

Skidmore College Plan Provisions	PPO Plan MVP Healthcare <a href="http://www.mvphealthcare.com">http://www.mvphealthcare.com</a> (MVP Preferred PPO Plan)		EPO Plan MVP Healthcare <a href="http://www.mvphealthcare.com">http://www.mvphealthcare.com</a> (MVP Preferred EPO Plan)	HDHP Plan with HSA MVP Healthcare <a href="http://www.mvphealthcare.com">http://www.mvphealthcare.com</a>	
	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	<b>\$1,600 Single/\$3,200 Family - Medical &amp; Rx</b>	<b>\$3,200 Single/\$6,400 Family - Medical &amp; Rx</b>
Coinsurance	None	20%	None	10%	30%
Annual Out-of-Pocket Maximum	Medical - \$1,500 Single/\$3,000 Family; <b>Rx - \$7,950 Single/\$15,900 Family</b>	\$3,000 Single/\$6,000 Family	Medical - \$1,500 Single/\$3,000 Family; <b>Rx - \$7,950 Single/\$15,900 Family</b>	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		\$25 copay after deductible	Deductible & Coinsurance	Deductible & Coinsurance
		Deductible & Coinsurance			