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

MVP HEALTH CARE

Summary of Benefits (January 1, 2027)

Service Category	In-Network Coverage	Out of Network Coverage
Annual Deductible per contract year	Not Applicable	$100 Individual / $300 Family
Co-insurance	Not Applicable	30% Coinsurance
Annual Out-of-Pocket Maximum	$5,280 Single / $10,560 Family	$1,000 Individual/$3,000 Family
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	30% Coinsurance
Diagnostic Lab Services (Office)	Covered in Full	30% Coinsurance
Diagnostic X-ray (Office)	Covered in Full	30% Coinsurance
Advanced Imaging Services (Office – CT/PET scans, MRIs)	Covered in Full	30% Coinsurance
Rehabilitative Services (Office – PT/OT/ST)	$25 Copay	30% Coinsurance
Medical/Surgical Admissions (Inpatient Hospital)	Covered in Full	30% Coinsurance
Surgical Services (Inpatient Hospital)	Covered in Full	30% Coinsurance
Inpatient Physical Rehabilitation	Covered in Full	30% Coinsurance
Hospital Rehab Services (Outpatient – PT)	$25 Copay	30% Coinsurance
(Outpatient – OT)	$25 Copay	30% Coinsurance
(Outpatient – ST)	$25 Copay	30% Coinsurance
Diagnostic Laboratory Services** (Outpatient Hospital)	Covered in Full	30% Coinsurance
Diagnostic X-ray** (Outpatient)	Covered in Full	30% Coinsurance
Advanced Imaging Services** (Outpatient-CT/PET, scans, MRIs)	Covered in Full	30% Coinsurance
Ambulatory/Outpatient Surgery**	$25 Copay	30% Coinsurance
Emergency Room (ER) Visit	$50 Copay	$50 Copay
Urgent Care Centers	$25 Copay	$25 Copay
Gia® Virtual Care Services	Covered in Full	Not Covered
Ambulance (Emergency Medical Transportation)	Covered in Full	$0 Copay
Mental Health Inpatient Hospital	Covered in Full	30% Coinsurance
Mental Health Outpatient	$25 Copay	30% Coinsurance
Substance Use Disorder Inpatient Hospital	Covered in Full	30% Coinsurance
Substance Use Disorder Outpatient	$25 Copay	30% Coinsurance
Maternity – Prenatal Care	Covered in Full	30% Coinsurance
Maternity – Physician Delivery	Covered in Full	30% Coinsurance
Maternity – Inpatient Hospital Services	Covered in Full	30% Coinsurance

Service Category	In-Network Coverage	Out of Network Coverage
Skilled Nursing Facility	Covered in Full	30% Coinsurance

Home Health Care	Covered in Full	30% Coinsurance
Durable Medical Equipment (DME)	$25 Copay	30% Coinsurance
Diabetic Supplies & Equipment	$25 Copay	30% Coinsurance
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.