

MVP Preferred Gold HMO-POS Schedule of Benefits

Annual Medical Out of Pocket Maximum\$4,000Primary Care Office Visit\$10Specialty Care Office Visit\$15Office or Outpatient Hospital Based health services\$10Primary Care Office Visit\$10Yearly Wellness exam\$0Routine Gynecological Physical exam\$0Well Child Office visit (Primary Care)\$0 (office visit copay may apply)Obstetrical services\$10Immunizations (Pneumonia, Influenza)\$0 (office visit copay may apply)Allergy Tests & injections\$10 PCP/\$15 SpecialistSurgical procedures when performed in the office\$10 PCP/\$15 SpecialistChiropractic services\$15Prostate cancer screenings\$0 (office visit copay may apply)Injectible medications including Chemotherapy\$15Radiation Therapy\$15Physical, Occupational or Speech Therapy\$15Pingency services\$65Outpatient Hospital or Ambulatory Surgery Center\$0Diagnostic Services:\$15X-rays\$15MRI's, CT scans, Pet Scans\$15Marmograms\$0 (office visit copay may apply)Bone Mineral Density Measurements & Tests\$0 (office visit copay may apply)		
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Covered Services: Inpatient Hospital service \$0	Outpatient Hospital Laboratory services	\$0
Inpatient Hospital service \$0	Inpatient Hospital	
Inpatient Hospital service \$0	Covered Services:	
Maternity care (Coverage for mother only) \$0		\$0
	Maternity care (Coverage for mother only)	\$0
Skilled Nursing Facility services \$0 days 1-20; \$135 days 21-100		\$0 days 1-20; \$135 days 21-100