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
<b>HSA ER Contribution</b>	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	y \$0 c-2.3 (e)30.3 (pdrts 5a/8)0.32	re8e 10.32 0.36-6 (rd)-4 <b>8</b> .002	Tc-0.002 Tw 90 0 \$3.7 <b>知識</b> 0 <b># 9</b> 0	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	Subject to Deductible then \$100 Copay	
	1	A	1	1	

\$100 copay after deductible

\$100 copay after deductible

Subject to Deductible then \$100 Copay

**Ambulance** Outpatient

\$100 copay after deductible