

Skidmore EPO Medical Plan

2022 Summary of Benefits

Service Category	In-Network Coverage
Annual Deductible per Contract Year	None
Coinsurance	None Unless Otherwise Noted
Annual Out-of-Pocket Maximum (Medical Only)	\$1,500 Individual / \$3,000 Family
Annual Out-of-Pocket Maximum (Prescription Drug Only)	\$7,200 Individual / \$14,400 Family
Preventive & Well Care Services Well Child Care & Immunizations Adult Physical (One Routine Physical/Contract Year) Mammography Annual Pap Test & Ob/Gyn Exam Immunizations for Adults Colonoscopy & Sigmoidoscopy Screening for Adults Bone Density Tests	Covered in Full
Physician Office Visits (PCP & Specialist)	\$25 PCP / \$40 Specialist Copay
Gia® Virtual Care/myvisitnow (Telemedicine)	Covered in Full
OB/GYN – Non-routine visits	\$25 Copay
Diagnostic Lab Services (Office)	Covered in Full
Diagnostic X-ray (Office)	\$40 Copay
Advanced Imaging Services (Office – CT/PET scans, MRIs)	\$40 Copay
Rehabilitative Services (Office – PT/OT/ST) – 80 visits combined/year	\$40 Copay
Medical/Surgical Admissions (Inpatient Hospital)	\$250 Copay
Surgical Services (Inpatient Hospital) – Physician Services	Covered in Full
Inpatient Physical Rehabilitation (60 days)	\$250 Copay
Hospital Rehab Services (Outpatient – PT/OT/ST) (80 visits)	\$40 Copay
Diagnostic Laboratory Services (Outpatient Hospital)	Covered in Full
Diagnostic X-ray (Outpatient)	\$40 Copay
Advanced Imaging Services (Outpatient-CT/PET, scans, MRIs)	\$40 Copay
Chemo, Infusion Therapy & Dialysis	\$25 Copay
Inpatient Surgery Physician & Surgical Assistant	Covered in Full
Ambulatory/Outpatient Surgery	\$100 Copay
Emergency Room (ER) Visit	\$100 Copay
Preadmission Testing (within 7 days of admission)	Covered in Full
Anesthesia Services	Covered in Full
Cardiac Rehab (36 days)	\$40 Copay
Urgent Care Centers	\$25 Copay
Ambulance (includes Air and Land)	\$100 Copay
Mental Health Inpatient Hospital	\$250 Copay
Mental Health Outpatient	\$25 Copay
Substance Use Disorder Inpatient Hospital	\$250 Copay
Substance Use Disorder Outpatient	\$25 Copay
Maternity – Prenatal Care	Covered in Full After Initial \$25 Copay
Maternity – Physician Delivery	\$200 Copay
Maternity – Inpatient Hospital Services	\$250 Copay
Skilled Nursing Facility (120 days per year)	Covered in Full
Home Health Care & Home Infusion (200 days)	\$25 Copay
Hospice Services (Inpatient and Outpatient)	Covered in Full

Post Mastectomy Prosthesis (1 every year; 2 if Bilateral)	Covered in Full
Prosthetics / Orthotics	20% Coinsurance
Infertility Services (IVF, Gift, & Zift not covered)	Cost Share Determined by Service
Durable Medical Equipment	20% Coinsurance
Diabetic Supplies & Equipment	20% Coinsurance
Chiropractic Benefit (20 visits)	\$40 Copay
Alternative Health Acupuncture Child Birth Classes Fitness Center Membership Fitness Classes Fitness Training Sessions with a Training Coach Homeopathic Hypnotherapy (weight control and smoking cessation) Massage Therapy Nutritional Counseling Weight Control Programs	100% Coverage up to \$300 per year per covered employee/contract (\$300 limit is the maximum benefit per contract per calendar year regardless of family size) Products purchased through these Programs are not covered
Frames, Lenses and Contacts	One (1) pair glasses every two (2) calendar years; Individuals over 19: 50% up to \$75 Maximum every 2 calendar years No dollar limit for children up to age 19
Routine Eye Exam (1 exam every 2 calendar years)	\$40 Copay
Preventive Dental – For Children up to 19 (Exam, cleaning, bite wing x-rays, fluoride and sealants every 6 months)	Covered in Full
Wigs \$300 Max Per Member Per Lifetime (Following Chemo Treatment)	Covered in Full
Prescription Drug Coverage (OptumRx)	Covers up to a 30-day supply (retail subscription); 31-90 day supply (mail order prescription). Preauthorization required for certain drugs or no coverage. No charge for certain preventative drugs. Preauthorization required
Generic Drugs	Retail: \$10 Copay Mail Order: \$25 Copay
Preferred Brand Drugs	Retail: \$25 Copay Mail Order: \$62.50 Copay
Non-preferred Brand Drugs	Retail: \$40 Copay Mail Order: \$100 Copay
Specialty Drugs	As Applicable

*Some services are subject to notification or prior authorization requirements. See your Summary Plan Description for details.

This Summary of Benefits chart is intended to provide a general outline of coverage. In the event of any conflict between this document and your Summary Plan Description (SPD), your SPD will be controlling. For details, please call 1-800-229-5851.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.