



Summary of Benefits

For SUNY SCCC Employees

\$20 Copay; \$100 ER Copay Option

Service Category*	Coverage Information	
	In Network	Out of Network
Annual Deductible per Contract Year	Not Applicable	\$1,000 per individual/\$3,000 per family <i>Services covered as noted below are after satisfaction of the annual deductible</i>
Co-insurance	Not applicable	As noted
Lifetime Maximum Benefit Payable	No maximum	No maximum
Annual Out-of-Pocket Maximum	\$4,445 per individual/ \$8,890 per family, per calendar year	\$10,000 per individual/ \$30,000 per family, per calendar year
Preventive & Well Care Services Well Child Care & Immunizations Adult Physical (One Routine Physical/Contract Year) Mammography Annual Pap Test & Ob/Gyn Exam Immunizations for Adults Colonoscopy & Sigmoidoscopy Screening for Adults Bone Density Tests	No charge	No charge
Physician Office Visits (PCP & Specialist)	\$20 copay	MVP covers at 50% of allowable charges
Diagnostic Lab Services (Office)	No charge	
Diagnostic X-ray (Office)	\$20 copay	
Advanced Imaging Services (Office – CT/PET scans, MRIs)	\$20 copay	
Rehabilitative Services (Office – PT/OT/ST)	\$20 copay	
Medical/Surgical Admissions (Inpatient Hospital)	No charge	
Surgical Services (Inpatient Hospital)	No charge	
Inpatient Physical Rehabilitation	No charge	
Hospital Rehab Services (Outpatient – PT/OT/ST)	\$20 copay	
Diagnostic Laboratory Services (Outpatient Hospital)	No charge	
Diagnostic X-ray (Outpatient)	\$20 copay	
Advanced Imaging Services (Outpatient-CT/PET, scans, MRIs)	\$20 copay	
Ambulatory/Outpatient Surgery	\$20 copay	
Emergency Room (ER) Visit	\$100 copay	
Urgent Care Centers	\$30 copay	\$30 copay
myVisitNow® (Telemedicine)**	\$5 copay	Not covered
Ambulance	No charge	MVP covers at 50% of allowable charges
Mental Health Inpatient Hospital	No charge	
Mental Health Outpatient	\$20 copay	
Substance Use Disorder Inpatient Hospital	No charge	
Substance Use Disorder Outpatient	\$20 copay	
Maternity – Prenatal Care	\$20 copay (initial visit only)	MVP covers at 50% of allowable charges (initial newborn exam covered at 100% of allowable charges)
Maternity – Physician Delivery	No charge	
Maternity – Inpatient Hospital Services	No charge	

Skilled Nursing Facility – 60 days per year	No charge	MVP covers at 50% of allowable charges
Home Health Care	\$20 copay	MVP covers at 20% of allowable charges
Durable Medical Equipment	50% coinsurance	MVP covers at 50% of allowable charges, no deductible
Diabetic Supplies & Equipment – items limited to a 31 day supply	\$20 copay per item	
Chiropractic Benefit	\$20 copay	MVP covers at 50% of allowable charges
Prescription Drug Coverage	Carved out to ProAct	

*Some services are subject to notification or prior authorization requirements. See your Summary Plan Description for details.

**myVisitNow from MVP Health Care is powered by American Well. Regulatory restrictions may apply.

This Summary of Benefits chart is intended to provide a general outline of coverage. In the event of any conflict between this document and your Summary Plan Description (SPD), your SPD will be controlling. For details, please call **1-800-229-5851**.

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