



# MVP Preferred PPO \$20

## Summary of Benefits

\$1,000/\$2,500 In-Network Deductible  
80%/20% In-Network Coinsurance Option

SERVICE CATEGORY <sup>1</sup>	IN-NETWORK <sup>2</sup> <i>Using Participating Providers (see back for Network info.)</i>	OUT-OF-NETWORK <i>Non-Participating Providers</i>
<b>Annual Deductible per Contract Year</b> <i>The Deductible does not apply to covered services that are subject to a Copay or that are designated as Covered in Full.</i>	\$1,000 per Individual/\$2,500 per Family	\$2,000 per Individual/\$5,000 per Family
<b>Coinsurance</b>	As Noted	
<b>Lifetime Maximum Benefit Payable</b> <i>Except for DME/Ostomy Supplies Max</i>	No Maximum	\$1,000,000 per Individual
<b>Annual Out-of-Pocket Maximum</b>	\$3,000 per Individual/\$7,500 per Family per Contract Year	\$6,000 per Individual/\$15,000 per Family per Contract Year
<b>Hospital</b> Hospital Inpatient/Outpatient Surgery <b>Physician Inpatient Care</b> (Medical/Surgical) <b>Ambulance</b> <b>Diagnostic X-ray and Other Imaging Services<sup>3</sup></b> (Inpatient & Outpatient Setting) <b>Laboratory Services</b> (Inpatient Setting) <b>Skilled Nursing Facility</b> (60 Days/Contract Year) <b>Home Health Care</b> (60 Visits/Contract Year)	MVP covers at 80% of allowable charges, after deductible	MVP covers at 60% of allowable charges, after deductible
<b>Emergency Room (ER) Visit</b>	\$100 Copay/Visit	
<b>Preventive and Well Care Services</b> Well Baby, Child Care & Immunizations (Per MVP Preventive Care Guidelines) Adult Physical (One Routine Adult Physical/Contract Year) Mammography Screening Prostate Cancer Screening Annual Pap Test & Ob/Gyn Exam Immunizations for Adults Colonoscopy & Sigmoidoscopy Screening for Adults Bone Density Tests <b>Laboratory Services</b> (Outpatient Setting)	Covered in Full	
<b>Physician Office Visits</b> <b>Office Surgery</b> <b>Diagnostic X-ray &amp; Other Imaging Services<sup>3</sup></b> (Office Setting) <b>Physical/Occupational/Speech Therapy</b> (Combined 30 visits per Member per Contract Year) <b>Chiropractic Benefit</b> <b>Urgent Care Center</b>	\$20 Copay/Visit	
<b>High Tech Imaging Services<sup>3</sup></b> (MRI, MRA, CT, etc.)	\$20 Copay/Procedure (Office Setting) MVP covers at 80% of allowable charges, after deductible (Outpatient Facility)	
<b>Maternity</b> Physician Pre/Postnatal Care Office Visits Initial Newborn Exam Inpatient Services (facility/physician)	Covered in Full <sup>4</sup> MVP covers at 80% of allowable charges, after deductible	MVP covers at 60% of allowable charges (Not Subject to Deductible)
<b>Mental Health</b> Inpatient Outpatient Office Visits	MVP covers at 80% of allowable charges, after deductible \$20 Copay/Office Visit	MVP covers at 60% of allowable charges after deductible

<sup>1</sup>Some services are subject to notification requirements, e.g. Prior Authorization. See your Certificate of Coverage under Section Five "Utilization Management & Claims Filing" for details.

<sup>2</sup>A network provider must deliver all care.

<sup>3</sup>X-rays usually require two providers' services, one for taking the X-ray, the other for interpreting results. Payments for each may apply and are based on where the work was done.

<sup>4</sup>A Copay applies to the first office visit; additional maternity office visits are covered in full.

This Summary of Benefits chart is intended to provide a general outline of 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, Schedules and Rider(s) will be controlling. For details, please call 1-800-TALK-MVP (1-800-825-5687), option #2.

SERVICE CATEGORY <sup>1</sup>	IN-NETWORK <sup>2</sup> <i>Using Participating Providers (see back for Network info.)</i>	OUT-OF-NETWORK <i>Non-Participating Providers</i>
<b>Substance Abuse</b>		
Inpatient	MVP covers at 80% of allowable charges, after deductible	Covered In-Network only
Outpatient		MVP covers at 60% of allowable charges, after deductible
Office Visits	\$20 Copay/Office Visit	
<b>Durable Medical Equipment<sup>5</sup></b> (Combined In-and Out-of-Network)	50% Copay (Not Subject to Deductible)	MVP covers at 50% of the allowable charges (Not Subject to Deductible)
<b>Dependent Care Coverage</b>	Unmarried dependent children to age 19 and dependent students to age 23	

<sup>5</sup>Durable Medical Equipment, External Prosthetic Devices and Ostomy Supplies have a combined lifetime maximum benefit of \$25,000 per member. Artificial limbs are covered separately, see your Certificate of Coverage for details.

## Here's How it Works

Welcome to a new generation of health plans – built around the way you live your life. Each comes with unique features and valuable tools. From a company known for great customer service. Truly dedicated to helping you take on life and live well. All MVP Preferred PPO options come with these advantages:

- You can see any provider in-network and out-of-network with no referrals
- Access to our national network - more than 500,000 doctors, hospitals and specialists nationwide
- Comprehensive coverage – from preventive and sick care to emergency
- Great service for you and your family – the answers, expert guidance and personal support you need

## Take advantage of our best Wellness Package: Core Wellness plus WellStyle Extras

*Our Core Wellness features include:*

### Personalized Support Care Management Programs

Working in partnership with your doctor, we provide guidance and support for:

- Asthma
- Diabetes
- Maternity
- Substance Abuse
- Cancer
- Kidney Dialysis Support
- Mental Health
- Prenatal Care for High Risk Pregnancies
- Cardiac Conditions
- Low Back Pain
- Prenatal Care
- Smoking Cessation
- Depression

### Powerful Tools Personal Health Manager

Powered by WebMD®, the Personal Health Manager helps you manage your health care, set and track goals, and make well-informed health care decisions.

### Answers and Advice After Hours Nurseline

Expert advice on non-emergency questions is just a phone call away, even on weekends, when you call our *After Hours* Nurseline at **1-888-MVP-MBRS**.

### From Massage Therapy to Gym Memberships Exclusive Member Discounts

Enjoy savings on a wide range of health and wellness products and services.

*Our WellStyle Extras include:*

### Real Dollars for Fun and Fitness \$300 WellStyle Rewards

You can earn up to \$300 WellStyle Rewards, per subscriber per year – that you can use for healthy activities.

### Expert Guidance Lifestyle Coaches

Whether you want to lower your cholesterol or get a little more active, talk to our professional Lifestyle Coaches – to help guide, motivate and facilitate your positive lifestyle changes.

## We are here for you

- Reach our Member Services Department 7 days a week from 8 a.m. to 10 p.m., **1-888-687-6277**
- Access **mvphealthcare.com** to find doctors, compare drug costs, look up benefits, change your address, research hospitals and many other time-saving services.