



# New York Individual and Family Plans

From MVP Health Care®

MVP offers great benefits and services with every New York Individual and Family plan. Please review this packet for detailed information on our plan offerings and benefit highlights.

## **Regional Network Strength**

The MVP regional network of top providers, hospitals, and pharmacies throughout New York and Vermont includes nearly 60,000 providers and 2,100 facilities.

## **\$600 Well-Being Reimbursement**

You can get reimbursed up to \$600 per contract, per calendar year for eligible well-being expenses.

## **Wherever Life Takes You, Take Gia®**

The *Gia*® by MVP mobile app is available 24/7 so you can get immediate or same-day virtual care, support to get healthier, access to plan information, and answers to medical questions wherever life takes you.

## **Supplement Your MVP Medical Plan**

Pair your MVP medical plan with an MVP vision plan, powered by EyeMed®, or dental plan. MVP Vision plans must be purchased with an MVP medical plan. Visit [mvphealthcare.com/plans](https://mvphealthcare.com/plans) for vision and dental plan options. We have also included materials highlighting our vision and dental plans in this packet.

## **Need Help? We've Got You Covered!**

If you have questions or need additional assistance, please contact our Small Business & Individual Service Unit at **1-844-865-0250** or [SBIU@mvphealthcare.com](mailto:SBIU@mvphealthcare.com).

# Getting Started with MVP

## NYS Open Enrollment Period

Individuals can enroll in a plan directly through MVP or through the NY State of Health, The Official Health Plan Marketplace.

Open Enrollment is from November 16, 2023, through January 31, 2024.

- If you enroll November 16 through December 15, your coverage effective date will be January 1, 2024.
- If you enroll December 16 through January 15, your coverage effective date will be February 1, 2024.
- If you enroll January 16 through January 31, your coverage effective date will be March 1.

After January 31, 2024, you must have a qualifying event and submit a *New York Affidavit for Qualifying Event* to enroll.

## Do you qualify for tax credits?

Find out at [nystateofhealth.ny.gov](https://nystateofhealth.ny.gov). If you qualify, you can enroll through the NY State of Health website.

## Need Help? We've Got You Covered!

If you have questions or need additional assistance, please contact our Small Business & Individual Service Unit at **1-844-865-0250** or **SBIU@mvphhealthcare.com**.

## Choose Your Plan and Enroll

You can enroll with MVP in one of two ways:

1. Use *Shop for a Plan* tool at **[mvphhealthcare.com/plans](https://mvphhealthcare.com/plans)**
2. Complete and return the enclosed *Individual Enrollment Applications* and *One-Time Direct Plan Authorization* form or your first month's premium via a check made payable to MVP Health Care. These completed materials can be sent to:

**Mail:** MVP Health Care  
Small Business & Individual Service Unit  
625 State Street  
Schenectady, NY 12305

**Email:** [SBIU@mvphhealthcare.com](mailto:SBIU@mvphhealthcare.com)

**Fax:** 518-386-7595

*Materials must be received by the 15<sup>th</sup> of the month to guarantee an effective date of coverage for the first of the next month.*



To learn more about applying for health insurance, including Medicaid, Child Health Plus, Essential Plan, and Qualified Health Plans through NY State of Health, The Official Health Plan Marketplace, visit [nystateofhealth.ny.gov](https://nystateofhealth.ny.gov) or call 1-855-355-5777.

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.

# Health Plan Enrollment or Change for New York State Individual Plans



**Action Requested:** ☐ Enrollment ☐ Change ☐ Termination

*Please complete all pages of this form.*

## Section 1: Information About Yourself *(please include Applicant Name on page 2)*

Applicant Name <i>(First, Middle Initial, Last)</i>		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
Street Address	City	State	Zip Code
County	Home Phone No. ( )	Mobile Phone No. ( )	
Email			

Are you and/or your spouse eligible for Medicare? ☐ Yes ☐ No If Yes, provide your Medicare Member ID No(s).  
(Yourself) (Spouse, if eligible)

If Yes, provide Medicare Parts A and B Effective Dates

(Yourself) Part A Part B (Spouse) Part A Part B

## Section 2: Enrollment/Change/Termination Information

### Enrollment or Change *(check all that apply)*

- ☐ New Applicant ☐ Add Dependent ☐ Name Change  
☐ Transfer to Another Plan ☐ Address Change

Requested Effective Date

Reason *(explain)*

☐ Qualifying Event *(explain)*

☐ Other

### Termination

- ☐ Terminate from Plan  
☐ Remove Dependent(s) only *(specify name or member ID no.)*

Requested Effective Date

Reason for Termination

- ☐ Moved from Service Area ☐ Opting for Other Coverage  
☐ Other

## Section 3: Choose Your Coverage *(Enrollments and Changes)*

**Medical Coverage Level** ☐ Applicant ☐ Applicant and Spouse ☐ Applicant and Dependent(s) ☐ Family

**Select One Medical Plan:**

- ☐ Standard *Plan Name*  
☐ Non-Standard *Plan Name*

**Optional Medical Rider Selection**

- ☐ Dependent through Age 29  
☐ Unlimited Skilled Nursing

**Optional Vision Coverage Level** ☐ Applicant ☐ Applicant and Spouse ☐ Applicant and Dependent(s) ☐ Family

Vision coverage must be equal to or less than medical coverage.

