



# Summary of Benefits

For SUNY SCCC Employees

\$20 Copay; \$100 ER Copay Option

Service Category*	Coverage Information	
	In Network	Out of Network
<b>Annual Deductible per Contract Year</b>	Not Applicable	\$1,000 per individual/\$3,000 per family <i>Services covered as noted below are after satisfaction of the annual deductible</i>
<b>Co-insurance</b>	Not applicable	As noted
<b>Lifetime Maximum Benefit Payable</b>	No maximum	No maximum
<b>Annual Out-of-Pocket Maximum</b>	\$4,445 per individual/ \$8,890 per family, per calendar year	\$10,000 per individual/ \$30,000 per family, per calendar year
<b>Preventive &amp; Well Care Services</b> Well Child Care & Immunizations Adult Physical (One Routine Physical/Contract Year) Mammography Annual Pap Test & Ob/Gyn Exam Immunizations for Adults Colonoscopy & Sigmoidoscopy Screening for Adults Bone Density Tests	No charge	No charge
<b>Physician Office Visits</b> (PCP & Specialist)	\$20 copay	MVP covers at 50% of allowable charges
<b>Diagnostic Lab Services</b> (Office)	No charge	
<b>Diagnostic X-ray</b> (Office)	\$20 copay	
<b>Advanced Imaging Services</b> (Office – CT/PET scans, MRIs)	\$20 copay	
<b>Rehabilitative Services</b> (Office – PT/OT/ST)	\$20 copay	
<b>Medical/Surgical Admissions</b> (Inpatient Hospital)	No charge	
<b>Surgical Services</b> (Inpatient Hospital)	No charge	
<b>Inpatient Physical Rehabilitation</b>	No charge	
<b>Hospital Rehab Services</b> (Outpatient – PT/OT/ST)	\$20 copay	
<b>Diagnostic Laboratory Services</b> (Outpatient Hospital)	No charge	
<b>Diagnostic X-ray</b> (Outpatient)	\$20 copay	
<b>Advanced Imaging Services</b> (Outpatient-CT/PET, scans, MRIs)	\$20 copay	
<b>Ambulatory/Outpatient Surgery</b>	\$20 copay	
<b>Emergency Room (ER) Visit</b>	\$100 copay	
<b>Urgent Care Centers</b>	\$20 copay	\$20 copay
<b>myVisitNow®</b> (Telemedicine)**	\$15 copay	Not covered
<b>Ambulance</b>	No charge	MVP covers at 50% of allowable charges
<b>Mental Health Inpatient Hospital</b>	No charge	
<b>Mental Health Outpatient</b>	\$20 copay	
<b>Substance Use Disorder Inpatient Hospital</b>	No charge	
<b>Substance Use Disorder Outpatient</b>	\$20 copay	
<b>Maternity – Prenatal Care</b>	\$20 copay (initial visit only)	MVP covers at 50% of allowable charges (initial newborn exam covered at 100% of allowable charges)
<b>Maternity – Physician Delivery</b>	No charge	
<b>Maternity – Inpatient Hospital Services</b>	No charge	

<b>Skilled Nursing Facility</b> – 60 days per year	No charge	MVP covers at 50% of allowable charges
<b>Home Health Care</b>	\$20 copay	MVP covers at 20% of allowable charges
<b>Durable Medical Equipment</b>	50% coinsurance	MVP covers at 50% of allowable charges, no deductible
<b>Diabetic Supplies &amp; Equipment</b> – items limited to a 31 day supply	\$20 copay per item	
<b>Chiropractic Benefit</b>	\$20 copay	MVP covers at 50% of allowable charges
<b>Prescription Drug Coverage</b>	Carved out to ProAct	

\*Some services are subject to notification or prior authorization requirements. See your Summary Plan Description for details.

\*\*myVisitNow from MVP Health Care is powered by American Well. Regulatory restrictions may apply.

This Summary of Benefits chart is intended to provide a general outline of coverage. In the event of any conflict between this document and your Summary Plan Description (SPD), your SPD will be controlling. For details, please call **1-800-229-5851**.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.