



MVP High Deductible EPO

Sample Plan Benefit Summary

\$1,500/\$3,000 Deductible
(90% Coinsurance Option)

Service Category	Coverage Information ¹ Through MVP Network Providers
Annual Deductible Services covered as noted after satisfaction of the annual deductible.	\$1,500 single/\$3,000 per family ²
Coinsurance	MVP covers at 90% of allowable charges
Annual Out-of-Pocket Maximum	\$3,000 single/\$6,000 per family ²
Lifetime Maximum Benefit Payable³	Unlimited
Safe Harbor Benefits Well Baby, Child Care & Immunizations (per Schedule)	Covered in Full
Adult Annual Physical Mammography Screening Prostate Cancer Screening Annual Pap Test & Ob/Gyn Exam Adult Immunizations	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 contract year combined	MVP covers at 90% of allowable charges
Ambulance	
Urgent Care	
Home Health Care	
Emergency Care	
Mental Health⁴	
Inpatient - 30 days max./contract year	
Outpatient - 20 visits max./contract year	
Substance Abuse	
Inpatient Detoxification - 7 days max./contract year	
Outpatient - 60 visits max./contract year	
Chiropractic Benefit	
Durable Medical Equipment³	
Prescription Drug Benefit⁵ 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 include National Network coverage.

²All family members' expenses are subject to the annual out-of-pocket amount and, except for Safe Harbor Services, to the deductible amount.

³Durable Medical Equipment, Orthotic Devices, External Prosthetic Devices and Ostomy Supplies have a lifetime maximum benefit of \$25,000 per member.

⁴FOR LARGE GROUPS (51+ employees): Benefits include extended coverage for certain biologically based Mental Health conditions and for children with specific emotional disturbances. FOR 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 MVP Member Service Department for additional information. To verify your group size, check with your Employer/Health Benefits Administrator or call 1-800-TALK-MVP, option #2 and speak with an MVP Account Representative.

⁵Certain prescription drugs require Prior Approval before dispensing. As a guide, visit www.mvphealthcare.com, look under Rx Info, and see the Prescription Drug Formulary chart. Drugs listed with the "#" indicator require Prior Approval.

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.

Here's How It Works

MVP's High Deductible EPO offers a large network of providers with no referrals. By simply presenting your MVP ID card, you have access to any doctor, specialist or hospital in the extensive MVP High Deductible EPO network. The Benefit Summary on the other side of this page highlights the key out-of-pocket costs for MVP High Deductible EPO benefits.

Some services are subject to prior notice (the notice you must give to MVP prior to receiving certain Covered Services in order to receive the maximum benefits). Some services are subject to pre-certification (the required approval that you must get from MVP prior to receiving certain Covered Services). If you fail to obtain pre-certification a financial penalty may apply. This is your responsibility. These services are listed in the Certificate of Coverage in the section entitled "How this Policy Works."

Benefits and Features

Basics

- Thousands of doctors to choose from
- No claim forms or waiting for reimbursements

Benefits

- Worldwide emergency coverage
- Preventive care including routine immunizations, not subject to deductible
- Complete hospital coverage - no day or dollar limits

Additional Features

- *MVP After Hours* - reach our Member Services Department every day from 8 a.m. to 10 p.m., **1-888-MVP-MBRS (1-888-687-6277)**
- Visit our innovative Web site at **www.mvphealthcare.com** that offers many convenient features:
 - Ask a question about coverage
 - Check claim status, eligibility and benefits
 - Find answers to commonly asked questions
 - Order ID Cards
- Exclusive member discounts on health and safety items, health clubs, and optical programs and more.
- A variety of health education programs for expectant mothers and families....and much more!

Web Tools and Services

To help your employees make informed health care decisions - find these tools in the Health Central section at **www.mvphealthcare.com**

- Online health library - powered by Healthwise® Knowledgebase
- Hospital quality comparison tool
- Hospital quality profiles
- Prescription drug cost comparison tool
- Wide range of disease and care management programs.