**Optional Vision Plan (select one)** ☐ MVP Vision 1 ☐ MVP Vision 2 ☐ MVP Vision 3

## Section 4: Pediatric Dental Coverage

Have you obtained stand-alone dental coverage that provides a pediatric dental essential health benefit through a NY State of Health™ Marketplace-certified, stand-alone dental plan offered outside of NY State of Health Marketplace for every person listed in Section 5 of this application, as required by the Affordable Care Act? ☐ Yes ☐ No

If Yes, please provide the name of the company issuing the stand-alone dental coverage.

If No, MVP will provide you coverage of the pediatric dental essential health benefit *(select one)*, as required by the Affordable Care Act.

- ☐ MVP Dental for Kids® ☐ MVP Dental PPO® for Families ☐ Delta Pediatric Dental PPO

**If scanning this form for submission, be sure to scan and return all pages of this form.**

*Continued on page 2*

Applicant Name

**Section 5: Information About All Family Members You Want to Enroll in Your Plan (Enrollments and Changes)**

You (Subscriber/Applicant) and each individual listed below must designate a choice of Primary Care Physician (PCP). To search for doctors in our network, visit [mvphealthcare.com/findadoctor](http://mvphealthcare.com/findadoctor) or contact the MVP Small Business & Individual Service Unit at **1-844-865-0250** for assistance.

*Please use a separate form for additional individuals.*

<b>1 Applicant</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Age	Date of Birth <i>(required)</i>	Social Security No. <i>(required)</i>
Primary Care Physician <i>(First, Last)</i>				Are you already a patient of this physician? <input type="checkbox"/> Yes <input type="checkbox"/> No	PCP No.
<b>2 Name</b> <i>(First, Middle Initial, Last)</i>					Relationship to Subscriber/Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		Age	Date of Birth <i>(required)</i>	Social Security No. <i>(required)</i>	
Primary Care Physician <i>(First, Last)</i>				Already a patient of this physician? <input type="checkbox"/> Yes <input type="checkbox"/> No	PCP No.
<b>3 Name</b> <i>(First, Middle Initial, Last)</i>					Relationship to Subscriber/Applicant <input type="checkbox"/> Dependent
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		Age	Date of Birth <i>(required)</i>	Social Security No. <i>(required)</i>	
Primary Care Physician <i>(First, Last)</i>				Already a patient of this physician? <input type="checkbox"/> Yes <input type="checkbox"/> No	PCP No.
<b>4 Name</b> <i>(First, Middle Initial, Last)</i>					Relationship to Subscriber/Applicant <input type="checkbox"/> Dependent
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		Age	Date of Birth <i>(required)</i>	Social Security No. <i>(required)</i>	
Primary Care Physician <i>(First, Last)</i>				Already a patient of this physician? <input type="checkbox"/> Yes <input type="checkbox"/> No	PCP No.
<b>5 Name</b> <i>(First, Middle Initial, Last)</i>					Relationship to Subscriber/Applicant <input type="checkbox"/> Dependent
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		Age	Date of Birth <i>(required)</i>	Social Security No. <i>(required)</i>	
Primary Care Physician <i>(First, Last)</i>				Already a patient of this physician? <input type="checkbox"/> Yes <input type="checkbox"/> No	PCP No.

**Section 6: Authorization** *(Your signature is required for Enrollments, Changes, or Terminations)*

I hereby apply for membership in MVP. I hereby consent to the release, use, and disclosure of any medical information about me and any members of my family for whom I can give consent:

- By my primary care provider, any other health care provider, or the New York State Department of Health ("NYSDOH") to MVP and any health care providers involved in caring for me or my family, as reasonably necessary for MVP or my health care providers to carry out treatment, payment, or health care operations functions, or other functions permitted by, and in accordance with, applicable laws, regulations, and rules. This may include pharmacy and other medical claims information needed to help manage my care;
- By MVP and any health care providers to NYSDOH and other authorized federal, state, and local agencies for purposes of administering health programs to the extent permitted by, and in accordance with, applicable laws, regulations, and rules; and
- By MVP to my providers or other persons or organizations, as reasonably necessary for MVP or my providers to carry out treatment, payment, or health care operations, or as otherwise and to the extent permitted by, and in accordance with, applicable laws, regulations, and rules.

*Continued on page 3*

Applicant Name

(Section 6: Authorization continued from page 2)

At any time, I can take away the permission I gave to release information. All I have to do is call the MVP Customer Care Center at the phone number listed on the back of my MVP Member ID card.

I hereby certify that the statements made are true and complete to the best of my knowledge and belief.

