



Plan Cost-Sharing Highlights	Coverage Information	Limits and Exclusions
Annual Deductible per Contract Year	\$0 Person/\$0 Family	None
Co-insurance	As Noted Below	None
Annual Out-of-Pocket Maximum	\$6,600 Person/\$13,200 Family - Embedded	None
Primary Care Physician Office Visits	\$25 copay	None
Specialist Office Visits	\$40 copay	None
<b>Preventive &amp; Well Care Services</b>		
Well Child Care & Immunizations Adult Annual Physical (One per Contract Year) Mammography Annual Pap Test & Ob/Gyn Exam Immunizations for Adults Colonoscopy /Sigmoidoscopy Screening Bone Density Tests	Covered in Full. For a full list of covered preventive care services, visit <a href="http://mvphealthcare.com">mvphealthcare.com</a> .	None
<b>Physician Office Visits</b>		
Diagnostic Laboratory Services	Covered in Full	None
Diagnostic X-ray	PCP: \$25 copay/Spec: \$40 copay	None
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: \$40 copay/Free-Stnd: \$40 copay	None
Rehabilitative Services (PT/OT/ST)	\$40 copay	30 combined PT/OT/ST visits per year
Allergy Services	\$40 copay	None
Chemotherapy Visit	\$25 copay	None
<b>Inpatient Services - Hospital</b>		
Medical/Surgical Admissions	\$500 copay	Per continuous confinement
Surgical Services	\$100 copay	None
Inpatient Physical Rehabilitation	\$500 copay	60 days per year
<b>Outpatient Hospital Services</b>		
Hospital Rehab Services (PT/OT/ST)	\$40 copay	30 combined PT/OT/ST visits per year
Diagnostic Laboratory Services **	Covered in Full	None
Diagnostic X-ray **	\$40 copay	None
Advanced Imaging Services (CT/PET, scans, MRIs) **	\$40 copay	None
Ambulatory/Outpatient Surgery **	\$75 copay	None
<b>Emergency Care</b>		
Emergency Room (ER) Visit	\$100 copay	None
Urgent Care Centers	\$25 copay	None
Ambulance (Emergency Medical Transportation)	\$100 copay	None
<b>Maternity Services</b>		
Maternity – Prenatal Care	Covered in Full	None
Maternity – Physician Delivery	\$200 copay	None
Maternity – Inpatient Hospital Services	\$500 copay	None



	Coverage Information	Limits and Exclusions
<b>Behavioral Health Services</b>		
Mental Health Inpatient Hospital	\$500 copay	Per continuous confinement
Mental Health Outpatient	\$25 copay	None
Substance Use Disorder Inpatient Hospital	\$500 copay	Per continuous confinement
Substance Use Disorder Outpatient	\$25 copay	Unlimited; up to 20 visits per Plan Year may be used for family counseling
Residential Treatment	\$500 copay	None
<b>Other Services</b>		
Physician Administered Drugs	\$40 copay	None
Skilled Nursing Facility	\$500 copay	60 days per Plan Year
Home Health Care	\$25 copay	60 visits per year
Hospice	Covered in Full	210 days per Plan Year; Five (5) visits for family bereavement counseling
Durable Medical Equipment	50% coinsurance	None
Diabetic Supplies & Equipment	\$25 copay	None
Chiropractic Benefit	\$40 copay	None
Acupuncture	Not covered	None
<b>Prescription Drug Coverage</b>		
Tier 1	Pharm: \$10 copay/Mail: \$25 copay	None
Tier 2	Pharm: \$30 copay/Mail: \$75 copay	None
Tier 3	Pharm: \$50 copay/Mail: \$125 copay	None
Prescription Drug Deductible	None	None
<b>Vision Care</b>		
Adult Vision Care	Subject to appropriate cost share	One routine eye exam once every other Plan Year
Pediatric Vision Care	Subject to appropriate cost share	One routine eye exam once per Plan Year
<b>Other Plan Features</b>		
Gia® Virtual Care	Covered in Full	None
Wellness Benefits	Not covered	None
Plan Highlights	Visit <a href="http://mvphealthcare.com">mvphealthcare.com</a> for more information. View a complete Glossary of Terms and Member FAQs to better understand your MVP plan benefits.	
**Preferred Provider Facilities	Laboratory, radiology, and ambulatory services at a preferred provider facility will be covered in full, after deductible (if applicable). Find a preferred provider facility in your area at <a href="http://mvphealthcare.com">mvphealthcare.com</a> .	

Gia virtual care services are available at no member cost-share for medical plans, including qualified high-deductible health plans (QHDHPs), upon enrollment and plan renewal in 2023. Members enrolled in a 2022 QHDHP must meet the plan's annual deductible before Gia services are available at no member cost share.

This plan overview is intended to provide a general outline of coverage. In the event of any conflict between this document and your Certificate of Coverage (COC), Schedule, and any applicable Rider(s), your COC, Schedule, and Rider(s) will be controlling. For plan details, please call 1-800-TALK-MVP (825-5687), or visit [mvphealthcare.com](http://mvphealthcare.com).

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