

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	\$4,600 Person/\$9,200 Family - Embedded	None
Primary Care Physician Office Visits	\$15 copay	None
Specialist Office Visits	\$15 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: \$15 copay/Spec: \$15 copay	None
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: \$15 copay/Free-Stnd: \$15 copay	None
Rehabilitative Services (PT/OT/ST)	\$15 copay	30 combined PT/OT/ST visits per Year
Allergy Services	\$15 copay	None
Chemotherapy Visit	\$15 copay	None
<b>Inpatient Services - Hospital</b>		
Medical/Surgical Admissions	Covered in Full	Per continuous confinement
Surgical Services	Covered in Full	None
Inpatient Physical Rehabilitation	Covered in Full	60 Inpatient combined PT/OT/ST visits per Year
<b>Outpatient Hospital Services</b>		
Hospital Rehab Services (PT/OT/ST)	\$15 copay	30 visits per Plan Year combined therapies
Diagnostic Laboratory Services **	Covered in Full	None
Diagnostic X-ray **	\$15 copay	None
Advanced Imaging Services (CT/PET, scans, MRIs) **	\$15 copay	None
Ambulatory/Outpatient Surgery **	\$75 copay	None
<b>Emergency Care</b>		
Emergency Room (ER) Visit	\$50 copay	None
Urgent Care Centers	\$15 copay	None
Ambulance (Emergency Medical Transportation)	Covered in Full	None
<b>Maternity Services</b>		
Maternity – Prenatal Care	Covered in Full	None
Maternity – Physician Delivery	Covered in Full	None
Maternity – Inpatient Hospital Services	Covered in Full	None

	Coverage Information	Limits and Exclusions
<b>Behavioral Health Services</b>		
<b>Mental Health Inpatient Hospital</b>	Covered in Full	Including Residential Treatment
<b>Mental Health Outpatient</b>	\$15 copay	None
<b>Substance Use Disorder Inpatient Hospital</b>	Covered in Full	Including Residential Treatment
<b>Substance Use Disorder Outpatient</b>	\$15 copay	Unlimited; Up to 20 visits per Plan Year may be used for family counseling
<b>Residential Treatment</b>	Covered in Full	None
<b>Other Services</b>		
<b>Physician Administered Drugs</b>	\$15 copay	None
<b>Skilled Nursing Facility</b>	Covered in Full	60 days per Plan Year
<b>Home Health Care</b>	\$15 copay	60 visits per Plan Year
<b>Hospice</b>	Covered in Full	210 days per Plan Year Five (5) visits for family bereavement counseling
<b>Durable Medical Equipment</b>	20% coinsurance	Plan Deductible may apply
<b>Diabetic Supplies &amp; Equipment</b>	\$15 copay	30-day supply
<b>Chiropractic Benefit</b>	\$15 copay	None
<b>Acupuncture</b>	Not covered	None
<b>Prescription Drug Coverage</b>		
<b>Tier 1</b>	See available Riders	SUD Medications only - 30 day supply retail takes PCP Copay; Mail Order, takes 3 x PCP Copay, Up to a 90-day supply.
<b>Tier 2</b>	See available Riders	None
<b>Tier 3</b>	See available Riders	None
<b>Prescription Drug Deductible</b>	None	None
<b>Vision Care</b>		
<b>Adult Vision Care</b>	Subject to appropriate cost share	One routine eye exam once per Plan Year
<b>Pediatric Vision Care</b>	Subject to appropriate cost share	One routine eye exam once per Plan Year
<b>Other Plan Features</b>		
<b>Gia® Virtual Care</b>	Covered in Full	None
<b>Wellness Benefits</b>	\$600 allowance	Up to \$600 in rewards and reimbursements with WellBeing Rewards per contract per Calendar Year
<b>Plan Highlights</b>	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.	
<b>**Preferred Provider Facilities</b>	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> .	

Virtual care services from MVP Health Care are provided by UCM Digital Health, Amwell and Omada at no cost-share for members. (Plan exceptions may apply.) Members' direct or digital provider visits may be subject to co-pay/cost-share per plan.

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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