

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	\$20 copay	None
Specialist Office Visits	\$20 copay	None
Preventive & Well Care Services		
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 mvphealthcare.com .	None
Physician Office Visits		
Diagnostic Laboratory Services	Covered in Full	None
Diagnostic X-ray	PCP: \$20 copay/Spec: \$20 copay	None
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: \$20 copay/Free-Stnd: \$20 copay	None
Rehabilitative Services (PT/OT/ST)	\$20 copay	60 combined PT/OT/ST visits per year
Allergy Services	\$20 copay	None
Chemotherapy Visit	\$20 copay	None
Inpatient Services - Hospital		
Medical/Surgical Admissions	\$250 copay	One copay per member per Plan Year, maximum of 3 copays per family
Surgical Services	Covered in Full	None
Inpatient Physical Rehabilitation	\$250 copay	30 days per Plan Year combined therapies
Outpatient Hospital Services		
Hospital Rehab Services (PT/OT/ST)	\$20 copay	60 combined PT/OT/ST visits per year
Diagnostic Laboratory Services **	Covered in Full	None
Diagnostic X-ray **	\$20 copay	None
Advanced Imaging Services (CT/PET, scans, MRIs) **	\$20 copay	None
Ambulatory/Outpatient Surgery **	\$75 copay	None
Emergency Care		
Emergency Room (ER) Visit	\$50 copay	None
Urgent Care Centers	\$20 copay	None
Ambulance (Emergency Medical Transportation)	Covered in Full	None
Maternity Services		
Maternity – Prenatal Care	Covered in Full	None
Maternity – Physician Delivery	Covered in Full	None
Maternity – Inpatient Hospital Services	\$250 copay	One copay per member per Plan Year, maximum of 3 copays per family

	Coverage Information	Limits and Exclusions
Behavioral Health Services		
Mental Health Inpatient Hospital	\$250 copay	One copay per member per Plan Year, maximum of 3 copays per family
Mental Health Outpatient	\$20 copay	None
Substance Use Disorder Inpatient Hospital	\$250 copay	One copay per member per Plan Year, maximum of 3 copays per family
Substance Use Disorder Outpatient	\$20 copay	Unlimited; Up to 20 visits per Plan Year may be used for family counseling
Residential Treatment	\$250 copay	None
Other Services		
Physician Administered Drugs	\$20 copay	None
Skilled Nursing Facility	\$250 copay	60 days per Plan Year
Home Health Care	\$20 copay	60 visits per Plan Year
Hospice	Covered in Full	210 days per Plan Year; Five (5) visits for family bereavement counseling
Durable Medical Equipment	20% coinsurance	One pair of custom molded shoe inserts every three Plan years
Diabetic Supplies & Equipment	\$20 copay	30-day supply
Chiropractic Benefit	\$20 copay	None
Acupuncture	Subject to appropriate cost share	10 visits/year; specialist cost share
Prescription Drug Coverage		
Tier 1	Pharm: \$10 copay/Mail: \$20 copay	30/90 day retail; 90 day mail order Mail order copay is 2 x retail copay
Tier 2	Pharm: \$30 copay/Mail: \$60 copay	30/90 day retail/90 day mail order Mail order copay is 2 x retail copay
Tier 3	Pharm: \$50 copay/Mail: \$100 copay	30/90 day retail/90 day mail order Mail order copay is 2 x retail copay
Prescription Drug Deductible	None	None
Vision Care		
Adult Vision Care	Covered in Full	One routine eye exam once per Plan Year
Pediatric Vision Care	Covered in Full	One routine eye exam once per Plan Year
Other Plan Features		
Gia® Virtual Care	Covered in Full	None
Wellness Benefits	\$600 allowance	Get reimbursed up to \$600 per contract, per calendar year with MVP's Well-Being Reimbursement
Plan Highlights	Visit mvphealthcare.com 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 mvphealthcare.com .	

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.

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