

## New York

Plan Name: MVP EPO Gold 4

Plan Form: NY-EPO-SG-004 (2020)

Plan Status: Active



Plan Cost-Sharing Highlights	Coverage Information	Limits and Exclusions
Annual Deductible per Contract Year	\$0 Person/\$0 Family - Embedded	None
Co-insurance	As Noted Below	None
Annual Out-of-Pocket Maximum	\$6,750 Person/\$13,500 Family - Embedded	None
Primary Care Physician Office Visits	\$40 copay	None
Specialist Office Visits	\$60 copay	None
<b>Preventive &amp; Well Care Services</b>		
Well Child Care & Immunizations		
Adult Annual Physical (One per Contract Year)		
Mammography	Covered in Full.	
Annual Pap Test & Ob/Gyn Exam	For a full list of covered preventive care services, visit	None
Immunizations for Adults	<a href="http://mvphealthcare.com">mvphealthcare.com</a> .	
Colonoscopy /Sigmoidoscopy Screening		
Bone Density Tests		
<b>Physician Office Visits</b>		
Diagnostic Laboratory Services **	PCP: \$40 copay/Spec: \$60 copay	None
Diagnostic X-ray **	PCP: \$40 copay/Spec: \$60 copay	None
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: \$150 copay/Free-Stnd: \$150 copay	None
Rehabilitative Services (PT/OT/ST)	\$60 copay	54 visits per condition, per Plan Year combined therapies
Allergy Services	\$60 copay	Cost share dependent on location of services
Chemotherapy	\$60 copay	None
<b>Inpatient Services - Hospital</b>		
Medical/Surgical Admissions	\$750 copay	Per continuous confinement
Surgical Services	Covered in Full	None
Inpatient Physical Rehabilitation	\$750 copay	60 days per Plan Year Combined Therapies
<b>Outpatient Hospital Services</b>		
Hospital Rehab Services (PT/OT/ST)	\$60 copay	54 visits per condition/year combined therapies
Diagnostic Laboratory Services **	\$60 copay	None
Diagnostic X-ray **	\$150 copay	None
Advanced Imaging Services (CT/PET, scans, MRIs)	\$150 copay	None
Ambulatory/Outpatient Surgery **	\$300 copay	None
<b>Emergency Care</b>		
Emergency Room (ER) Visit	\$500 copay	None
Urgent Care Centers	\$60 copay	None
Ambulance (Emergency Medical Transportation)	\$500 copay	None
<b>Maternity Services</b>		
Maternity – Prenatal Care	Covered in Full	None
Maternity – Physician Delivery	Covered in Full	None
Maternity – Inpatient Hospital Services	\$750 copay	None



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<b>Behavioral Health Services</b>		
Mental Health Inpatient Hospital	\$750 copay	Including residential treatment
Mental Health Outpatient	\$40 copay	None
Substance Use Disorder Inpatient Hospital	\$750 copay	Including residential treatment
Substance Use Disorder Outpatient	\$40 copay	Unlimited; Up to 20 visits per plan year may be used for family counseling
Residential Treatment	\$750 copay	None
<b>Other Services</b>		
Skilled Nursing Facility	\$750 copay	200 days per plan year
Home Health Care	\$50 copay	60 visits per year
Hospice	Inpt: \$750 copay / Outpt: \$50 copay	210 days per plan year, 5 visits for family bereavement counseling
Durable Medical Equipment	50% coinsurance	Standard equipment covered
Diabetic Supplies & Equipment	\$40 copay	None
Chiropractic Benefit	\$60 copay	None
Acupuncture	50% coinsurance	12 visits per plan year
<b>Prescription Drug Coverage</b>		
Tier 1	Pharm: \$10 copay/Mail: \$25 copay	30 day retail/90 day mail order
Tier 2	Pharm: \$40 copay/Mail: \$100 copay	30 day retail/90 day mail order
Tier 3	Pharm: \$60 copay/Mail: \$150 copay	30 day retail/90 day mail order
Prescription Drug Deductible	None	None
<b>Vision Care</b>		
Adult Vision Care	\$60 copay	One exam per every other Plan Year
Pediatric Vision Care	\$60 copay	One exam per 12-month period
<b>Other Plan Features</b>		
myVisitNow® – 24/7 Online Doctor Visits	\$40 copay	None
Wellness Benefits	\$600 allowance	Up to \$600 in rewards and reimbursements with WellBeing Rewards per contract per calendar year
Plan Highlights	Visit <a href="http://mvphealthcare.com">mvphealthcare.com</a> for more information. View a complete Glossary of Terms and Member FAQs to better understand your MVP plan benefits.	
Pediatric Dental	Preventive, Routine, and Major (including medically-necessary orthodontia) – See Schedule of Benefits for Cost Share Details. <i>Services can be obtained from any licensed provider.</i>	
**Preferred Provider Facilities	Laboratory, radiology, and ambulatory services at a preferred provider facility will be covered in full, after deductible (if applicable). Find a preferred provider facility in your area at <a href="http://mvphealthcare.com">mvphealthcare.com</a> .	

As an MVP member, you can be sure you will always get the care, support, tools, and information you need. You will have access to top-rated customer care representatives, **myVisitNow®** – 24/7 online doctor visits, online wellness tools and activities, FREE Care Management programs, a 24/7 Nurse Advice Line, and more!

Call us today at **1-800-TALK-MVP** (825-5687) for more information.

Already an MVP member? You can call the MVP Customer Care Center phone number listed on the back of your MVP Member ID card. MVP is making health insurance more convenient. More supportive. More personal.

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 any applicable Rider(s), your COC, Schedule, and Rider(s) will be controlling. For plan details, please call 1-800-TALK-MVP (825-5687), or visit [mvphealthcare.com](http://mvphealthcare.com).

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.

**\*Deductible applies to this benefit**