

**SCHEDULE OF BENEFITS  
MVP HEALTH INSURANCE COMPANY  
MVP Preferred  
Exclusive Provider Organization  
\$25 Copay Plan  
For Small Groups  
E0043S**

**I. SCHEDULE OF BENEFITS**

<b>Annual Out of Pocket Maximum</b>	Single: \$0/Family: \$0
<b>Lifetime Maximum</b>	No Maximum
<b>Durable Medical Equipment, External Prosthetic Devices and Ostomy Supplies Combined In and Out of Network Lifetime Maximum Benefit</b>	\$25,000 Per Covered Person
<b>Deductible (Single/Family combinations)</b> Deductible NOT applicable to: Services with Copayments, Well Child and Well Adult Care, Durable Medical Equipment/External Prosthetic Devices/Ostomy Supplies, and Home Health Care	Single:\$0/Family: \$0
<b>Coinsurance</b>	0%
<b>Copayments:</b>	
Primary Care Provider	\$25 per office visit , unless otherwise noted
Specialty Care Provider	\$25 per office visit , unless otherwise noted

**COVERED SERVICES**

**MEMBER PAYMENT**

**Inpatient Hospital**

**\$0**

**Outpatient Hospital and Facility Services**  
**(Copayment applies per provider per date of service)**

Outpatient Emergency Room Copayment	\$50
Ambulatory Surgery (facility Copayment)	\$75
Annual Cervical Cytology	\$0
Mammography Screening	\$0
Prostate Cancer Screening	\$0
Physical/Occupational/Speech Therapy	\$25
Chemotherapy	\$25
Radiation Therapy	\$25
Diagnostic Services (including Pre-Admission Testing)	
Laboratory	\$25
X-Rays, GI, Ultrasounds	\$25
High Tech Imaging Services (CT, MRI, MRA, PET, MRCP, and CTA scans)	\$25 per procedure

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**COVERED SERVICES**

**MEMBER PAYMENT**

Alcoholism and/or Substance Abuse	\$25
Mental Health Care	\$25
Cardiac Rehabilitation	\$25
Outpatient Dialysis	\$25

**Medical/Surgical Benefits**

**Office Visit Services**

Primary Care Provider	\$25 per office visit , unless otherwise noted
Specialty Care Provider	\$25 per office visit , unless otherwise noted

(Unless noted otherwise, this Copayment applies when the services listed below are performed in physician's office. A Copayment shall be required for each visit)

Adult Annual Physical	\$0
Adult Immunizations (including Flu Shots)	\$0
Routine OBGYN Exams	\$0
Cervical Cancer Screening	\$0
Mammography Screening	\$0
Prostate Cancer Screening	\$0
Well Child Care (including immunizations)	\$0

Diagnosis and Treatment of Illness

Diagnostic Services

Laboratory	
X-Rays, GI, Ultrasound	
High Tech Imaging Services (CT, MRI, MRA, PET, MRCP, and CTA scans)	\$25 per procedure

Office Surgery

- Allergy Testing
- Second Medical Opinions
- Chiropractic Care
- Casts and Dressings
- Alcohol and Substance Abuse Services
- Chemotherapy
- Mental Health Care
- Physical/Occupational/Speech Therapy
- Cardiac Rehabilitation
- Child Nutritional counseling

Maternity Care

Pre-Post Natal Care (per pregnancy)	\$25 (1 <sup>st</sup> diagnostic visit only)
Radiology (ultrasounds/amniocentesis)	Subject to Office or Outpatient Hospital/Facility Member Payment, as applicable
Inpatient Hospital Care	\$0

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**COVERED SERVICES****MEMBER PAYMENT**

<u>Surgical Care (inpatient/outpatient hospital/fac)</u>	\$0
Anesthesia (inpatient/outpatient hospital/fac)	\$0
<u>Inpatient Visits by a Physician</u>	\$0
<b><u>Organ Transplant Services</u></b>	Subject to applicable Inpatient and/or Outpatient Member Payment
<b><u>Supplies</u></b>	
Diabetic Supplies and Equipment Items are limited to a thirty-one (31) day supply)	\$25 Copayment applicable per item purchased.
Durable Medical Equipment, External Prosthetic Devices and Ostomy Supplies	50% of cost
<b><u>Home Health Care</u></b>	\$25
<b><u>Hospice Care</u></b>	\$0
<b><u>Skilled Nursing Care</u></b>	\$0
<b><u>Urgent Care Centers</u></b>	\$25 per visit
<b><u>Ambulance Services</u></b>	\$100

**II. COVERAGE FOR UNMARRIED DEPENDENT CHILDREN TO AGE 23.** The subsection entitled "Children" in the "Who Is Covered" Section of your Contract is amended to add the following:

**Coverage for Dependents.** If you have dependent child Coverage, your unmarried dependent children up to twenty-three (23) years of age are covered under your Contract. The benefits described in this Paragraph shall end on the last day of the month in which the dependent turns twenty-three (23) years of age.