

## 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)		
Primary Care Office Visit   \$10     Specialty Care Office Visit   \$15     Office or Outpatient Hospital Based health services   \$10     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     Outpatient Burgery   \$15     Outpatient Hospital or Ambulatory Surgery Center   \$0     Diagnostic Services:   \$15     Malmograms   \$0 (office visit copay may apply     Bone Mineral Density Measurements & Tests   \$0 (office visit copay may apply     Cortical Cytology screenings   \$0	Benefit	
Specialty Care Office Visit\$15Office or Outpatient Hospital Based health services*********************************	Annual Medical Out of Pocket Maximum	\$4,000
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     Prostate cancer screenings   \$0 (office visit copay may apply     Ingent Care services   \$15     Emergency services   \$15     Outpatient Hospital or Ambulatory Surgery Center   \$0     Diagnostic Services   \$15     X-rays   \$15     Mammograms   \$0 (office visit copay may apply     Bone Mineral Density Measurements & Tests   \$0 (office visit copay may apply     Corvical Cytology screenings   \$0 (office visit copay may apply     Derivical Cytology screenings   \$0 (office	Primary Care Office Visit	\$10
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     Prostate cancer screenings   \$0     Physical, Occupational or Speech Therapy   \$15     Urgent Care services   \$15     Emergency services   \$15     Outpatient Hospital or Ambulatory Surgery Center   \$0     Diagnostic Services:   \$15     Mammograms   \$0 (office visit copay may apply     Bone Mineral Density Measurements & Tests   \$0 (office visit copay may apply     Corrieal Cytology screenings   \$0 (office visit copay may apply     Bone Mineral Density Measurements & Tests   \$0 (office visit copay may apply     Cervical Cyt	Specialty Care Office Visit	\$15
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Inpatient Hospital Covered Services:   Inpatient Hospital service \$0	Office Laboratory services	\$0
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