



Viip (Vermont Individual Indemnity Plan)

Summary of Benefits

SERVICE CATEGORY	COVERAGE INFORMATION
Annual Deductible	You choose a \$3,500, \$5,000, \$10,000, \$25,000 or \$100,000 deductible. Services are covered as noted below after satisfaction of the annual deductible.
Coinsurance	Varies with service, please see your Subscriber Contract for more details.
Calendar Year Maximum Benefit	\$250,000 per individual per calendar year
Lifetime Maximum Benefit Payable	\$1,000,000 per individual
Hospital	
Hospital Inpatient	MVP covers at 100% of allowable charges ¹
Hospital Outpatient-Ambulatory Surgery	MVP covers at 70% of allowable charges ¹
Physician Office Visits	
Coverage available only for treatment of illness, injury or condition.	
Physician Inpatient Care (Medical/Surgical)	
Second Opinion-Surgery/Cancer (Optional)	
Maternity	
Physician Services	MVP covers at 100% of allowable charges
Hospital Services	
Nursery Care	
Outpatient Physical/Occupational/Speech Therapy (Combined 60 visits/year max.)	
Ambulance	
Home Health Care (40 visits/year max.)	
Skilled Nursing Facility (30 consecutive days/year max.)	
Mammography Screening	
Diagnostic Lab and X-Ray ¹	MVP covers at 70% of allowable charges
Emergency Outpatient Hospital Care	
Durable Medical Equipment	MVP covers at 100% of allowable charges ¹ (Lifetime max. benefit \$25,000 per individual)
Mental Health	
Inpatient	
Outpatient	MVP covers at 100% of allowable charges ¹ (must use preferred providers)
Substance Abuse	
Detoxification, Inpatient and Outpatient Rehabilitation	
Prescription Drug Benefit ²	Subject to \$250 deductible, 50% coinsurance, calendar year max. benefit \$5,000 per individual. Subject to MVP formulary. Must use participating pharmacies.

Note: Benefits are subject to a pre-existing condition provision for 12 months, if applicable.

Allowable charges means the maximum benefit available. The allowable charge is established by MVP in accordance with a Fee Agreement; Usual, Customary and Reasonable Charges; or by law. Please see your Subscriber Contract for more details.

¹Member is required to contact MVP for pre-certification prior to obtaining these services. If pre-certification is not obtained, coverage is reduced by \$300. Additionally, if we conduct Retrospective Review and determine that any admission and/or service(s) were not medically necessary, we will not provide benefits.

²Certain prescription drugs require Prior Approval before dispensing. As a guide, visit www.mvphealthcare.com, look under Rx Info, and see the Prescription Drug Formulary chart. Drugs listed with the “#” indicator require Prior Approval.

This is a summary description only. Limitations and exclusions may apply. Please see your Subscriber Contract for details. In the event of any conflict between this document and your Subscriber Contract, your Subscriber Contract shall be controlling.

Features and Benefits

Benefits

- Worldwide emergency coverage
- Complete hospital coverage – no day or dollar limits

Additional Features

- *MVP 24/7 Nurseline* – reach our Member Services Department every day 8 a.m. to 10 p.m., **1-888-MVP-MBRS (1-888-687-6277)**
- Visit our innovative Web site at **www.mvphealthcare.com** that offers many convenient features:
 - Ask a question about coverage
 - Check claim status, eligibility and benefits
 - Change your address
- 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!

Web Tools and Services

*To help your employees make informed health care decisions – find these tools in the Health Central section at **www.mvphealthcare.com**.*

- Online health library – powered by Healthwise® Knowledgebase
- Hospital quality comparison tool
- Hospital quality profiles
- Wide range of disease and care management programs