Unless otherwise prohibited by law, I consent to the receipt of electronic communications related to my MVP health plan at the email address I provided. I understand that I am entitled to receive paper documents, and that I can set and change my communication preferences at any time by signing in at **mvphealthcare.com** and selecting *Communication Preferences*. I have read and agree to the details outlined in MVP’s *Electronic Disclosure*, which is available at **mvphealthcare.com** or by calling MVP at **1-800-TALK-MVP** (1-800-825-5687).

☐ Yes    ☐ No

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the state value of the claim for each violation.**

**I have read and agree to this authorization.**

Signature

Date

Section 7: Broker Information (Complete if a broker assisted with completing this application)

Broker Name	Broker Email	Phone Number (       )
Agency Name	Agency Address	MVP Agency No.

Section 8: Private Exchange Information

If you are enrolling via a private exchange (not through the NY State of Health Marketplace), provide the name of the private exchange.





# One-Time Direct Debit Authorization

## Section 1: Member/Applicant Information *(please print)*

Member/Applicant Name <i>(First, Middle Initial, Last)</i>		Phone No. (       )	
Street Address	City	State	Zip Code

## Section 2: One-Time Direct Debit Authorization

I hereby authorize MVP Health Care® to withdraw the amount due to MVP immediately upon receipt of this authorization for the provision of health benefits.

Signature

Date

In the case of an automatic bank debit form of payment, it shall be the customer's responsibility to verify whether this payment is properly debited from their bank account. This authorization is for a one-time only debit for the initial premium payment.

This Direct Debit Authorization must be sent with your completed Enrollment form. Please follow the enrollment instructions included with this packet.

**Please keep a copy of this Authorization for your records.**

▼ **Staple a voided check or photocopy of a voided check below.** ▼

1025

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

MEMO \_\_\_\_\_

+1 0000000000 +1 0000000000 1025





# Individual and Family Plans

MVP Health Care<sup>®</sup> offers individual plans for consumers and their families who may not have insurance through their employer and do not qualify for lower-cost health insurance options.

## Network Strength

The MVP regional network of top providers, hospitals, and pharmacies throughout New York State and Vermont includes more than 60,000 providers and 3,400 facilities.

## Wherever Life Takes You, Take Gia<sup>®</sup>

The *Gia by MVP* mobile app is available 24/7 so you can get immediate or same-day virtual care, support to get healthier, access to plan information, and answers to medical questions wherever life takes you.

## 24/7 Virtual Primary Care

Same-day, high-quality virtual primary and multispecialty care from Galileo doctors via in-app messaging or video chat—no appointments necessary.

## \$600 Well-Being Reimbursement

Get reimbursed up to \$600 per contract, per calendar year for well-being items, programs, and activities.

## Savings and Value

Pay \$0 for preventive care, including physicals and immunizations, per recommended guidelines.

Beginning January 1, 2024, CVS Caremark<sup>®</sup> Cost Saver<sup>™</sup> will provide lower pharmacy out-of-pocket drug costs through GoodRx<sup>®</sup> prescription pricing.

**New York State Individual Open Enrollment is November 16–January 31 for enrollment through MVP and the Marketplace.**

### Special Enrollment Period

Certain life events may qualify you for enrollment in a new health plan outside of the Annual Open Enrollment Period. Visit [mvphealthcare.com/specialenrollment](https://mvphealthcare.com/specialenrollment) or call **1-800-TALK-MVP** (1-800-825-5687) to find out what events qualify.

See other side for more information about Individual and Family plans from MVP.



# MVP Offers a Variety of Plans for Individuals and Families

A suite of Qualified Health Plans (QHPs), made up of MVP Premier® and Premier Plus® plans, are available for purchase through NY State of Health, The Official Health Plan Marketplace. These QHPs, and more, can also be purchased directly through MVP.

## MVP Premier Plans

MVP Premier plans (Standard) are designed by the New York State and the benefit details do not vary among insurance carriers.

## MVP Premier Plus Plans

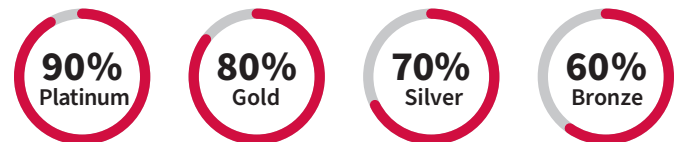
MVP Premier Plus plans (Non-Standard) contain unique features that enhance the value of the benchmark benefits offered in the Standard plans.

## Plan Types

**Traditional co-pay plans** feature out-of-pocket co-pays for health care visits. For example, in a co-pay plan, a doctor or specialist visit might require a \$10 co-pay.

**Deductible plans** include fixed deductibles—the amount that a member pays each calendar year before MVP starts to pay for covered services. Deductibles can range anywhere from a few hundred dollars with a Gold-level plan to a few thousand dollars with a Bronze-level plan.

## Plan Metal Levels



● Out-Of-Pocket Costs    ● Cost Covered By Your Premium

All MVP Individual health plans are offered in a tiered format based on four metal levels: Platinum, Gold, Silver, and Bronze. Each level has its own percentage of costs covered. As the metal level goes down, the monthly premium goes down and the member's out-of-pocket cost-share goes up.

