Montgomery County EPO for All Non-CSEA Employees and Retirees Medical Plan

Summary of Benefits (January 1, 2027)

Service Category	In-Network Coverage	Limits and Exclusions
Annual Deductible per contract year	Not Applicable	None
Co-insurance	Not Applicable	None
Annual Out-of-Pocket Maximum	$5,280 Single / $10,560 Family	None
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	Preventive & Well Care Services are covered in full.	
Physician Office Visits (PCP/Specialist)	$25 Copay	None
Diagnostic Lab Services (Office)	Covered in Full	None
Diagnostic X-ray (Office)	Covered in Full	None
Advanced Imaging Services (Office – CT/PET scans, MRIs)	Covered in Full	None
Rehabilitative Services (Office – PT/OT/ST)	$25 Copay	None
Medical/Surgical Admissions (Inpatient Hospital)	Covered in Full	None
Surgical Services (Inpatient Hospital)	Covered in Full	None
Inpatient Physical Rehabilitation	Covered in Full	None
Hospital Rehab Services (Outpatient – PT)	$25 Copay	None
(Outpatient – OT)	$25 Copay	None
(Outpatient – ST)	$25 Copay	None
Diagnostic Laboratory Services** (Outpatient Hospital)	Covered in Full	None
Diagnostic X-ray** (Outpatient)	Covered in Full	None
Advanced Imaging Services** (Outpatient-CT/PET, scans, MRIs)	Covered in Full	None
Ambulatory/Outpatient Surgery**	$25 Copay	None
Emergency Room (ER) Visit	$50 Copay	None
Urgent Care Centers	$25 Copay	None
Gia® Virtual Care Services	Covered in Full	None
Ambulance (Emergency Medical Transportation)	Covered in Full	None
Mental Health Inpatient Hospital	Covered in Full	None
Mental Health Outpatient	$25 Copay	None
Substance Use Disorder Inpatient Hospital	Covered in Full	None
Substance Use Disorder Outpatient	$25 Copay	None
Maternity – Prenatal Care	Covered in Full	None
Maternity – Physician Delivery	Covered in Full	None
Maternity – Inpatient Hospital Services	Covered in Full	None
Service Category	In-Network Coverage	Limits and Exclusions

Skilled Nursing Facility	Covered in Full	None
Home Health Care	Covered in Full	None
Durable Medical Equipment (DME)	$25 Copay	None
Diabetic Supplies & Equipment	$25 Copay	None
Prescription Drug Coverage (Retail Co-Pay)		
	Contact Plan Sponsor for Benefit Information	

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

Virtual care services from MVP Health Care are provided by UCM Digital Health, Amwell and Omada at no cost-share for members. (Plan exceptions may apply.) Members' direct or digital provider visits may be subject to co-pay/cost-share per plan.

This plan overview is intended to provide a general outline of coverage. In the event of any conflict between this document and your Certificate of Coverage (COC), Schedule, and Rider(s) will be controlling.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.