Skidmore College Plan Provisions	PPO Plan MVP Healthcare http://www.mvphealthcare.com (MVP Preferred PPO Plan)		HDHP Plan with HSA MVP Healthcare http://www.mvphealthcare.com	
	In-Network (National Network)	**Out-of-Network**	**In-Network (National Network)**	**Out-of-Network**
HSA ER Contribution	N/A		**$875 Single / $1,750 Family**	
Annual Deductible	Medical only – $200 Single/$600 Family	Medical only – $300 Single/$900 Family	**$1,750 Single/$3,500 Family - Medical & Rx**	**$3,500 Single/$6,600 Family - Medical & Rx**
Coinsurance	None	30%	10%	30%
Annual Out-of-Pocket Maximum	Medical - $1,750 Single/$3,500 Family; **Rx - $10,250 Single/$20,500 Family**	$3,000 Single/$6,000 Family	**Medical & Rx – $3,500 Single/$6,600 Family**	Medical & Rx – $9,000 Single/$18,000 Family
Routine Physicals & Preventive Care	Covered in Full	Deductible & Coinsurance	Covered in Full	Deductible & Coinsurance
Office Visit Copays:				
PCP	$25 copay after deductible	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Specialist (includes Chiropractors)	$40 copay after deductible		Deductible & Coinsurance	Deductible & Coinsurance
Telemedicine (GIA/myvisitnow)	Covered in Full after deductible	Not Covered	Covered in Full before Deductible	Not Covered
In-Patient Hospital Room & Board & Ancillary Services	$250 copay after deductible	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	$150 copay after deductible	$150 copay after deductible	Subject to Deductible then $150 Copay	
Ambulance	$150 copay after deductible	$150 copay after deductible	Subject to Deductible then $150 Copay	
Outpatient Surgery	$100 copay after deductible	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Behavioral Health	$25 copay after deductible		Deductible & Coinsurance	Deductible & Coinsurance
Imaging and Lab (X-Rays, MRI, CTScan)	Covered in Full after deductible	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Coverage – through OptumRx (Generic/Brand/Non-Preferred Brand)				
Retail - one fill	$10/$30/$50	Not Covered	Deductible & Coinsurance	Not Covered
Mail – 3-month fill	$25/$75/$125	Not Covered	Deductible & Coinsurance	Not Covered
Vision Coverage - (every 2 calendar years)				
Basic Exam	$25 copay after deductible	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Eyeglasses or Contacts	Adult: $150 max after deductible Children: no max after deductible		Adult: $150 max after deductible Children: no max after deductible	
Alternative Health Care Benefits	Plan pays 100% up to $300 limit per family/year Some discounts available for health & wellness programs		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 it Insurance plan carriers have the sole discretion to interpret the eligibility provision or any of the benefits provided herein.