## Questions? We're here to help.

Visit [mvphealthcare.com](http://mvphealthcare.com) or call **1-800-TALK-MVP** (1-800-825-5687) to learn more.



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.



# Vision Plans Built Around You

**Healthy vision couldn't be more important.** That's why MVP Health Care<sup>®</sup> is excited to bring you vision benefits that offer flexibility, choice, and savings—so it's easy for you to access the vision care and services you need.

## The vision network you want.

Every doctor in our vision network is carefully selected to ensure you have the flexibility to choose from the right mix of independent, national retail, and regional retail providers, including LensCrafters<sup>®</sup>, Target Optical<sup>™</sup>, and Pearle Vision<sup>™</sup>. Plus, we offer online, in-network options through **LensCrafters.com**, **Ray-Ban.com**, **Glasses.com**, and **contactsdirect.com**.

## A more convenient experience.

Our member website gives you access to benefit details, claims, provider locations, and more. And, since many providers offer extended evening and weekend hours, you can get care when it works for you. Visit **eyedoclocator.eyemedvisioncare.com** to get started.

## Choices that fit your style.

You can choose nearly any frame, lens, or contact lens—including frames from popular designer brands such as Armani, Coach, Ray-Ban, DKNY, and more.<sup>1</sup>

## Amazing savings.

You'll get even more savings with 40% off additional complete pairs of eyeglasses, 20% off non-prescription sunglasses, and 15% off standard prices on laser vision correction.<sup>2</sup>

## Answers every step of the way.

EyeMed also gives you access to their award-winning customer call center.<sup>3</sup>

**Learn more about MVP vision plans at [mvphealthcare.com/visionplans](https://mvphealthcare.com/visionplans).**

INDEPENDENT  
PROVIDER  
NETWORK



LENSCRAFTERS<sup>®</sup>

PEARLE  
VISION

TARGET  
OPTICAL

POWERED BY

eye  
Med

<sup>1</sup>All brands may not be available at all provider locations.

<sup>2</sup>Discounts only available at participating in-network providers. Does not apply to discount plans.

<sup>3</sup>Purdue University Benchmark Portal independent assessment of call centers nationwide, 2020.

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.





# MVP Vision Plans for Individuals & Families



POWERED BY  
eyeMed

MVP Health Care® vision plans are powered by EyeMed®, which means every doctor in our network is carefully selected to ensure our members have the flexibility to choose from the right mix of independent, national retail, and regional retail providers, including LensCrafters®, Target Optical®, and Pearle Vision®. Plus, we offer online, in-network options through **LensCrafters.com**, **Ray-Ban.com**, **Glasses.com**, and **ContactsDirect.com**. To learn more about MVP vision plans, call **1-800-TALK-MVP** (1-800-825-5687).

Summary of Benefits	MVP Vision 1		MVP Vision 2		MVP Vision 3		
	In-Network Provider (Member Responsibility)	Out-of-Network Provider (Reimbursement to Member)	In-Network Provider (Member Responsibility)	Out-of-Network Provider (Reimbursement to Member)	In-Network Provider (Member Responsibility)	Out-of-Network Provider (Reimbursement to Member)	
	<b>Routine Eye Exam</b> One exam every 12 months	\$10 co-pay Lenses or contact lenses every 12 months, frames every 12 months	Up to \$25	\$10 co-pay Lenses or contact lenses every 12 months, frames every 24 months	Up to \$25	\$10 co-pay Lenses or contact lenses every 12 months, frames every 24 months	Up to \$25
	<b>Frames</b>	20% off after \$170 allowance	Up to \$85	20% off after \$150 allowance	Up to \$75	20% off after \$130 allowance	Up to \$65
	<b>Lenses, Single Pair</b>						
<b>Single Vision</b>	\$25 co-pay	Up to \$7	\$25 co-pay	Up to \$7	\$25 co-pay	Up to \$7	
<b>Bifocal</b>	\$25 co-pay	Up to \$21	\$25 co-pay	Up to \$21	\$25 co-pay	Up to \$21	
<b>Trifocal</b>	\$25 co-pay	Up to \$46	\$25 co-pay	Up to \$46	\$25 co-pay	Up to \$46	
<b>Standard Progressive</b>	\$90 co-pay	Up to \$21	\$90 co-pay	Up to \$21	\$90 co-pay	Up to \$21	
<b>Premium Progressive</b> Tier 1/Tier 2/Tier 3/Tier 4	\$110/\$120/\$135/\$90 co-pay, then 20% off after \$120 allowance	Up to \$21	\$110/\$120/\$135/\$90 co-pay, then 20% off after \$120 allowance	Up to \$21	\$110/\$120/\$135/\$90 co-pay, then 20% off after \$120 allowance	Up to \$21	
<b>Lens Options, Per Pair</b>							
<b>Standard Polycarbonate</b> Adult/to age 19	\$40/\$0	Not covered/Up to \$28	\$40/\$0	Not covered/Up to \$28	\$40/\$0	Not covered/Up to \$28	
<b>Scratch Resistant Coating</b>	\$0	Up to \$11	\$0	Up to \$11	\$0	Up to \$11	
<b>UV Coating</b>	\$15	Not covered	\$15	Not covered	\$15	Not covered	
<b>Solid or Gradient Tint</b>	\$15	Not covered	\$15	Not covered	\$15	Not covered	
<b>Standard Anti-Reflection Coating</b>	\$45	Not covered	\$45	Not covered	\$45	Not covered	
<b>Additional Add-Ons and Services</b>	20% off	Not covered	20% off	Not covered	20% off	Not covered	
<b>Contact Lenses</b>							
<b>Conventional</b>	15% off after \$170 allowance	Up to \$136	15% off after \$150 allowance	Up to \$120	15% off after \$130 allowance	Up to \$104	
<b>Disposable</b>	\$170 allowance	Up to \$136	\$150 allowance	Up to \$120	\$130 allowance	Up to \$104	
<b>Rates</b> Effective January 1, 2024–December 31, 2024							
<b>Single</b>	\$8.01		\$6.70		\$6.20		
<b>Single + Spouse</b>	\$15.22		\$12.73		\$11.78		
<b>Single + Child(ren)</b>	\$16.02		\$13.40		\$12.40		
<b>Family</b>	\$23.55		\$19.70		\$18.23		

