



MVP Preferred Gold HMO-POS Schedule of Benefits

Benefit	
Annual Medical Out of Pocket Maximum	\$4,000
Primary Care Office Visit	\$10
Specialty Care Office Visit	\$15
Office or Outpatient Hospital Based health services	
Primary Care Office Visit	\$10
Yearly Wellness exam	\$0
Routine Gynecological Physical exam	\$0
Well Child Office visit (Primary Care)	\$0 (office visit copay may apply)
Obstetrical services	\$10
Immunizations (Pneumonia, Influenza)	\$0 (office visit copay may apply)
Allergy Tests & injections	\$10 PCP/\$15 Specialist
Surgical procedures when performed in the office	\$10 PCP/\$15 Specialist
Chiropractic services	\$15
Prostate cancer screenings	\$0 (office visit copay may apply)
Injectible medications including Chemotherapy	\$15
Radiation Therapy	\$0
Physical, Occupational or Speech Therapy	\$15 <small>(combined annual therapy cap of \$2,040 between PT and ST. Annual maximum of \$2,040 for OT.)</small>
Urgent Care services	\$15
Emergency services	\$65
Outpatient Surgery	
Outpatient Hospital or Ambulatory Surgery Center	\$0
Diagnostic Services:	
X-rays	\$15
MRI's, CT scans, Pet Scans	\$15
Mammograms	\$0 (office visit copay may apply)
Bone Mineral Density Measurements & Tests	\$0 (office visit copay may apply)
Cervical Cytology screenings	\$0 (office visit copay may apply)
Laboratory Services	
Office Laboratory services	\$0
Outpatient Hospital Laboratory services	\$0
Inpatient Hospital	
Covered Services:	
Inpatient Hospital service	\$0
Maternity care (Coverage for mother only)	\$0
Skilled Nursing Facility services	\$0 days 1-20; \$135 days 21-100