2025 VP-20 HMO Plan Summary of Benefits & Coverage

Individual/Family Overall Annual Deductible	$0
Individual/Family Annual Out–of–Pocket Maximum	$4,500/$9,000

Medical Event	Service Type	Copay
Health Care Provider's Office or Clinic Visit	Office Visits – Primary Care (including mental health)	$20 copay per visit
	Office Visits – Specialist	$20 copay per visit
	Office Visits - Other Healthcare Practitioners	$20 copay per visit
	Preventive Care/Screening/Immunization	No Copay
	Primary Care Telemedicine Consultation	No Copay
	Dental Exams & Prophylaxis Cleaning	No Copay
Tests	Laboratory Tests	$5 copay per visit
	X-rays & Diagnostic Imaging	$5 copay per visit
	Imaging – (CT/Pet Scans, MRIs)	$30 copay per visit
Outpatient Prescription Drug Coverage to Treat Illness or Condition	Tier 1	$20 copay per drug
	Tier 2	$20 copay per drug
	Tier 3	$30 copay per drug
	Tier 4	30%, up to $250 per script
Outpatient Services	Surgery Facility Fee	$100 copay per visit
	Physician/Surgeon Fee	No Copay
	Outpatient Visit	20%
Emergency & Urgent Care (Need Immediate Attention)	Emergency Room Facility Fees	20%, up to $250 o/p svcs.
	Emergency Medical Transportation	15% coinsurance
	Urgent Care in Mexico	$25 copay per visit
	Urgent Care in the US/Outside of Mexico	$50 copay per visit
Hospital Stays	Inpatient Hospital Facility Fee	$150 copay per day
	Inpatient Physician/Surgeon Fee	No Copay
Mental Health, Behavioral Health, or Substance Abuse Needs	Mental/Behavioral Health Outpatient Office Visits	$20 copay per visit
	Mental/Behavioral Health Other Outpatient Items & Svcs.	No Copay
	Mental/Behavioral Health Inpatient Services (hospital room)	$150 copay per day
	Mental/Behavioral Health Inpatient Physician/Surgeon Fee	No Copay
	Substance Use Disorder Outpatient Office Visits	$20 copay per visit
	Substance Use Disorder Other Outpatient Items & Services	No Copay
	Substance Use Disorder Inpatient Facility Fee (hospital room)	$150 copay per day
	Substance Use Disorder Inpatient Physician/Surgeon Fee	No Copay
Pregnancy	Prenatal Care & Preconception visits	No Copay
	Delivery & all Inpatient Services (professional & hospital)	$150 copay per day
Help Recovering or Other Special Health Needs	Home Health Care	No Copay
	Outpatient Rehabilitation/Habilitation Therapy Services	$20 copay per visit
	Skilled Nursing Care	$75 copay per day
	Durable Medical Equipment (incl. diabetic equipment)	20% coinsurance
	Prosthetics/Orthotics	20% coinsurance
	Hospice Services	No Copay

End Notes:

1) Family out-of-pocket maximums are equal to 2 times the individual values. Cost-sharing payments (copayments and coinsurance, but not yet premiums) made by each individual in a family contribute to the family's out-of-pocket maximums. Once the family out-of-pocket maximum is reached, the Plan pays all costs for covered services for all family members. In a family plan, an individual's out-of-pocket contribution is limited to the individual's annual out-of-pocket maximum.

2) The cost-sharing payments cannot exceed the out-of-pocket limits set for individual coverage and family coverage.

3) Cost-sharing for services with copayments is the lesser of the copayment amount or allowed amount (the maximum amount on which a payment is based on for covered health care services.) For example, if a pharmacy drug costs less than the $20 dollar copayment, the lesser amount is the member's applicable cost-sharing amount.

4) For drugs to treat an illness or condition, the supply of drugs for which the copay or coinsurance applies is for the prescription term, not to exceed 30 days.

5) Preventive Care includes checkups, periodic screenings, well-baby visits up to age 2, well-woman visits, Pap & HPV tests, maternity/prenatal care, immunizations for children, vision & hearing exams, and health education classes.

6) Coinsurance applies to the entire episode of emergency care services. The maximum cost will not exceed $250 dollars for outpatient emergency care services.

7) Members pay a maximum of one copay per calendar month for primary care physician services.

8) Cost-sharing payments for drugs that are not on the formulary but are approved as exceptions, accumulate toward the Plan's out-of-pocket maximum.

9) Member's cost-sharing amount for oral anti-cancer drugs shall not exceed $250 dollars per month per state law.

10) The Outpatient Visit line item within the Outpatient Services category includes but is not limited to outpatient chemotherapy, outpatient radiation, outpatient infusion therapy, outpatient dialysis, and similar outpatient services.

11) Cost-sharing for services subject to the federal Mental Health Parity and Addiction Equity Act (MHPAEA) may be less than those listed in these standard benefit plan designs if necessary for compliance with MHPAEA.

12) Mental/Behavioral Health Outpatient Office Visits at a $20 dollar copay level include but are not limited to individual and group evaluation, individual and group treatment, and individual and group chemical dependency counseling.

13) Mental/Behavioral Health Other Outpatient Items & Services at a $0 dollar copay level include but are not limited to psychological testing, outpatient monitoring of drug therapy, partial hospitalization, and multidisciplinary treatment in an intensive outpatient psychiatric treatment program.

14) Substance Use Disorder (SUD) Outpatient Office Visits at a $20 dollar copay level include but are not limited to intensive outpatient programs, individual and group evaluation, individual and group treatment, and individual and group chemical dependency counseling.

15) Substance Use Disorder (SUD) Other Outpatient Items & Services at a $0 dollar copay level include but are not limited to day treatment programs.

16) Mental/Behavioral Health Inpatient Services at a $150 dollar per day copay level include but are not limited to inpatient psychiatric hospitalization, psychiatric observation, and crisis residential program.

17) Substance Use Disorder (SUD) Inpatient Facility Fee at a $150 dollar per day copay level includes but is not limited to inpatient detoxification, medication treatment for withdrawal, and transitional residential recovery services in a non-medical setting.

18) Drug tiers are defined as follows:

Tier	Definition
1	1) Most generic drugs and low-cost preferred brands.
2	1) Non-preferred generic drugs or 2) Preferred brand name drugs or 3) Recommended by the Plan's Pharmaceutical & Therapeutics (P&T) committee based on drug safety, efficacy, and cost.
3	1) Non-preferred brand name drugs or 2) Recommended by P&T committee based on drug safety, efficacy, and cost or 3) Generally have a preferred and often less costly therapeutic alternative at a lower tier.
4	1) Food & Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies or 2) Self-administration requires training, and clinical monitoring or 3) Drug was manufactured using biotechnology, or 4) Plan cost (net of rebates) is >$600.