

<b>Plan facts</b>	Member services Member services hours Web address Product name	(888) 687-6277 Annual enrollment information: (888) 687-6277 Mon-Sat: 8:30 AM-10:00 PM; Sun: 8:00 AM-10:00 PM ET www.mvphealthcare.com MVP Healthcare HMO
<b>Your medical expenses</b>	Office visits Maternity care prenatal office visits  Inpatient hospitalization Outpatient surgical care  Outpatient lab and X-ray Emergency room care Urgent care facility	\$15 copay per visit (PCP or specialist) \$15 copay for initial visit, thereafter covered at 100%  \$500 copay per calendar year. Limit 3 copays per family per year \$100 copay for hospital care or 20% copay, whichever is less  Covered at 100%. Copay may apply. Contact plan for details \$50 copay/visit (waived if admitted)* \$15 copay/visit
<b>Your prescription drug expenses</b>	Retail	\$10 copay (generic), \$30 copay (preferred brand), \$50 copay (non-preferred brand) per prescription up to 30-day supply
	Mail order	\$20 copay (generic), \$60 copay (preferred brand), \$100 copay (non-preferred brand) per prescription up to 90-day supply
<b>Preventive care</b>	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	\$15 copay per visit. Limit 1 exam per calendar year \$15 copay per visit. Limit 1 visit per 24-month period \$15 copay per visit (up to age 19) \$15 copay per visit. Copay may apply. Contact plan for details*
<b>Mental health</b>	Inpatient Outpatient	\$500 copay per calendar year. Limit 3 copays per family per year \$15 copay per visit. Unlimited visits. Prior authorization required
<b>Substance abuse</b>	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	\$500 copay per calendar year. Limit 3 copays per family per year \$500 copay per calendar year. Limit 3 copays per family per year \$500 (individual) or \$15 (group) copay per visit* \$15 copay per visit. Unlimited visits
<b>Other professional care</b>	Outpatient physical/speech/occupational therapy Chiropractic care	\$15 copay per visit. Limited to 30 days per calendar year for all therapies combined \$15 copay per visit. Covered for acute conditions only, PCP referral required
<b>Out-of-network coverage</b>	Out-of-network non-emergency care	Not covered
<b>Key facts</b>	NCQA status: PCP referral required for specialist: Lifetime Maximum Benefit: Provider Network:	Excellent      Domestic partner coverage available: Yes              Domestic partner children coverage avail.: NA See website for details

\* Indicates a benefit change

The information contained in this summary is for comparative purposes and does not include all benefits, limitations, and exclusions.