



MV Plan

PLANS	ULTIMATE MV
Employee Only	\$715
Employee + Spouse	\$1443
Employee + Child(ren)	\$1235
Family	\$1858
MEDICAL BENEFITS	
Deductible	\$0
Out of Pocket Maximum (Ind/Fam)	\$2,000/\$13,200
Wellness and Preventive	Covered at 100%
Primary Care Visits	\$20 Copay
Specialist Visits	\$40 Copay
Urgent Care Visits	\$50 Copay
Laboratory Services & Radiology	\$50 Copay
CT/MRI/MRA/PET Scans	\$400 Copay
Telemedicine	\$0 Copay Unlimited
Rx BENEFITS	
Generic Rx	\$0 Copay Preventive \$5 Copay Acute List \$10 Copay Other
Preferred Brand/Non-Preferred Rx	Tier 1: \$40 Copay Tier 2: \$80 Copay
HOSPITAL SERVICES	
Inpatient Hospitalization & Surgery	\$400 Copay
Outpatient Hospitalization & Surgery	\$400 Copay
Emergency Room Services	\$400 Copay
OTHER SERVICES	
Chiropractic Services	\$40 Copay 10 per year
Second Surgical Opinion	\$0 Copay
Home Health Care	\$25 Copay 20 per year
Treatment for Chemical Abuse (Inpatient/Outpatient)	\$250 Copay / \$25 Copay
Emergency Medical Transportation	\$400 Copay
Chemotherapy/Radiation	\$400 Copay
Colonoscopy	\$400 Copay
Dialysis	\$400 Copay
Durable Medical Equipment	\$400 Copay
Hospice Care	\$400 Copay
Rehabilitation Services	\$400 Copay 20 per year
Transplant Facility	\$400 Copay
PREGNANCY SERVICES	
Professional Services	\$50 Copay
Maternity/Childbirth/Delivery	\$400 Copay per admission