

## 2021 Benefit Summary

FIRST LIGHT TECHNOLOGIES INC, ACTIVE ACA, Vermont

Policy	Current Plan MVP VT Plus Gold 3 HDHP	Renewal Plan MVP VT Plus Gold 3 HDHP
Plan ID	77566VT0050023	77566VT0050023
Plan Benefits	Current Benefits	Renewal Benefits
Annual Deductible per Contract Year	\$2,700 Individual/\$5,400 Family (Agg)	\$3,000 Individual/\$6,000 Family (Agg)
Annual Out-of-Pocket Maximum	\$2,700 Individual/\$5,400 Family (Agg)	\$3,000 Individual/\$6,000 Family (Agg)
<b>Medical Visits</b>		
Primary Care Office Visits	0% co-insurance after deductible	0% co-insurance after deductible
Specialist Office Visits	0% co-insurance after deductible	0% co-insurance after deductible
Diagnostic Laboratory	0% co-insurance after deductible	0% co-insurance after deductible
Diagnostic Radiology	0% co-insurance after deductible	0% co-insurance after deductible
Advanced Imaging Services (CT/PET scans, MRIs)	0% co-insurance after deductible	0% co-insurance after deductible
Hospital Facility (Inpatient)	0% co-insurance after deductible	0% co-insurance after deductible
Hospital Facility (Outpatient)	0% co-insurance after deductible	0% co-insurance after deductible
Emergency Room (ER) Visit	0% co-insurance after deductible	0% co-insurance after deductible
Urgent Care Center Visit	0% co-insurance after deductible	0% co-insurance after deductible
Telemedicine Services	0% co-insurance after deductible	Covered in full
Ambulance	0% co-insurance after deductible	0% co-insurance after deductible
Diabetic Supplies	0% co-insurance after deductible	0% co-insurance after deductible
Chiropractic Benefit	0% co-insurance after deductible	0% co-insurance after deductible
<b>Pharmacy</b>		
Prescription Deductible	Integrated with Plan Deductible	Integrated with Plan Deductible
Prescription Cost Share	\$0/\$0/0% after deductible	Preventive: \$10/\$15/5% no deductible All Other: \$0/\$0/0% after deductible
<b>Embedded Pediatric Dental</b>		
Preventive	0% co-insurance after deductible	0% co-insurance after deductible
Routine	0% co-insurance after deductible	0% co-insurance after deductible
Major	0% co-insurance after deductible	0% co-insurance after deductible
Orthodontia (Medically necessary)	0% co-insurance after deductible	0% co-insurance after deductible

See next page for 2021 Rate Summary

## 2021 Rate Summary

FIRST LIGHT TECHNOLOGIES INC, ACTIVE ACA, Vermont

Policy		Current Plan	Renewal Plan
		MVP VT Plus Gold 3 HDHP	MVP VT Plus Gold 3 HDHP
Plan ID		77566VT0050023	77566VT0050023
Plan Rates*		Current Rates	Renewal Rates
<b>Rate includes:</b> <ul style="list-style-type: none"> <li>• Medical</li> <li>• Pharmacy</li> <li>• Applicable Riders</li> </ul>	Single	\$651.82	\$682.62
	Double	\$1,303.64	\$1,365.24
	Parent + Child(ren)	\$1,258.01	\$1,317.46
	Family	\$1,831.61	\$1,918.16

\*To determine the approximate total new premium for your group, multiply your current enrollment by the new premium. This will provide an estimate based on current enrollment of your group. This amount may change depending on the individuals who actually enroll in the policy.

According to Affordable Care Act (ACA) requirements, all renewal rates are issued using a four-tier structure.

If your group offers additional standalone dental plan options from MVP, we have included the benefit and rate summaries with this notice.