



# HMO 25 Summary of Benefits<sup>^</sup>

## Physician Services

### Office Visits

Well Baby and Child Care No Charge  
Laboratory Services

Periodic Physicals, Gynecological Exams/Pap-tests

X-ray Services

Office Surgery \$25 Copay

Second Surgical Opinions (not required)

Vision Exams-every 2 years

### Inpatient Hospital Services

Surgery

Anesthesiology No Charge

Radiology

Visits/Consultations

## Hospital (Facility)

Inpatient Hospital and Facility Services \$500 Copay  
(For first admission per member per calendar year. Maximum of 3 Copayments per family per calendar year.)

Hospital Outpatient Surgery \$75 Copay/Visit

Hospital Outpatient

Therapeutic Services/X-ray \$25 Copay

Hospital Outpatient Laboratory No Charge

## Maternity

Physician Services Office Copay for first diagnostic visit only

Hospital Services Subject to \$500 inpatient Copay-excludes newborns

Nursery Care No Charge

## Emergency Hospital Care

\$50 Copay/Visit

If admitted, only hospital inpatient Copay applies

## Ambulance

\$100 Copay

## Preventive Dental Care for Kids

Periodic Exams and X-rays to age 19 \$25 Copay/Office Visit

Please check with your employer to learn if your plan includes this benefit. This benefit is offered through MVP Health Plan, Inc. as part of a fully-insured, community rated HMO product only and thus may not be available to employees of companies that offer other MVP options or other dental plans and is not available to CompCare members.

## Chiropractic Benefit

(requires PCP prescription) \$25 Copay/Office Visit

## Durable Medical Equipment

50% Copay

DME, orthotic devices, external prosthetic devices and ostomy supplies have a lifetime maximum benefit of \$25,000 per member

## Mental Health

(Short-term, Acute or Crisis Intervention)

Inpatient-30 day maximum Subject only to Hospital Inpatient (Facility) Copay

Inpatient Physician \$45 Copay/Visit

Outpatient-20 visit maximum \$35 Copay/Visit

## Substance Abuse Diagnosis & Treatment

Detoxification Subject only to Hospital Inpatient (Facility) Copay

Rehabilitation Outpatient-60 visit maximum \$25 Copay/Visit

## Physical/Occupational/Speech Therapy

(requires PCP prescription) \$25 Copay/Visit  
Up to 30 visits per member, per calendar year; combined benefit for outpatient and office settings

## Home Health Care

60 visit maximum \$25 Copay/Visit

## Dependent Care Coverage

Unmarried dependents covered to age 23

## Lifetime Maximum Coverage

No maximums\*

\*DME, orthotic devices, external prosthetic devices and ostomy supplies have a lifetime maximum benefit of \$25,000 per member

## Prescription Drug Coverage

Formulary Generic \$10 Copay

Formulary Brand \$30 Copay

Non-Formulary \$50 Copay

Mail Order 2 Copays/90 day supply

(Mail order available for certain "maintenance" drugs, for a complete listing visit [www.mvphealthcare.com](http://www.mvphealthcare.com))

All subject to a \$100 deductible per member per calendar year. MVP has in place a "drug formulary", which determines our approved list of covered medications—those proven safe and effective, in the best interests of our members. Some drugs, while covered in the formulary, may still require prior approval from MVP. Policies specific to these restricted drugs are clearly written and made available to all practitioners.

<sup>^</sup>The Summary of Benefits chart is intended to provide a general outline of MVP 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, Schedule and Rider (s) will be controlling. For details, please call 1-800-TALK-MVP (1-800-825-5687), option #2.

## Here's How It Works

### You choose a Primary Care Physician

You must choose a Primary Care Physician from our network for you and each covered member of your family. Your current doctor is probably on our list of thousands of participating physicians. To try a doctor search now, go to [joinMVP.com](http://joinMVP.com) or call **1-888-MVP-MBRS (1-888-687-6277)**.

### Your Primary Care Physician coordinates all your health care

For regular check-ups, ordering prescriptions, if you are sick, or when you need a referral to see a specialist, you will always first see your Primary Care Physician – the doctor who knows you and your medical history.

### You need a referral to see a participating specialist

MVP's network includes physicians from nearly every medical specialty. You must first get a referral from your Primary Care Physician to see a participating specialist.

## Benefits and Features

### Basics

- Thousands of doctors to choose from
- No claim forms or waiting for reimbursements
- The highest rating for quality from the National Committee for Quality Assurance

### Benefits

- Worldwide emergency coverage
- Coverage for preventive and routine care
- Complete hospital coverage – no day or dollar limits

## Additional Features

- **MVP After Hours** – reach our Member Services Department every day from 8 a.m. to 10 p.m., **1-888-MVP-MBRS (1-888-687-6277)**
- Visit our innovative Web site at [www.mvphealthcare.com](http://www.mvphealthcare.com) that offers many convenient features:
  - Ask a question about coverage
  - Check claim status, eligibility and benefits
  - Find answers to commonly asked questions
  - Change/select your doctor (PCP)
- Exclusive member discounts on health and safety items, health clubs, and optical programs and more
- **Mail Order Pharmacy** saves you time and money
- A variety of health education programs for expectant mothers and families....and much more!

## Web Tools and Services

To help you make informed health care decisions – find these tools in the *Health Central* section at [www.mvphealthcare.com](http://www.mvphealthcare.com)

- Online health library – powered by Healthwise® Knowledgebase
- Hospital quality comparison tool
- Hospital quality profile
- Prescription drug cost comparison tool
- Wide range of disease and care management programs.