

Plan Provisions	Skidmore College PPO Plan MVP Healthcare http://www.mvphealthcare.com (MVP Preferred PPO Plan)		Skidmore College EPO Plan MVP Healthcare http://www.mvphealthcare.com (MVP Preferred EPO Plan)
	In-Network (National Network)	Out-of-Network	In-Network ONLY (National Network)
Annual Deductible	None	\$200 Single/\$500 Family	None
Coinsurance	None	20%	None
Annual Out-of-Pocket Maximum	Medical - \$1,500 Single/\$3,000 Family; Rx - \$7,200 Single/\$14,400 Family	\$3,000 Single/\$6,000 Family	Medical - \$1,500 Single/\$3,000 Family; Rx - \$7,200 Single/\$14,400 Family
Routine Physicals & Preventive Care	Covered in Full	Subject to Deductible & Coinsurance	Covered in Full
Office Visit Copays:			
PCP	\$25 copay	Subject to Deductible & Coinsurance	\$25 copay
Specialist (includes Chiropractors)	\$40 copay		\$40 copay
Telemedicine (GIA/myvisitnow)	Covered in full	Not Covered	Covered in Full
In-Patient Hospital Room & Board & Ancillary Services	\$250 copay per admission (max 1 copay per person, no family maximum), then 100%	Subject to Deductible & Coinsurance	\$250 copay per admission (max 1 copay per person, no family maximum), then 100%
Emergency Room	\$100 copay	\$100 copay	\$100 copay
Ambulance	\$100 copay	\$100 copay	\$100 copay
Outpatient Surgery	\$100 copay	Subject to Deductible & Coinsurance	\$100 copay
Mental Health	\$25 copay		\$25 copay
Alcohol & Substance Abuse	\$25 copay		\$25 copay
X-Rays & Lab	Covered in full	Subject to Deductible & Coinsurance	\$40 copay for x-rays No copay for Lab Testing
MRIs	Covered in full	Deductible & Coinsurance	\$40 copay
Prescription Coverage – through OptumRx			
Retail (Generic/Brand/Non-Preferred Brand) - one fill	\$10/\$25/\$40	Not Covered	\$10/\$25/\$40
Mail (Generic/Brand/Non-Preferred Brand) - 3 month supply	\$25/\$62.50/\$100	Not Covered	\$25/\$62.50/\$100
Vision Coverage			
Frequency & Basic Exam	\$25 copay/ every 2 calendar years	Subject to Deductible & Coinsurance every 2 calendar years	\$40 copay/every 2 calendar years
Eyeglasses or Contacts	Up to \$150 max every 2 calendar years (no dollar limit for children up to age 19)		50% up to \$75 max every 2 calendar years (no dollar limit for children up to age 19)
Alternative Health Care Benefits	Plan pays 100% up to a limit of \$300/per family/year Some discounts available for health & wellness programs		Plan pays 100% up to a limit of \$300/per family/year

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.