No benefits will be paid for services or materials connected with or charges arising from: orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; medical and/or surgical treatment of the eye, eyes or supporting structures; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; plano (non-prescription) lenses; non-prescription sunglasses; two pair of glasses in lieu of bifocals; services or materials provided by any other group benefit plan providing vision care; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see

EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time. Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy. Benefit allowances provide no remaining balance for future use within the same Benefit Frequency. These plan overviews are intended to provide a general outline of coverage. In the event of any conflict between this document and your Certificate of Coverage, Schedule, or any applicable Rider(s), your Certificate of Coverage, Schedule, or any applicable 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.



# 2024 Dental Benefit Plans from MVP Health Care®

## For Individual Plans in New York State



MVP partners with Healthplex to ensure members have access to the most comprehensive oral care services through a network of fully credentialed dentists and specialists. All MVP dental plans with pediatric coverage meet the Affordable Care Act (ACA) requirements for dependent children up to age 19.

**These plans can be purchased alongside your MVP medical plan, or as a standalone dental benefit.**

	MVP Dental for Kids <sup>1</sup>		MVP Dental PPO <sup>1</sup> -Family		MVP Dental PPO <sup>1</sup> -Adults	
	In-Network	Out-of-Network <sup>1</sup>	Up to Age 19	Age 19 and Over	In-Network	Out-of-Network <sup>1</sup>
<b>Annual Deductible</b>	None	None	None	\$50 <sup>2</sup>	\$100	\$100
<b>Annual Out-of-Pocket Maximum</b>	\$400 for one child, \$800 for two or more children	None	IN: \$400 for one child, \$800 for two or more children <b>OUT:</b> None	None	None	None
<b>Annual Maximum Benefit</b>	None	None	None	\$750	\$1,000 (In- and out-of-network combined)	
<b>Emergency and Preventive Dental</b>	\$25 co-pay	\$25 co-pay	\$25 co-pay	Covered in full	Covered in full	Covered in full
<b>Routine Dental</b> Exams, X-rays, Simple Extractions, Fillings	\$25 co-pay	\$25 co-pay	\$25 co-pay	0%, after deductible	20%, after deductible	20%, after deductible
<b>Oral Surgery</b>	50%	50%	50%	20%, after deductible	20%, after deductible	20%, after deductible
<b>Endodontics</b> Root Canals	50%	50%	50%	20%, after deductible	50%, after deductible	50%, after deductible
<b>Periodontics</b>	50%	50%	50%	20%, after deductible	50%, after deductible	50%, after deductible
<b>Prosthodontics<sup>3</sup></b> Partial Dentures, Crowns	50%	50%	50%	50%, after deductible	50%, after deductible	50%, after deductible
<b>Orthodontics<sup>3</sup></b>	50%	50%	50%	Not covered	Not covered	Not covered

### Regional Rates

Effective January 1, 2024–December 31, 2024

	Single Child	Single + Spouse	Single + Child(ren)	Single + Spouse + Child(ren)	Single	Single + Spouse	Single + Child(ren)	Single + Spouse + Child(ren)	Single	Single + Spouse	Single + Child(ren)	Single + Spouse + Child(ren)
<b>Albany</b>	\$14.62	N/A	N/A	N/A	\$15.00	\$29.62	\$34.27	\$52.87	\$13.94	\$27.50	N/A	N/A
<b>Buffalo</b>	\$14.62	N/A	N/A	N/A	\$15.00	\$29.62	\$34.27	\$52.87	\$13.94	\$27.50	N/A	N/A
<b>Mid-Hudson</b>	\$14.62	N/A	N/A	N/A	\$15.00	\$29.62	\$34.27	\$52.87	\$13.94	\$27.50	N/A	N/A
<b>New York City</b>	\$14.62	N/A	N/A	N/A	\$15.00	\$29.62	\$34.27	\$52.87	\$13.94	\$27.50	N/A	N/A
<b>Rochester</b>	\$14.62	N/A	N/A	N/A	\$15.00	\$29.62	\$34.27	\$52.87	\$13.94	\$27.50	N/A	N/A
<b>Syracuse</b>	\$14.62	N/A	N/A	N/A	\$15.00	\$29.62	\$34.27	\$52.87	\$13.94	\$27.50	N/A	N/A
<b>Utica/Watertown</b>	\$14.62	N/A	N/A	N/A	\$15.00	\$29.62	\$34.27	\$52.87	\$13.94	\$27.50	N/A	N/A

