

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.myphealthcare.com or call 1-800-348-8515 to request a copy. MEDFRVT-4MCHB-001-S (01/16)-1388

MVP Health Care: MVP VT Vitality HDHP Bronze Coverage Period: 01/01/2016 – 12/31/2016
Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Single/Family | Plan Type: HD

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.myphealthcare.com .	Generic drugs	Retail \$12 copay Mail order \$30 copay	Not covered	Deductible applies. 30 day supply retail/90 day supply Mail order. Preventive drugs, Deductible waived.
	Preferred brand drugs	40% coinsurance	Not covered	Deductible applies. 30 day supply retail/90 day supply Mail order. Preventive drugs, Deductible waived.
	Non-preferred brand drugs	60% coinsurance	Not covered	Deductible applies. 30 day supply retail/90 day supply Mail order. Preventive drugs, Deductible waived.
	Specialty drugs	60% coinsurance	Not covered	Deductible applies. 30 day supply available through Specialty Pharmacy
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery)	50% coinsurance	Not covered	Deductible applies. Abortion services are covered and require prior auth.
	Physician/surgeon fees	50% coinsurance	Not covered	Deductible applies
If you need immediate medical attention	Emergency room services	50% coinsurance	50% coinsurance	Deductible applies
	Emergency medical transportation	50% coinsurance	50% coinsurance	Deductible applies
	Urgent care	50% coinsurance	50% coinsurance	Deductible applies
If you have a hospital stay	Facility fee (e.g., hospital room)	50% coinsurance	Not covered	Deductible applies
	Physician/surgeon fee	50% coinsurance	Not covered	Deductible applies

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