

SERVICE CATEGORY		IN-SYSTEM (Regular HMO) <i>Using MVP's network of providers</i>	OUT-OF-SYSTEM <i>Using non-participating providers</i>
Annual Deductible		Not Applicable	\$1,000 per individual/\$3,000 per family <i>Services covered as noted below are after satisfaction of the annual deductible</i>
Coinsurance		Not Applicable	As Noted
Annual Out-of-Pocket Maximum		Not Applicable	\$10,000 per individual/\$30,000 per family, per calendar year
Lifetime Maximum Coverage		No Maximum	
Physician Services	Primary Care Physician Office: Well Baby and Child Care ¹ Periodic Physicals, Gynecological Exams/ Pap-tests ¹	No Charge	Covered in full, no deductible
	Office Visit	\$25 Copay	
	Office Surgery	\$100 Copay	
	Specialist Office: Office Visit Second Surgical Opinions (not required) X-ray Services <i>If X-ray services are provided in conjunction with other services, multiple copayments may apply.</i>	\$40 Copay	
	Office Surgery	\$100 Copay	
	Hospital Services: Surgery (Inpatient/Outpatient)	\$100 Copay	
	Anesthesiology Radiology Visits/Consultations	No Charge	
Hospital (Facility)	Hospital Inpatient	\$500 Copay/Admission	MVP covers at 50% of allowable charges
	Hospital Outpatient X-ray Services <i>If X-ray services are provided in conjunction with other services, multiple copayments may apply.</i>	\$40 Copay	
	Hospital Outpatient Surgery	\$75 Copay/Visit	
	Hospital Outpatient Therapeutic Services	\$25 Copay	
	Hospital Outpatient Laboratory	No Charge	
Maternity	Physician Services	Office Copay for first diagnostic visit only	MVP covers at 50% of allowable charges (initial newborn exam covered at 100% of allowable charges)
	Hospital Services	Subject to \$500 inpatient Copay - excludes newborns	
	Delivery Care	\$200 Copay	
	Nursery Care	No Charge	
Laboratory Services		No Charge	MVP covers at 50% of allowable charges
Ambulance		\$100 Copay	
Chiropractic Benefit		\$40 Copay/Office Visit	
Mental Health	Inpatient	Subject to Hospital Inpatient (Facility) Copay	
	Inpatient Physician	No Charge	
	Outpatient	\$40 Copay/Visit	
Substance Abuse Diagnosis & Treatment	Inpatient Substance Abuse Services	Subject to \$500 Hospital Inpatient (Facility) Copay	
	Rehabilitation Outpatient	\$25 Copay/Office Visit	
Emergency Room (ER) Visit		\$100 Copay/Visit <i>If admitted, only hospital inpatient Copay applies</i>	Same as In-Network
Home Health Care 60 visit max.		\$25 Copay/Visit	MVP covers at 80% of allowable charges no deductible

¹This represents a partial list of preventive services covered under this Plan. MVP will also cover all preventive services as required under the Patient Protection and Affordable Care Act of 2010 (PPACA). For a full listing of the PPACA preventive services, including any applicable limitations, please visit www.healthcare.gov.

This 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), and select option #2.

