

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
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	\$1,600 Single/\$3,200 Family - Medical & Rx	\$3,200 Single/\$6,400 Family - Medical & Rx
Coinsurance	None	20%	None	10%	30%
Annual Out-of-Pocket Maximum	Medical - \$1,500 Single/\$3,000 Family; Rx - \$7,950 Single/\$15,900 Family	\$3,000 Single/\$6,000 Family	Medical - \$1,500 Single/\$3,000 Family; Rx - \$7,950 Single/\$15,900 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		\$25 copay after deductible	Deductible & Coinsurance	Deductible & Coinsurance
		Deductible & Coinsurance			