<sup>1</sup> Any charges of a non-participating provider that are in excess of the allowed amount do not apply toward the deductible or out-of-pocket maximum. If billed by your provider, you must pay the amount of the non-participating provider's charge that exceeds our allowed amount.

<sup>2</sup> Deductible applies to routine dental care, endodontics, periodontics, and prosthodontics.

<sup>3</sup> Service requires prior authorization, and must be medically necessary.

IN: In-Network OUT: Out-of-Network

Predetermination of benefits available.

MVP Dental for Kids, MVP Dental PPO for Adults, and MVP Dental PPO for Families are administered by Healthplex, Inc.

MVP is not licensed to sell Individual dental products in the following counties:

Allegany, Cattaraugus, Chautauqua (Buffalo Region); Bronx, Kings, New York, Queens, Richmond (NYC Region).

This chart is intended to provide a general outline of MVP Dental coverage. In the event of any conflict between this document, and your Dental Contract and Schedule of Benefits, your Dental Contract and Schedule of Benefits 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.

### Questions?

Existing MVP Dental plan members can call the MVP Customer Care Center at the number on the back of their Dental Member ID card.

### Ready to purchase a dental plan?

For more information, call **1-800-TALK-MVP** (1-800-825-5687) or visit **mvphealthcare.com**.







# Pediatric Basic Plan for individuals — 2024 rates

## Delta Dental PPO™

A Delta Dental PPO plan makes it easy for members to find a dentist and control costs when visiting a Delta Dental network provider. Delta Dental also offers competitive rates and access to one of the largest dentist networks in the U.S., making quality dental care accessible and affordable for members. Monthly rates for the Pediatric Basic Plan for individuals in 2024 are listed below.

Subscriber (age 19+)	Subscriber	Subscriber + spouse	Subscriber + children	Family
<b>Albany Region</b> <b>Counties:</b> Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	\$0.00	\$17.91	\$34.03	\$34.03
<b>Buffalo Region</b> <b>Counties:</b> Allegany*, Cattaraugus*, Chautauqua*, Erie, Genesee, Niagara, Orleans, Wyoming	\$0.00	\$16.77	\$31.86	\$31.86
<b>Mid-Hudson Region</b> <b>Counties:</b> Delaware, Dutchess, Orange, Putnam, Sullivan, Ulster	\$0.00	\$20.03	\$38.06	\$38.06
<b>New York City Region</b> <b>Counties:</b> Bronx*, Kings*, New York*, Queens*, Richmond*, Rockland, Westchester	\$0.00	\$24.68	\$46.89	\$46.89
<b>Rochester Region</b> <b>Counties:</b> Livingston, Monroe, Ontario, Seneca, Wayne, Yates	\$0.00	\$17.38	\$33.02	\$33.02
<b>Syracuse Region</b> <b>Counties:</b> Broome, Cayuga, Chemung, Cortland, Onondaga, Schuyler, Steuben, Tioga, Tompkins	\$0.00	\$17.61	\$33.46	\$33.46
<b>Utica/Watertown Region</b> <b>Counties:</b> Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, Otsego, St. Lawrence	\$0.00	\$17.51	\$33.27	\$33.27

\*MVP is not licensed to sell in this county

**Rates listed above are for pediatric coverage only.** Eligible members must be under the age of 19 to qualify.

For subscribers under the age of 19, contact your MVP Health Care® Representative for additional rates.

You must purchase an MVP medical plan in order to qualify for this pediatric dental coverage.

Delta Dental is a registered mark of Delta Dental Plans Association.

# Benefit highlights

## Delta Dental Individual



### Delta Dental PPO™ Pediatric Basic Plan

Deductibles & maximums per calendar year	Pediatric benefits (up to age 19)
<b>Deductible</b> Enrollee	\$65 per pediatric enrollee
<b>Deductible waived</b> Deductible does not apply to these services	n/a
<b>Annual maximum</b> Maximum the plan will pay each year for services per person	None
<b>Out-of-pocket maximum</b> After this amount is reached, the plan pays 100% of the remaining covered services for that year. Applies only to in-network services.	\$400 one pediatric enrollee, \$800 two or more pediatric enrollees

Covered services*	Delta Dental pays	Enrollee pays
<b>Diagnostic and preventive services</b>	100%	0%
<b>Basic services</b>	50%	50%
<b>Major services</b>	50%	50%
<b>Orthodontics</b> (Only medically necessary procedures)	50%	50%
<b>Waiting periods</b>	None	None

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan.  
Reimbursement to dentists is based on contracted fees for all dental providers.

