

SERVICES	MVP HMO 25/25 (2020)	MVP HMO 25/25 (2021)
OFFICE VISIT PHYSICIAN SERVICES		
Diagnostic Office Visit	PCP: \$25 co-payment per visit Specialist: \$25 co-payment per visit	PCP: \$25 co-payment per visit Specialist: \$25 co-payment per visit \$0 co-payment per visit at a preferred provider facility
Well-Child Care	Covered in full for children to age 19	Covered in full for children to age 19
Allergy Tests and Injections	\$25/\$25 co-pay for tests; 100% covered for treatments if not affiliated with office visit	\$25/\$25 co-pay for tests; 100% covered for treatments if not affiliated with office visit
Eye Exams	Routine eye exams covered once every two years with a \$25 co-payment Eye exams associated with disease or injury, \$25 co-payment	Routine eye exams covered once every two years with a \$25 co-payment Eye exams associated with disease or injury, \$25 co-payment
Eyewear	Eyewear not covered	Eyewear not covered
Hearing Evaluations	PCP: \$25 co-payment per visit Specialist: \$25 co-payment per visit <i>Screenings Only</i>	PCP: \$25 co-payment per visit Specialist: \$25 co-payment per visit <i>Screenings Only</i>
Hearing Aids	Hearing aids not covered	Hearing aids not covered
Diagnostic Laboratory	Covered in full	Covered in full \$0 co-payment per visit at a preferred provider facility
Diagnostic X-ray	\$25 co-payment per visit	\$25 co-payment per visit \$0 co-payment per visit at a preferred provider facility
Surgical Care/ Ambulatory	\$25 co-payment per visit	\$25 co-payment per visit \$0 co-payment per visit at a preferred provider facility
Physical/Speech/ Occupational Therapy	\$25 co-payment per visit with a 30-day annual maximum benefit combined for PT/OT/ST	\$25 co-payment per visit with a 30-day annual maximum benefit combined for PT/OT/ST
Chiropractic Services	\$25 co-payment when medically necessary	\$25 co-payment when medically necessary

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Chemotherapy and Immunotherapy	Covered in full in inpatient setting. Oral chemotherapy covered under prescription benefit. IV/injectable chemotherapy covered with specialist co-payment (\$25). Physician administered injectable drugs (including chemotherapy) will be covered with a \$25 co-payment on the drug, in addition to any applicable co-payment for administering the drug.	Covered in full in inpatient setting. Oral chemotherapy covered under prescription benefit. IV/injectable chemotherapy covered with specialist co-payment (\$25). Physician administered injectable drugs (including chemotherapy) will be covered with a \$25 co-payment on the drug, in addition to any applicable co-payment for administering the drug.
Radiation Therapy	\$25 co-payment per visit	\$25 co-payment per visit \$0 co-payment per visit at a preferred provider facility

MATERNITY		
Hospital Charges for Mother (including Delivery Room and Newborn Nursery Care)	Semi-private accommodations and all medically necessary services are covered in full.	Semi-private accommodations and all medically necessary services are covered in full.
Prenatal and Postnatal Care	Covered with a \$25 co-payment per pregnancy. Co-payment applies to the initial visit only. No co-payment for pregnancy-related radiological procedures, such as ultrasound and amniocentesis done during a prenatal and postnatal office visit.	Covered with a \$25 co-payment per pregnancy. Co-payment applies to the initial visit only. No co-payment for pregnancy-related radiological procedures, such as ultrasound and amniocentesis done during a prenatal and postnatal office visit.

INPATIENT SERVICES		
Hospital Services Private room covered when medically necessary and authorized by an MVP Medical Director.	Unlimited days of semi-private room accommodations and all medically necessary services for acute care are covered in full.	Unlimited days of semi-private room accommodations and all medically necessary services for acute care are covered in full.
Skilled Nursing Facility Private room covered when medically necessary and authorized by An MVP Medical Director.	Covered in full up to 45 days maximum per member, per calendar year.	Covered in full up to 45 days maximum per member, per calendar year.

