

Skidmore College Plan Provisions	PPO Plan MVP Healthcare http://www.mvphealthcare.com (MVP Preferred PPO Plan)		EPO Plan MVP Healthcare http://www.mvphealthcare.com (MVP Preferred EPO Plan)	HDHP Plan with HSA MVP Healthcare http://www.mvphealthcare.com	
	In-Network (National Network)	Out-of-Network	In-Network ONLY (National Network)	In-Network (National Network)	Out-of-Network
HSA ER Contribution	N/A		N/A	\$750 Single / \$1,500 Family	
Annual Deductible	Medical only – \$200 Single/\$400 Family	Medical only – \$200 Single/\$500 Family	Medical only – \$200 Single/\$400 Family		
			\$1,500 Single/\$3,000 Family; Rx - \$7,600 Single/\$15,200 Family	Medical & Rx – \$4,500 Single/\$9,000 Family	Medical & Rx – \$9,000 Single/\$18,000 Family
Routine Physicals & Preventive Care	Covered in Full	Deductible & Coinsurance	Covered in Full	Covered in Full	Deductible & Coinsurance
Office Visit Copays:					
PCP	\$25 copay after deductible	Deductible & Coinsurance	\$25 copay after deductible	Deductible & Coinsurance	Deductible & Coinsurance
Specialist (includes Chiropractors)	\$40 copay after deductible		\$40 copay after deductible	Deductible & Coinsurance	Deductible & Coinsurance
Telemedicine (GIA/myvisitnow)	Covered in full after deductible	Not Covered	Covered in Full after deductible	Covered in full after Deductible	Not Covered
In-Patient Hospital Room & Board & Ancillary Services	by 30 c-2.3 (e)30.36-158 0.32 re 10.32 0.36-6 (rd)-48.002 Tc -0.002 Tw 90 0 3.7 0.0019N			Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	Subject to Deductible then \$100 Copay	
Ambulance	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	Subject to Deductible then \$100 Copay	
Outpatient					