

## New York

Plan Name: MVP EPO Silver 1

Plan Form: NY-EPO-SS-001 (2020)

Plan Status: Active



Plan Cost-Sharing Highlights	Coverage Information	Limits and Exclusions
Annual Deductible per Contract Year	\$2,100 Person/\$4,200 Family - Embedded	None
Co-insurance	20% Person/20% Family	None
Annual Out-of-Pocket Maximum	\$7,050 Person/\$14,100 Family - Embedded	None
Primary Care Physician Office Visits	\$30 copay	None
Specialist Office Visits	\$50 copay*	None
<b>Preventive &amp; Well Care Services</b>		
Well Child Care & Immunizations	Covered in Full. For a full list of covered preventive care services, visit <a href="http://mvphealthcare.com">mvphealthcare.com</a> .	None
Adult Annual Physical (One per Contract Year)		
Mammography		
Annual Pap Test & Ob/Gyn Exam		
Immunizations for Adults		
Colonoscopy /Sigmoidoscopy Screening		
Bone Density Tests		
<b>Physician Office Visits</b>		
Diagnostic Laboratory Services **	PCP: \$30 copay/Spec: \$50 copay	None
Diagnostic X-ray **	PCP: \$30 copay/Spec: \$125 copay*	None
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: \$225 copay*/Free-Stnd: \$225 copay*	None
Rehabilitative Services (PT/OT/ST)	\$50 copay*	54 visits per condition, per Plan Year combined therapies
Allergy Services	\$50 copay*	Cost share dependent on location of services
Chemotherapy	\$50 copay*	None
<b>Inpatient Services - Hospital</b>		
Medical/Surgical Admissions	20% coinsurance*	Per continuous confinement
Surgical Services	20% coinsurance*	None
Inpatient Physical Rehabilitation	20% coinsurance*	60 days per Plan Year Combined Therapies
<b>Outpatient Hospital Services</b>		
Hospital Rehab Services (PT/OT/ST)	\$50 copay*	54 visits per condition/year combined therapies
Diagnostic Laboratory Services **	\$50 copay	None
Diagnostic X-ray **	\$125 copay*	None
Advanced Imaging Services (CT/PET, scans, MRIs)	\$225 copay*	None
Ambulatory/Outpatient Surgery **	\$300 copay*	None
<b>Emergency Care</b>		
Emergency Room (ER) Visit	\$350 copay*	None
Urgent Care Centers	\$50 copay*	None
Ambulance (Emergency Medical Transportation)	\$350 copay*	None
<b>Maternity Services</b>		
Maternity – Prenatal Care	Covered in Full	None
Maternity – Physician Delivery	20% coinsurance*	None
Maternity – Inpatient Hospital Services	20% coinsurance*	None



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<b>Behavioral Health Services</b>		
Mental Health Inpatient Hospital	20% coinsurance*	Including residential treatment
Mental Health Outpatient	\$30 copay	None
Substance Use Disorder Inpatient Hospital	20% coinsurance*	Including residential treatment
Substance Use Disorder Outpatient	\$30 copay	Unlimited; Up to 20 visits per plan year may be used for family counseling
Residential Treatment	20% coinsurance*	None
<b>Other Services</b>		
Skilled Nursing Facility	20% coinsurance*	200 days per plan year
Home Health Care	\$50 copay*	60 visits per year
Hospice	Inpt: 20% coinsurance* / 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	\$30 copay	None
Chiropractic Benefit	\$50 copay*	None
Acupuncture	50% coinsurance*	12 visits per plan year
<b>Prescription Drug Coverage</b>		
Tier 1	Pharm: \$15 copay/Mail: \$37.50 copay	30 day retail/90 day mail order
Tier 2	Pharm: \$35 copay*/Mail: \$87.50 copay*	30 day retail/90 day mail order
Tier 3	Pharm: \$70 copay*/Mail: \$175 copay*	30 day retail/90 day mail order
Prescription Drug Deductible	Rx Brand - \$100 individual / \$200 family	None
<b>Vision Care</b>		
Adult Vision Care	\$50 copay*	One exam per every other Plan Year
Pediatric Vision Care	\$50 copay*	One exam per 12-month period
<b>Other Plan Features</b>		
myVisitNow® – 24/7 Online Doctor Visits	\$30 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).

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