This summary is intended to provide a general outline of MVP coverage. In the event of any conflict between this
document and the member Certificate of Coverage, Schedule and any applicable rider(s), your Certificate of Coverage,
Schedule and rider(s) will be controlling.

Skidmore College
HMO NY1HMO020XLAN Plan

Your employer has chosen the following rider(s) to modify the Plan under which you
would be covered as an MVP member:

DNHMB701L
DME, Medical Supplies, and External Prosthetics 20%
Rider changes Durable Medical Equipment benefit from 50% to 20% of cost; In-Network
only, after deductible

Preventive Dental Services $25 Copay
• One (1) initial oral examination per child;
• Periodic oral examinations once every six (6) months;
• Bitewing x-rays, once every six (6) months;
• Full mouth x-rays and panoramic x-rays, once every thirty six (36) months;
• Routine cleaning, scaling and polishing of teeth, once every six (6) months;
• Fluoride treatments, once every six (6) months;
• Pulp vitality testing, as needed;
• Diagnostics casts as needed;
• Sealants, once per tooth per �䀆⓰Ѱ΢橍쨴	ሆቹ⺿ℯခ⅘ኖ椀	ሆቹ⺿ℯခ∆ኖ椀ꉄꕃ��⁡➒ዱѡ⥦逎∀ 
Vision Coverage/Eyemed
Please note that after enrolling in vision, Eyemed will mail members a vision card, as well
as an Eyemed benefit summary.

Gia® Virtual Care
Telemedicine services under Gia® Virtual Care is covered in full. This is not to be
confused with PCP Telehealth services, both are separate benefits. PCP Telehealth
services will take a copay of ,s