Delta Dental PPO™ is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc. In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.



[deltadentalins.com/enrollees](https://deltadentalins.com/enrollees)

# Non-Discrimination Notice

## For MVP Commercial Plans



MVP Health Care® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sexual orientation and gender identity). MVP Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including sexual orientation and gender identity).

### What MVP Health Care Provides

Free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

### If You Need These Services

If you need these services, contact Elona Charles-Wilson at **1-844-946-8009** (TTY: 1-800-662-1220).

### How to File a Grievance or Complaint

If you believe that MVP has not given you these services or has treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with MVP by:

**Mail:** ATTN: ELONA CHARLES-WILSON  
CIVIL RIGHTS COORDINATOR  
MVP HEALTH CARE  
625 STATE ST  
SCHENECTADY NY 12305-2111

**Phone:** **1-844-946-8009**  
(TTY/TDD: 1-800-662-1220)

**In person:** 625 State Street, Schenectady, NY

**Email:** [civilrightscoordinator@mvphealthcare.com](mailto:civilrightscoordinator@mvphealthcare.com)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

**Online:** [ocrportal.hhs.gov](https://ocrportal.hhs.gov)

**Mail:** US DEPT OF HEALTH & HUMAN SRVS  
200 INDEPENDENCE AVE SW  
HHH BLDG ROOM 509F  
WASHINGTON DC 20201

**Phone:** **1-800-368-1019**  
(TTY/TTD: 1-800-537-7697)

Complaint forms are available by visiting [hhs.gov/regulations](https://hhs.gov/regulations) and selecting *Complaints & Appeals*, then *Civil Rights: How to file a complaint*.

### Multi-Language Interpreter Services

#### Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-844-946-8010** (TTY: 1-800-662-1220).

#### 繁體中文 (Chinese)

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-844-946-8010** (TTY: 1-800-662-1220)。

#### Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-844-946-8010** (телетайп: 1-800-662-1220).

#### Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-844-946-8010** (TTY: 1-800-662-1220).

#### 한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-844-946-8010** (TTY: 1-800-662-1220) 번으로 전화해 주십시오.

#### Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-844-946-8010** (TTY: 1-800-662-1220).

#### אידיש (Yiddish)

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. **1-844-946-8010** (TTY: 1-800-662-1220)

#### বাংলা (Bengali)

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **১-৮৪৪-৯৪৬-৮০১০** (TTY: ১-৮০০-৬৬২-১২২০)।

#### Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-844-946-8010** (TTY: 1-800-662-1220).

#### العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **0108-649-448-1** (رقم هاتف الصم والبكم: 1-0221-266-008).

#### Français (French)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-844-946-8010** (ATS: 1-800-662-1220).

#### اردو (Urdu)

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-844-946-8010** (TTY: 1-800-662-1220)۔

#### Tagalog (Tagalog-Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-844-946-8010** (TTY: 1-800-662-1220).

#### Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-844-946-8010** (TTY: 1-800-662-1220).

#### Shqip (Albanian)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-844-946-8010** (TTY: 1-800-662-1220).





# Notice of Privacy Practices

MVP Health Plan, Inc.  
MVP Health Services Corp.  
MVP Health Insurance Company

## Effective Date

This Notice of Privacy Practices is effective as of April 1, 2014 and revised April 21, 2023.

**This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.**

MVP Health Plan, Inc., MVP Health Services Corp., and MVP Health Insurance Company (collectively “MVP”, “we”, or “us”) respect the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information, provide you with this notice of our privacy practices and legal duties and to abide by the terms of this notice.

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and state laws and regulations regarding the confidentiality of health information, MVP provides this notice to explain how we may use and disclose your health information to carry out payment and health care operations and for other purposes permitted or required by law. Health information is defined as enrollment, eligibility, benefit, claim, and any other information that relates to your past, present, or future physical or mental health.

The terms and conditions of this privacy notice supplement any other communications, policies, or notices that MVP may have provided regarding your health information. In the event of conflict between this notice and any other MVP communications, policies, or notices, the terms and conditions of this notice shall prevail.

## MVP’s Duties Regarding Your Health Information

MVP is required by law to:

- Maintain the privacy of information about your health in all forms including oral, written, and electronic
- Train all MVP employees in the protection of oral, written, and electronic protected health information (PHI)
- Limit access to MVP’s physical facility and information systems to the required minimum necessary to provide services
- Maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard PHI
- Notify you following a breach of unsecured health information
- Provide you with this notice of our legal duties and health information privacy rules
- Abide by the terms of this notice.

We reserve the right to change the terms of this notice at any time, consistent with applicable law, and to make those changes effective for health information we already have about you. Once revised, we will advise you that the notice has been updated, provide you with information on how to obtain the updated notice, and will post it on [mvphealthcare.com](http://mvphealthcare.com).

## How We Use or Disclose Your Health Information

As a member, you agree to let MVP share information about you for treatment, payment,

and health care operations. The following are ways we may use or disclose your health information.

