VHP **2023 Schedule of Benefits & Coverage Matrix: Small Group**

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE (EOC) AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Coverage Period

The Coverage Period for this plan is 01/01/23 through 12/31/23 (Plan year).

Plan Year Out-of-Pocket Maximum

You will not pay any more Cost Share during a plan year if the Copayments and Coinsurance you pay add up to one of the following amounts:

For Self-only enrollment (a Family of one Member)	$1,000 per plan year
For an entire Family of two or more Members	$2,000 per plan year

Plan Deductible

You must meet your Plan Deductible before your Cost Share applies (except those services that have "No charge"):

Medical Deductible	No Deductible
Pharmacy Deductible	No Deductible

Lifetime Maximum	None

Professional Services (Plan Provider office visits)	Your Cost Share
Primary Care Visits for evaluations and treatment	$0 Copayment
Specialty Care Visits for consultations, evaluations and treatment	$0 Copayment
Other Practitioner Office Visits*	$0 Copayment
Routine physical maintenance exams, including well woman exams	$0 Copayment
Well-child preventative exams	$0 Copayment
Family planning counseling and consultations	$0 Copayment
Scheduled prenatal care exams	$0 Copayment
Routine eye exams with a Plan Optometrist	$0 Copayment
Hearing exams	$0 Copayment
Physical, occupational, and speech therapy	$0 Copayment
Urgent care consultations, evaluations, and treatment	$0 Copayment
Note: Urgent care includes Mental/Behavioral health and Chemical dependency (Substance Use Disorder) crisis intervention services.	
Chiropractic services	$10 Copayment
Note: Up to 24 visits per member, per plan year	
Acupuncture services	$10 Copayment
Note: Up to 24 visits per member, per plan year	

Telehealth are covered benefits. Your cost-share for telehealth services shall not exceed the cost-share charged for the same services delivered in person.

Outpatient Services	Your Cost Share
Outpatient surgery facility fee	$0 Copayment

Outpatient Physician/surgeon fee	Included in Outpatient surgery facility fee
Outpatient Visit	$0 Copayment
Immunizations	$0 Copayment
X-rays	$0 Copayment
Laboratory tests	$0 Copayment
MRI, CT, and PET scans	$0 Copayment
Rehabilitation/Habilitation services	$0 Copayment
Covered individual health education counseling	$0 Copayment
Covered health education programs	$0 Copayment

Hospitalization Services	Your Cost Share
Inpatient stay (facility fee)	$0 Copayment
Physician/surgeon fee for surgery	Included in Inpatient stay (facility fee)

Emergency Health Coverage	Your Cost Share
Emergency room facility fee	$0 Copayment
Emergency room physician fee	Included in Emergency room facility fee

Note: Emergency room fees do not apply if admitted directly to the hospital as an inpatient for Covered Services.

Mental health and chemical dependency crisis intervention services	$0 Copayment

Ambulance Services	Your Cost Share
Ambulance Services	$0 Copayment

Prescription Drug Coverage		Your Cost Share
Covered outpatient items in accord with our drug formulary guidelines:		
Generic drugs	At a Plan Pharmacy	$0 Copayment
	Refills through our mail-order service	$0 Copayment
Brand drugs	At a Plan Pharmacy	$0 Copayment
	Refills through our mail-order service	$0 Copayment

Drug Tiers	Categories
1	• Generic drugs • Low-cost Preferred Brand Drugs
2	• Brand name drugs

Mental/Behavioral Health (MH) Services	Your Cost Share

Inpatient:	
MH psychiatric hospitalization fee	$0 Copayment
MH psychiatric physician/surgeon fee	$0 Copayment
MH psychiatric observation	$0 Copayment
MH psychological testing	$0 Copayment
MH individual and group treatment	$0 Copayment
MH individual and group evaluation	$0 Copayment
MH crisis residential program	$0 Copayment
Outpatient:	
MH office visits	$0 Copayment
MH monitoring of drug therapy	$0 Copayment
MH individual and group treatment	$0 Copayment
MH individual and group evaluation	$0 Copayment
Outpatient, Other Items and Services:	
Applied behavior analysis and behavioral health treatment	$0 Copayment
MH multidisciplinary treatment in an intensive outpatient psychiatric treatment program	$0 Copayment
Neuropsychological testing	$0 Copayment
MH partial hospitalization	$0 Copayment
MH psychological testing	$0 Copayment

Note: Telehealth are covered benefits. Your cost-share for telehealth services shall not exceed the cost-share charged for the same services delivered in-person.

Chemical Dependency (Substance Use Disorder) Services	Your Cost Share
Inpatient:	
Chemical dependency hospitalization fee	$0 Copayment
Chemical dependency physician/surgeon fee	$0 Copayment
Inpatient detoxification	$0 Copayment
Individual and group treatment	$0 Copayment
Individual and group chemical dependency counseling	$0 Copayment
Individual and group evaluation	$0 Copayment
Transitional residential recovery services	$0 Copayment
Outpatient:	
Chemical dependency office visits	$0 Copayment
Chemical dependency individual and group evaluation	$0 Copayment
Chemical dependency individual and group counseling	$0 Copayment
Methadone Maintenance	$0 Copayment

Outpatient, Other Items and Services:

Chemical dependency intensive outpatient programs	$0 Copayment
Chemical dependency day treatment programs	$0 Copayment

Note: Telehealth are covered benefits. Your cost-share for telehealth services shall not exceed the cost-share charged for the same services delivered in-person.

Durable Medical Equipment (DME)	Your Cost Share
DME	$0 Copayment
Home Health Services	**Your Cost Share**
Home health care (up to 100 visits per benefit year)	$0 Copayment
Other	**Your Cost Share**
Skilled Nursing Facility care (up to 100 days per benefit period)	$0 Copayment
Hospice care	$0 Copayment

Notes:

* Other Practitioner Office Visits include visits not provided by either Primary Care or Specialty Practitioners.

Grandfather Status Disclosure:

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime dollar limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 1.888.421.8444.