Skidmore College
HMO NY7HMO020XLDPN Plan

Your employer has chosen the following rider(s) to modify the Plan under which you would be covered as an MVP member:

DNHMB701L
DME, Medical Supplies, and External Prosthetics 20%
Rider changes Durable Medical Equipment benefit from 50% to 20% of cost; In-Network only, after deductible

Preventive Dental Services $25 Copay
- One (1) initial oral examination per child;
- Periodic oral examinations once every six (6) months;
- Bitewing x-rays, once every six (6) months;
- Full mouth x-rays and panoramic x-rays, once every thirty six (36) months;
- Routine cleaning, scaling and polishing of teeth, once every six (6) months;
- Fluoride treatments, once every six (6) months;
- Pulp vitality testing, as needed;
- Diagnostics casts as needed;
- Sealants, once per tooth per child up to age sixteen (16);
- Space maintainers and recementation thereof, as needed;
- Intra-oral and periapical x-rays, as needed.

Vision Coverage/Eyemed
Please note that after enrolling in vision, Eyemed will mail members a vision card, as well as an Eyemed benefit summary.

Telemedicine Services/Gia® Virtual Care
Telemedicine services under Gia® Virtual Care is covered in full. This is not to be confused with PCP Telehealth services, both are separate benefits. PCP Telehealth services will take a copay of $25.