

Skidmore College Plan Provisions	PPO Plan MVP Healthcare <a href="http://www.mvphealthcare.com">http://www.mvphealthcare.com</a> (MVP Preferred PPO Plan)		EPO Plan MVP Healthcare <a href="http://www.mvphealthcare.com">http://www.mvphealthcare.com</a> (MVP Preferred EPO Plan)	HDHP Plan with HSA MVP Healthcare <a href="http://www.mvphealthcare.com">http://www.mvphealthcare.com</a>	
	In-Network (National Network)	Out-of-Network	In-Network ONLY (National Network)	In-Network (National Network)	Out-of-Network
<b>HSA ER Contribution</b>	N/A		N/A	\$750 Single / \$1,500 Family	
<b>Annual Deductible</b>	Medical only – \$200 Single/\$400 Family	Medical only – \$200 Single/\$500 Family	Medical only – \$200 Single/\$400 Family	<b>\$1,600 Single/\$3,200 Family - Medical &amp; Rx</b>	<b>\$3,200 Single/\$6,400 Family - Medical &amp; Rx</b>
<b>Coinsurance</b>	None	20%	None	10%	30%
<b>Annual Out-of-Pocket Maximum</b>	Medical - \$1,500 Single/\$3,000 Family; <b>Rx - \$7,950 Single/\$15,900 Family</b>	\$3,000 Single/\$6,000 Family	Medical - \$1,500 Single/\$3,000 Family; <b>Rx - \$7,950 Single/\$15,900 Family</b>	Medical & Rx – \$4,500 Single/\$9,000 Family	Medical & Rx – \$9,000 Single/\$18,000 Family
<b>Routine Physicals &amp; Preventive Care</b>	Covered in Full	Deductible & Coinsurance	Covered in Full	Covered in Full	Deductible & Coinsurance
<b>Office Visit Copays:</b>					
<b>PCP</b>	\$25 copay after deductible	Deductible & Coinsurance	\$25 copay after deductible	Deductible & Coinsurance	Deductible & Coinsurance
<b>Specialist (includes Chiropractors)</b>	\$40 copay after deductible		\$40 copay after deductible	Deductible & Coinsurance	Deductible & Coinsurance
<b>Telemedicine (GIA/myvisitnow)</b>	Covered in full after deductible	Not Covered	Covered in Full after deductible	Covered in full after Deductible	Not Covered
<b>In-Patient Hospital Room &amp; Board &amp; Ancillary Services</b>	\$250 copay after deductible (max 1 copay per person)	Deductible & Coinsurance	\$250 copay after deductible (max 1 copay per person)	Deductible & Coinsurance	Deductible & Coinsurance
<b>Emergency Room</b>	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	Subject to Deductible then \$100 Copay	
<b>Ambulance</b>	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	Subject to Deductible then \$100 Copay	
<b>Outpatient Surgery</b>	\$100 copay after deductible	Deductible & Coinsurance	\$100 copay after deductible	Deductible & Coinsurance	Deductible & Coinsurance
<b>Behavioral Health</b>	\$25 copay after deductible		\$25 copay after deductible	Deductible & Coinsurance	Deductible & Coinsurance
<b>Imaging and Lab (X-Rays, MRI, CTScan)</b>	Covered in full after deductible	Deductible & Coinsurance	\$40 copay for imaging No copay for Lab Testing	Deductible & Coinsurance	Deductible & Coinsurance
<b>Prescription Coverage – through OptumRx (Generic/Brand/Non-Preferred Brand)</b>					
<b>Retail - one fill</b>	\$10/\$25/\$40	Not Covered	\$10/\$25/\$40	Deductible & Coinsurance	Not Covered
<b>Mail – 3-month fill</b>	\$25/\$62.50/\$100	Not Covered	\$25/\$62.50/\$100	Deductible & Coinsurance	Not Covered
<b>Vision Coverage - (every 2 calendar years)</b>					
<b>Basic Exam</b>	\$25 copay after deductible	Deductible & Coinsurance	\$40 copay after deductible	Deductible & Coinsurance	Deductible & Coinsurance
<b>Eyeglasses or Contacts</b>	Adult: \$150 max after deductible Children: no max after deductible		After deductible Adult: 50% up to \$75 max; Children: no max	Adult: \$150 max after deductible Children: no max after deductible	
<b>Alternative Health Care Benefits</b>	Plan pays 100% up to \$300 limit per family/year Some discounts available for health & wellness programs		Plan pays 100% up to a limit of \$300/per family/year	100% up to \$300 limit per family/year Deductible does not apply Some discounts available for health & wellness programs	

IMPORTANT NOTE: The above is intended to be a highlight of the Plans' provisions. If any discrepancy arises between the information found here and the official plan documents, the official plan documents will govern. Skidmore College reserves the right to change, amend or terminate active or retiree benefit plans, including but not limited to Medical, Dental, and Life Insurance. Plan provisions are governed by official Plan documents. Nothing in this document should be construed as an employment contract or guarantee of benefits. Skidmore and/or its Insurance plan carriers have the sole discretion to interpret the eligibility provision or any of the benefits provided herein.