VHP Valley Health Plan **2025 Schedule of Benefits & Coverage Matrix: Large Group non IHSS (County)**

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 01/01/2025 through 12/31/2025 (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: Services are covered without prior authorization for the first 24 visits and prior authorization is required beyond 24 visits.	
Acupuncture services	$10 Copayment
Note: Services are covered without prior authorization for the first 24 visits and prior authorization is required beyond 24 visits.	
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.