



Plan Cost-Sharing Highlights	Coverage Information	Limits and Exclusions
Annual Deductible per Contract Year	\$5,000 Person/\$10,000 Family - Embedded	None
Co-insurance	As Noted Below	None
Annual Out-of-Pocket Maximum	\$5,000 Person/\$10,000 Family - Embedded	None
Primary Care Physician Office Visits	0% coinsurance*	None
Specialist Office Visits	0% coinsurance*	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	PCP: 0% coinsurance*/Spec: 0% coinsurance*	None
Diagnostic X-ray	PCP: 0% coinsurance*/Spec: 0% coinsurance*	None
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: 0% coinsurance*/Free-Stnd: 0% coinsurance*	None
Rehabilitative Services (PT/OT/ST)	0% coinsurance*	30 combined PT/OT/ST visits per Year
Allergy Services	0% coinsurance*	None
Chemotherapy Visit	0% coinsurance*	None
Inpatient Services - Hospital		
Medical/Surgical Admissions	0% coinsurance*	Per continuous confinement
Surgical Services	0% coinsurance*	None
Inpatient Physical Rehabilitation	0% coinsurance*	30 days per Plan Year combined therapies
Outpatient Hospital Services		
Hospital Rehab Services (PT/OT/ST)	0% coinsurance*	30 visits per Plan Year combined therapies
Diagnostic Laboratory Services **	0% coinsurance*	None
Diagnostic X-ray **	0% coinsurance*	None
Advanced Imaging Services (CT/PET, scans, MRIs) **	0% coinsurance*	None
Ambulatory/Outpatient Surgery **	0% coinsurance*	None
Emergency Care		
Emergency Room (ER) Visit	0% coinsurance*	None
Urgent Care Centers	0% coinsurance*	None
Ambulance (Emergency Medical Transportation)	0% coinsurance*	None
Maternity Services		
Maternity – Prenatal Care	Covered in Full	None
Maternity – Physician Delivery	0% coinsurance*	None
Maternity – Inpatient Hospital Services	0% coinsurance*	None

*Deductible applies to this benefit



	Coverage Information	Limits and Exclusions
Behavioral Health Services		
Mental Health Inpatient Hospital	0% coinsurance*	Including Residential Treatment
Mental Health Outpatient	0% coinsurance*	None
Substance Use Disorder Inpatient Hospital	0% coinsurance*	Including Residential Treatment
Substance Use Disorder Outpatient	0% coinsurance*	Unlimited; Up to 20 visits per Plan Year may be used for family counseling
Residential Treatment	0% coinsurance*	None
Other Services		
Physician Administered Drugs	0% coinsurance*	None
Skilled Nursing Facility	0% coinsurance*	60 days per Plan Year
Home Health Care	0% coinsurance*	60 visits per Plan Year
Hospice	0% coinsurance*	210 days per Plan Year; Five (5) visits for family bereavement counseling
Durable Medical Equipment	0% coinsurance*	None
Diabetic Supplies & Equipment	0% coinsurance*	30-day supply
Chiropractic Benefit	0% coinsurance*	None
Acupuncture	Not covered	None
Prescription Drug Coverage		
Tier 1	0% coinsurance*	30 day retail/90 day mail order
Tier 2	0% coinsurance*	\$100 max out of pocket on 30 day supply of Insulin
Tier 3	0% coinsurance*	30 day retail/90 day mail order
Prescription Drug Deductible	Subject to annual deductible	None
Vision Care		
Adult Vision Care	Not covered	None
Pediatric Vision Care	Not covered	None
Other Plan Features		
Gia® Virtual Care	\$0 copay*	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 .	

MVP virtual care services through Gia are available at no cost-share for most members, except those enrolled in a qualified high-deductible health plan (QHDHP). QHDHP members must meet the annual deductible before Gia services are covered in full. In-person visits and referrals are subject to cost-share per plan. Members enrolled in a Medicare Rx plan without additional MVP medical coverage do not have access to MVP virtual care services through Gia.

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.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.