

SCHEDULE OF MEMBER PAYMENTS

**MVP HEALTH INSURANCE COMPANY
HIGH DEDUCTIBLE HEALTH PLAN
EXCLUSIVE PROVIDER ORGANIZATION**

**SCHEDULE NEHD-01S/S
SMALL GROUP - SINGLE PERSON COVERAGE**

Calendar Year Deductible ¹	\$1500
Coinsurance ²	10%
Prescription Drugs <ul style="list-style-type: none">• Formulary• Non-Formulary	10% 30%
Home Health Care Coinsurance	10%
Annual Out-of-Pocket Maximum	\$3000
General Lifetime Maximum Benefit	None
Durable Medical Equipment/External Prosthetic Devices/ Ostomy Supplies Lifetime Maximum Benefit (Included in General Lifetime Maximum Benefit listed above)	\$25,000 per Member
Modified Solid Food Products Annual Benefit Maximum	\$2,500 per Member

¹ This Deductible does not apply to the following Preventive Care Services: Adult Annual Physicals, Cervical Cytology Screening, Mammography Screening, Prostate Cancer Screening and Well Child Care.

² Coinsurance is not applicable to Well Child Care.