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OFFICE VISIT PHYSICIAN SERVICES		
Hospice	Covered in full up to 210 days maximum lifetime benefit per member, per calendar year.	Covered in full up to 210 days maximum lifetime benefit per member, per calendar year.
Surgery and Anesthesia	Covered in full	Covered in full

EMERGENCY SERVICES		
Ambulance	Covered with a \$50 co-payment	Covered with a \$50 co-payment
Life Threatening and Urgent Medical Emergencies	In Emergency Room, \$75 co-payment per visit or waived when admitted within 24 hours Urgent Care Centers, \$25 co-payment	In Emergency Room, \$75 co-payment per visit or waived when admitted within 24 hours Urgent Care Centers, \$25 co-payment

PRESCRIPTION SERVICES		
<p>Prescription Drugs Under the Generic MAC program, if there is an A-rated generic drug, you have the option of choosing the brand name drug but will be responsible for the difference in cost between the generic and the brand name drug plus your co-payment.</p> <p>Not Covered: Non-standard/unevaluated medications and cosmetic drugs.</p>	<p>Retail: Up to a 30-day supply of approved drugs is covered with a \$10 co-pay for Tier 1 generic drugs, \$30 co-pay for Tier 2 brand name drugs, or \$50 co-pay for Tier 3 non-formulary drugs.</p> <p>Mail Order Program: Up to a 90-day supply of approved drugs is covered with a \$25 co-payment for Tier 1 generic drugs, \$75 co-payment for Tier 2 brand name drugs, or \$125 co-payment for Tier 3 non-formulary drugs.</p>	<p>Retail: Up to a 30-day supply of approved drugs is covered with a \$0 co-pay for Tier 1 generic drugs, \$30 co-pay for Tier 2 brand name drugs, or \$50 co-pay for Tier 3 non-formulary drugs.</p> <p>Mail Order Program: Up to a 90-day supply of approved drugs is covered with a \$0 co-payment for Tier 1 generic drugs, \$75 co-payment for Tier 2 brand name drugs, or \$125 co-payment for Tier 3 non-formulary drugs.</p>
Diabetic Supplies and Insulin/Oral Agents	<p>Retail: up to 30-day supply is covered with a \$25 co-payment per boxed item.</p> <p>Mail Order: up to 90-day supply is covered with a \$50 co-payment per boxed item.</p>	<p>Retail: up to 30-day supply is covered with a \$25 co-payment per boxed item.</p> <p>Mail Order: up to 90-day supply is covered with a \$50 co-payment per boxed item.</p>
Injectable Medications	Physician administered injectable drugs (including chemotherapy) will be covered with a \$25 co-payment.	Physician administered injectable drugs (including chemotherapy) will be covered with a \$25 co-payment.

SERVICES	MVP HMO 25/40 (2020)	MVP HMO 25/25 (2021)
PSYCHIATRIC AND SUBSTANCE ABUSE SERVICES		
Mental Health Inpatient	Acute psychiatric covered in full	Acute psychiatric covered in full
Mental Health Outpatient	\$25 co-payment per visit	\$25 co-payment per visit
Substance Abuse Inpatient	Acute detoxification and rehabilitation covered in full. Coverage is not subject to concurrent utilization review for the first 14 visits.	Acute detoxification and rehabilitation covered in full. Coverage is not subject to concurrent utilization review for the first 28 visits.
Substance Abuse Outpatient	\$25 co-payment per visit for alcohol/chemical dependency. Coverage is not subject to concurrent utilization review for the first 14 visits.	\$25 co-payment per visit for alcohol/chemical dependency. Coverage is not subject to concurrent utilization review for the first 28 visits.

OTHER SERVICES		
Home Care	Covered with a \$25 co-payment per visit, when medically necessary and arranged by Primary Care Physician.	Covered with a \$25 co-payment per visit, when medically necessary and arranged by Primary Care Physician.
Internal Prosthetics	Covered in full	Covered in full
Durable Medical Equipment	Coverage is limited to 50% of Covered Expenses and must be prescribed (and, in some cases, Pre-Certified and/or Prior-Justified) by a Plan Physician and obtained through a Participating Provider.	Coverage is limited to 50% of Covered Expenses and must be prescribed (and, in some cases, Pre-Certified and/or Prior-Justified) by a Plan Physician and obtained through a Participating DME Provider.
External Prosthetics and Orthopedic Braces and Supports	Coverage is limited to 50% of Covered Expenses and must be prescribed (and, in some cases, Pre-Certified and/or Prior-Justified) by a Plan Physician and obtained through a Participating Provider.	Coverage is limited to 50% of Covered Expenses and must be prescribed (and, in some cases, Pre-Certified and/or Prior-Justified) by a Plan Physician and obtained through a Participating Provider.
Acupuncture	Not Covered	Not Covered
Infertility Treatment	Not Covered	Covered for three cycles per lifetime of in-vitro fertilization; Standard fertility preservation is covered for iatrogenic infertility.