Skidmore College
HMO NY7HMO020XLHPN 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.

This summary is intended to provide a general outline of MVP coverage. In the event of any conflict between this document and the member Certificate of Coverage, Schedule and any applicable rider(s), your Certificate of Coverage, Schedule and rider(s) will be controlling.