



MVP High Deductible EPO

Sample Plan Benefit Summary

SERVICE CATEGORY	COVERAGE INFORMATION ¹ Through MVP Network Providers
Annual Deductible [†]	\$1500 single/\$3000 per family*
Coinsurance	MVP covers at 90% of allowable charges
Annual Out-of-Pocket Maximum	\$3000 single/\$6000 per family*
Lifetime Maximum Benefit Payable [^]	Unlimited
Safe Harbor Benefits Well Baby, Child Care & Immunizations (per Schedule) Adult Annual Physical Mammography Screening Prostate Cancer Screening Annual Pap Test & Ob/Gyn Exam Immunizations (adult)	Covered in full Deductible does not apply MVP covers at 90% of allowable charges
Hospital Hospital Inpatient Hospital Outpatient surgery Hospital Outpatient other Physician Office Visits Physician Inpatient Care (Medical/Surgical) Second Surgical Opinion (optional) Diagnostic Lab and Other Testing Maternity Physician Services Hospital Services Physical/Occupational/Speech Therapy (30 visits per member per calendar year combined) Ambulance Urgent Care Home Health Care Emergency Care In Area Outpatient Out of Area Outpatient Mental Health (short term, acute conditions only) Inpatient – 30 days maximum/calendar year Outpatient – 20 visits maximum/calendar year Substance Abuse Inpatient Detoxification – 7 days maximum/calendar year Outpatient – 60 visits maximum/calendar year Chiropractic Benefit Durable Medical Equipment[^]	MVP covers at 90% of allowable charges
Prescription Drug Benefit (must use a participating pharmacy) Formulary Non-Formulary	10% copay after deductible is met 30% copay after deductible is met

¹A network provider must deliver all care. MVP's High Deductible Health Plans are based on MVP's service area network and does not include access to a national network.

[†]Services covered as noted after satisfaction of the annual deductible.

*All family members' expenses are subject to the annual out-of-pocket amount and, except for Safe Harbor Services, to the deductible amount.

[^]Durable Medical Equipment, Orthotic Devices, External Prosthetic Devices and Ostomy Supplies have a lifetime maximum benefit of \$25,000 per member.

This chart is intended to provide a general outline of MVP 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, Schedule, and rider(s) will be controlling. For details, call 1-800-TALK-MVP (1-800-825-5687), option #2.