

SERVICE CATEGORY		IN-SYSTEM (Regular HMO) <i>Using MVP's network of providers</i>	OUT-OF-SYSTEM <i>Using non-participating providers</i>
<b>Annual Deductible</b>		Not Applicable	\$250 per individual/\$500 per family <i>Services covered as noted below are after satisfaction of the annual deductible</i>
<b>Coinsurance</b>		Not Applicable	As Noted
<b>Annual Out-of-Pocket Maximum</b>		Not Applicable	\$2,500 per individual/\$5,000 per family, per calendar year
<b>Lifetime Maximum Coverage</b>		No Maximum	\$1,000,000 per individual
<b>Physician Services</b>	Well Baby and Child Care Per MVP Preventive Care Guidelines	No Charge	Covered in full, no deductible
	<b>Office Visits</b>	No Charge	MVP covers at 80% of allowable charges
	Laboratory Services	Standard HMO Copay	
	Periodic Physicals, Gynecological Exams/ Pap-tests		
	Office Surgery X-ray Services Second Surgical Opinions (not required) Vision Exams Every 2 years		
<b>Inpatient Hospital Services</b>	Standard HMO Coverage		Covered "In-System" only
Surgery, Anesthesiology Radiology Visits/Consultations			
<b>Hospital (Facility)</b>	Hospital Inpatient	Standard HMO Coverage	MVP covers at 80% of allowable charges
	Hospital Outpatient Surgery	Standard HMO Copay/Visit	
	Hospital Outpatient Therapeutic Services	Standard HMO Copay	
	Hospital Outpatient Laboratory	No Charge	
<b>Maternity</b>	Physician Services	Standard HMO Copay for first diagnostic visit only	MVP covers at 80% of allowable charges (initial newborn exam covered at 100% of allowable charges)
	Hospital Services	Standard HMO Coverage	
	Nursery Care	No Charge	
<b>Diagnostic Lab Service</b>		No Charge	MVP covers at 80% of allowable charges
<b>Ambulance</b>		Standard HMO Coverage	
<b>Chiropractic Benefit</b>		Standard HMO Copay/Visit	
<b>Mental Health</b>	Inpatient & Inpatient Physician	Standard HMO Coverage	
	Outpatient	Standard HMO Copay	
<b>Substance Abuse Diagnosis &amp; Treatment</b>	Inpatient (covered services only)	Standard HMO Coverage	
	Rehabilitation Outpatient	Standard HMO Copay/Visit	
<b>Emergency Hospital Care</b>		Standard HMO Copay/Visit If admitted, only hospital inpatient Copay applies	Covered under your HMO contract
<b>Durable Medical Equipment</b>		Standard HMO DME Copay	MVP covers at 50% of allowable charges no deductible
<b>Home Health Care</b> 60 visit max.		Standard HMO Copay/Visit	MVP covers at 80% of allowable charges (not subject to deductible)
<b>Physical/Occupational/Speech Therapy</b> Up to 30 visits per member, per calendar year; combined benefit		Standard HMO Copay/Visit	MVP covers at 80% of allowable charges

\$25 Copay/Visit

**Preventive Dental Care for Kids** Periodic Exams and X-rays to age 19  
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.

This 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.

## 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

### 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 Core Wellness

*Our Core Wellness features include:*

### Personalized Support Care Management Programs

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

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

### 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 *24/7 Nurseline*

Expert advice on non-emergency questions is just a phone call away, even on weekends, when you call our *24/7 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.

## We are here for you

- Reach our Member Services Department 7 days a week from 8 a.m. to 10 p.m., **1-888-MVP-MBRS (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.