this document and your Certificate of Coverage and/or Schedule, the Certificate of Coverage and/or Schedule will be controlling.