

MVP Select PPO™

Minimum Value plan | PHCS PPO network

Monthly premiums and member cost sharing at a glance

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DEDUCTIBLE

INDIVIDUAL

\$5,000

FAMILY

\$10,000

OUT-OF-POCKET MAXIMUM

INDIVIDUAL

\$9,000

FAMILY

\$18,000

Monthly premiums

Standard plan rates before any employer contribution

EMPLOYEE ONLY

\$300.00

EMPLOYEE + SPOUSE

\$445.00

EMPLOYEE + CHILDREN

\$462.00

EMPLOYEE + FAMILY

\$570.00

What you pay for covered care

Unless noted, amounts below are after the applicable deductible

OFFICE AND URGENT CARE

Preventive care **\$0**
Pre-certification required; no coverage without it

Primary care **\$50**
Copay; deductible waived

Specialist **\$75**
Copay; deductible waived

Urgent care **\$75**
Copay; deductible waived

Emergency room **\$500 + 40%**
Copay, then coinsurance after deductible

Mental health **40%**
Outpatient and inpatient after deductible

FACILITY AND OTHER CARE

Diagnostic tests **40% / \$50**
Tests after deductible / basic labs copay

Advanced imaging **40%**
After deductible; pre-certification required

Outpatient surgery **40%**
After deductible; pre-certification required

Hospital care **40%**
Facility and physician after deductible

Maternity care **40%**
Office and delivery after deductible

Recovery services **0%**
After deductible; pre-certification may apply

PRESCRIPTION DRUGS

Generic drugs **Discount card**
No medical-plan drug benefit

Preferred brand **Discount card**
No medical-plan drug benefit

Non-preferred brand **Discount card**
No medical-plan drug benefit

Specialty drugs **Not covered**
No medical-plan drug benefit

Pediatric eye exam **\$0**
One exam per calendar year

Emergency transport **40%**
After deductible; ER authorization rules