

MVP Preferred EPO \$25

Summary of Benefits

SERVICE CATEGORY ¹	COVERAGE INFORMATION ²
Annual Deductible per Contract Year	Not Applicable
Coinsurance	Not Applicable
Lifetime Maximum Benefit Payable	No Maximum (Except for DME/External Prosthetics/Ostomy Supplies Max)
Annual Out-of-Pocket Maximum	Not Applicable
Well-Child Care Services Per MVP Preventive Care Guidelines	
Adult Physical (One Routine Adult Physical/Contract Year)	
Screening Mammography, Pap Tests	Covered in Full
Hospital Inpatient	
Physician Inpatient Care (Medical/Surgical)	
Skilled Nursing Facility (60 Days/Contract Year)	
Hospital Outpatient Surgery	\$75 Copay
Emergency Hospital Care	\$50 Copay/Visit
Ambulance	\$100 Copay
Physician Office Visits	
Office Surgery	
Diagnostic Lab & X-ray (Office/Outpatient Facility)³	
Physical Therapy (Office Setting) Requires Prescription 30 Visits/Contract Year	\$25 Copay/Visit
Chiropractic Benefit	
Home Health Care (60 Visits/Contract Year)	
High Tech Imaging Services (MRI, MRA, CT, etc.)	\$25 Copay/Procedure
Maternity	
Physician Services ⁴	\$25 Copay
Hospital Services	Covered in Full
Newborn Nursery Care	Covered in Full
Mental Health⁵	
Inpatient - 30 Days/Contract Year	Covered in Full
Outpatient {Up to 20 combined Visits per Contract Year}	\$25 Copay/Visit
Office Visits	
Substance Abuse	
Inpatient Detoxification - 7 Days/Contract Year	Covered in Full
Outpatient Rehabilitation	\$25 Copay/Visit
Office Visits {Up to 60 combined Visits per Contract Year}	
Durable Medical Equipment (Lifetime Max Benefit \$25,000)	50% Copay
Dependent Care Coverage	Unmarried dependent children to age 23
<i>Standard coverage for small group plans, check with your employer for differences in dependent coverage.</i>	

¹Some services are subject to Notification or Prior Authorization requirements. See your Certificate of Coverage under "How This Policy Works" for details.

²A network provider must deliver all care.

³Many X-rays and laboratory tests require two providers' services, one for taking the X-ray or drawing the lab work, the other for interpreting/processing results.

⁴\$25 Copay for the first office visit, additional maternity office visits are covered in full. Other physician fees and services are covered as noted above.

⁵FOR SMALL GROUPS (2-50 employees): MVP offers an optional rider at additional cost that extends coverage for certain biologically based Mental Health conditions and for children with specific emotional disturbances. Please contact your Employer or the Member Services Department for additional information. FOR LARGE GROUPS (51+ employees): Benefits include extended coverage for certain biologically based Mental Health conditions and for children with specific emotional disturbances. To verify your group size, check with your Employer/Health Benefits Administrator or call 1-800-825-5687, option #2, and speak with an Account Representative.

This Summary of Benefits chart is intended to provide a general outline of coverage. In the event of any conflict between this document and your Certificate of Coverage, Schedule and any applicable Rider(s), your Certificate of Coverage, Schedules and Rider(s) will be controlling. For details, please call 1-800-825-5687, option #2.