SERVICE CATEGORY	IN-SYSTEM (Regular HMO) <i>Using MVP's network of providers</i>	OUT-OF-SYSTEM <i>Using non-participating providers</i>								
Other Covered Services	<table border="1"> <tr> <td data-bbox="293 260 716 296">Urgent Care Centers</td> <td data-bbox="727 260 1089 296">\$25 Copay/Visit</td> </tr> <tr> <td data-bbox="293 296 716 352">Vision Care <i>For accidental injury or disease of the eye</i></td> <td data-bbox="727 296 1089 352">\$25 Copay PCP/ \$40 Copay Specialist, per Visit</td> </tr> <tr> <td data-bbox="293 352 716 409">Diabetic Supplies & Equipment <i>Limited to a 31-day supply per dispensing</i></td> <td data-bbox="727 352 1089 409">\$25 Copay/Item</td> </tr> <tr> <td data-bbox="293 409 716 474">Out-of-Area Emergency Room Follow-up Visits <i>Covered within a 10-day period</i></td> <td data-bbox="727 409 1089 474">No Charge</td> </tr> </table>	Urgent Care Centers	\$25 Copay/Visit	Vision Care <i>For accidental injury or disease of the eye</i>	\$25 Copay PCP/ \$40 Copay Specialist, per Visit	Diabetic Supplies & Equipment <i>Limited to a 31-day supply per dispensing</i>	\$25 Copay/Item	Out-of-Area Emergency Room Follow-up Visits <i>Covered within a 10-day period</i>	No Charge	<p data-bbox="1105 296 1520 352">MVP covers at 50% of allowable charges</p> <p data-bbox="1105 352 1520 409">MVP covers at 50% of allowable charges (no deductible)</p> <p data-bbox="1105 409 1520 474">Same as In-Network</p>
Urgent Care Centers	\$25 Copay/Visit									
Vision Care <i>For accidental injury or disease of the eye</i>	\$25 Copay PCP/ \$40 Copay Specialist, per Visit									
Diabetic Supplies & Equipment <i>Limited to a 31-day supply per dispensing</i>	\$25 Copay/Item									
Out-of-Area Emergency Room Follow-up Visits <i>Covered within a 10-day period</i>	No Charge									
Important Benefit Exclusions*	<ul style="list-style-type: none"> ▪ Outpatient Physical/Occupational/Speech Therapy (except for treatment of lymphedema resulting from treatment of breast cancer) ▪ Skilled Nursing Care ▪ Routine Vision Exams ▪ Preventive Dental Care for Kids ▪ Non-Emergency Ambulance Transportation ▪ Outpatient Cardiac Rehabilitation ▪ Durable Medical Equipment/Orthotic Devices/External Prosthetics/Ostomy Supplies (except for breast prosthesis) <p data-bbox="293 695 1208 722">*Refer to the Rider/Schedule and Certificate of Coverage for a complete and detailed list of exclusions</p>									

Here's how it works

When care is sought from the Primary Care Physician or a participating provider it is considered to be "In-System" and the member enjoys comprehensive HMO benefits and coverage. If the member receives care that is not from their Primary Care Physician or a participating provider, for instance care that is received when a member goes to any non-participating provider, that care is considered to be "Out-of-System" and is subject to the benefits outlined in the "Out-of-System" side of MVP POS.

Benefits based on your choice of providers

Enroll in MVP Point of Service and select a Primary Care Physician for each covered family member.

In-System Care (Regular HMO)

- See your Primary Care Physician for regular check-ups (routine well or preventive care) and basic health screenings services
- Lower out-of-pocket costs
- No claim forms
- Self-refer to any participating specialist after consulting with your PCP

Out-of-System Care

- See the provider of your choice
- You pay a higher deductible and coinsurance
- You file claim forms for reimbursement

Take advantage of our health management and wellness programs

Personalized Support Condition Health and Case Management Programs

If you are living with a physical or mental health concern, call **1-866-942-7966** for guidance and support. Working in partnership with your doctor, we can help you with:

- | | |
|---|-----------------|
| ▪ Asthma | ▪ Dialysis |
| ▪ Cancer (Oncology) | ▪ Heart Events |
| ▪ Chronic Obstructive Pulmonary Disorder (COPD) | ▪ Heart Failure |
| ▪ Depression | ▪ Low Back Pain |
| ▪ Diabetes | |

We also offer services to help members whose needs require different resources than those provided through our condition-specific programs.

- Acute Case Management for members who have complications or other serious health concerns
- Little Footprintssm for high-risk pregnancies
- Social work services that help connect members to community resources and services

Answers and Advice 24/7 Nurse Advice Line

Expert advice on non-emergency questions is just a phone call away, even on weekends, when you call our 24/7 Nurse Advice Line at **1-888-MVP-MBRS (1-888-687-6277)**.

Online Wellness Tools and Activities

This dynamic site features a Personal Health Assessment, which provides a customized health action plan to target your modifiable risk factors, as well as a variety of interactive tools, including meal planners and grocery lists, personalized cardio and resistance exercise routines, and online coaching classes that can be tailored to your unique interests and lifestyle goals.

Exclusive Member Discounts

From Massage Therapy to Gym Memberships

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

We are here for you

- Reach our Member Services Department at **1-888-MVP-MBRS**.
- Access **mvphealthcare.com** to find doctors, compare drug costs, look up benefits, change your address, research hospitals and many other time-saving services.