

Summary of Benefits for the High Option of MVP Health Care - 2009

- **Do not rely on this chart alone.** All benefits are provided in full unless indicated and are subject to the definitions, limitations, and exclusions in this brochure. On this page we summarize specific expenses we cover; for more detail, look inside.
- If you want to enroll or change your enrollment in this Plan, be sure to put the correct enrollment code from the cover on your enrollment form.
- We only cover services provided or arranged by Plan physicians, except in emergencies.

Benefits	You Pay	Page
Medical services provided by physicians:		
Diagnostic and treatment services provided in the office	\$20 per office visit	17
Services provided by a hospital		
• Inpatient	\$240 per admission copay (limited to one per person or three per family per year)	33-34
• Outpatient	\$75 copay at outpatient facility	34
Emergency benefits:		
• In-area	\$20 per office visit or urgent care center visit; \$50 per visit to hospital emergency room	36
• Out-of-area	\$20 per office visit or urgent care center visit; \$50 per visit to hospital emergency room	36-37
Mental health and substance abuse treatment	Regular cost sharing	38-39
Prescription drugs:		
• Retail pharmacy	\$10 Generic/\$30 Name brand/\$50 Non-formulary per prescription unit or refill	40-42
• Mail-order	\$20 Generic/\$60 Name brand/\$100 Non-formulary per prescription unit or refill	40-42
Dental care: Preventive care for children up to age 19 only	\$25 per office visit	43-44
Vision care:	\$20 per office visit (one covered eye exam every 24 months)	23
Special features: MVP After Hours Unit; Little Footprints; Out-of-Area student benefit; travel benefit/overseas benefit		45
Protection against catastrophic costs (out-of-pocket maximum):	Stated copays for covered benefits	13