

	Plan 2
	MV PLAN
Benefits	EPO
Annual Deductible	
In – Network Per Person/Per Family	\$4,500/\$9,000
Maximum Out of Pocket	\$8,250/\$18,500
Percentage Payable	50%
Professional Services	Services must be provided by Providers within the Healthsmart Network or benefit will not be covered.
Physician office visits	First 4 visits at \$0 co-pay, then 50% after deductible
Procedures performed during an office visit	Plan pays 50% of allowed
Specialist office visit only	First 4 visits at \$0 co-pay, then 50% after deductible
Procedures performed during Specialist office visit	Plan pays 50% of allowed
Urgent Care	First 4 visits at \$0 co-pay, then 50% after deductible
Additional Services/Lab & X-ray in office	Plan pays 50% of allowed
Preventative Services - Child & Adult	100%
Outpatient Lab & X-Ray	\$20 co-pay – deductible does not apply
Imaging (CT, PET Scan, MRI)	Plan pays 50% of allowed
Outpatient Services Facility	Plan pays 50% of allowed
Outpatient Services Physician	Plan pays 50% of allowed
Emergency Services	
Emergency Room – Deductible Applies	\$500 co-pay, plan pays 50% of allowed
Ambulance – Deductible Applies	\$500 co-pay, plan pays 50% of allowed
Hospital Benefits	
Inpatient - Deductible Applies	Plan pays 50% of allowed
Inpatient Professional Services – Deductible Applies	Plan pays 50% of allowed
Additional Outpatient Services	
Skilled Nursing – Deductible Applies	Plan pays 50% of allowed
Chiropractic	First 4 visits at \$0 co-pay – deductible does not apply
Physical/Occupational – Deductible Applies	Plan pays 50% of allowed
Mental Outpatient – Deductible Applies	First 4 visits \$0 co-pay, then 50% after deductible
Durable Medical Equipment	Not covered
Substance Abuse Outpatient – Deductible Applies	Plan pays 50% of allowed
Additional Services	
Chemotherapy – Deductible Applies	Plan pays 50% of allowed
Sleep Study – Deductible Applies	Plan pays 50% of allowed – Medical Necessity
Pediatric Dental & Vision	ACA Required Benefits
Prescriptions	
Generic	\$5.00 co-pay
Brand Formulary	\$10.00 co-pay
Brand Non-Formulary	\$60.00 co-pay
Specialty Medication	Not covered
Mail Order (90 Days)	
Generic	\$10.00 co-pay
Preferred	\$20.00 co-pay
Non-preferred	\$120.00 co-pay
Specialty Medication	Not covered