**For Treatment**

We may share your health information with a physician or other health care provider in order for them to provide you with treatment.

**For Payment**

We may use and/or disclose your health information to collect premium payments, determine benefit coverage, or to provide payment to health care providers who render treatment on your behalf.

**For Health Care Operations**

We may use or disclose your health information for health care operations that are necessary to enable us to arrange for the provision of health benefits, the payment of health claims, and to ensure that our members receive quality service. For example, we may use and disclose your health information to conduct quality assessment and improvement activities (including, e.g., surveys), case management and care coordination, licensing, credentialing, underwriting, premium rating, fraud and abuse detection, medical review, and legal services. We will not use or disclose your health information that is genetic information for underwriting purposes. We also use and disclose your health information to assist other health care providers in performing certain health care operations for those health care providers, such as quality assessment and improvement, reviewing the competence and qualifications of health care providers, and conducting fraud detection or investigation, provided that the information used or disclosed pertains to the relationship you had or have with the health care provider.

**Health-Related Benefits and Services**

We may use or disclose your health information to tell you about alternative medical treatments and programs, or about health-related products and services that may be of interest to you.

**Disclosures to a Business Associate**

We may disclose your health information to other companies that perform certain functions on our behalf. These companies are called Business Associates. These Business Associates must agree in writing to protect your privacy and follow the same rules we do.

**Disclosures to a Plan Sponsor**

We may disclose limited information to the plan sponsor of your group health plan (usually your employer) so that the plan sponsor may obtain premium bids, modify, amend, or terminate your group health plan and perform enrollment functions on your behalf.

**Disclosures to a Third-Party Representative**

We may disclose to a Third-Party Representative (family member, relative, friend, etc.) health information that is directly relevant to that person's involvement with your care or payment for care if we can reasonably infer that the person is involved in your care or payment for care and that you would not object.

**Disclosures to a Third-Party Application**

You may direct MVP to provide specific information it maintains about you, including health information, through a third-party application chosen by you. If so, MVP may disclose your information to one or more third-party applications as directed by you.

**Email or Telephonic Communications to You**

You agree that we may communicate as allowed by applicable law via email or phone, including by text message, with you regarding insurance premiums or for other purposes relating to your benefits, claims, or our products/services. Your agreement includes consent to receive email, phone, or text message communications from us to the extent such consent is required or allowed by applicable law, including as may be allowed or required under the Telephone Consumer Protection Act. Further, you understand that such communications (utilizing encryption software for our email transmissions



or other security controls for phone and text message) may contain confidential information, protected health information, or personally identifiable information.

### **Disclosures Authorized by You**

Except for the scenarios described in this notice, HIPAA prohibits the disclosure of your health information without first obtaining your authorization. MVP will not use or disclose your health information to engage in marketing, other than face to face communications, the offering of a promotional gift, or as set forth in this notice, unless you have authorized such use or disclosure. MVP will not use or disclose your health information for any reason other than those described above, unless you have provided authorization. We can accept an *Authorization to Disclose Information* form if you would like us to share your health information with someone for a reason we have not stated above. Using this form, you can designate whom you would like us to share information with, what information you would like us to share, and how long you want us to be able to share your information with that individual. A copy of this form is available by calling the MVP Member Services/Customer Care Center. Or visit [mvphealthcare.com/ADI](http://mvphealthcare.com/ADI). You must complete this form and return it to MVP by mail or fax. You can cancel this Authorization at any time in writing and per the requirements on the form.

### **Disclosures to Parents (or Other Third-Party Representatives) of Minors**

MVP has a policy in place to protect the privacy of minors with sensitive diagnoses. MVP has developed this position based upon legal requirements together with MVP's commitment to safeguarding the privacy of its members who receive care for sensitive needs.

If a minor 12–18 years old receives services or treatment related to mental health, chemical dependency or substance use, venereal disease, HIV/AIDS, family planning, prenatal care, or abortion-related services, MVP must have an

*Authorization to Disclose Information* form on file from the minor to disclose most information to a parent, guardian, or other third-party representative. Please note that MVP can always share benefit/eligibility/cost-share information with a subscriber for their dependents.

To download the *Authorization to Disclose Information* form, visit [mvphealthcare.com/ADI](http://mvphealthcare.com/ADI). You can also call the MVP Member Services/Customer Care Center at the phone number listed on the back of your MVP Member ID card (TTY 711).

### **Special Use and Disclosure Situations**

Under certain circumstances, as required by law, MVP would be required to share your information without your permission. Some circumstances include the following:

#### **Uses and Disclosures Required by Law**

We may use and disclose health information about you when we are required to do so by federal, state, or local law.

#### **Public Health**

We may disclose your health information for public health activities. These activities include preventing or controlling disease, injury, or disability; reporting births or deaths; or reporting reactions to medications or problems with medical products, or to notify people of recalls of products they have been using.

#### **Health Oversight**

We may disclose your health information to a health oversight agency that monitors the health care system and government programs for designated oversight activities.

#### **Legal Proceedings**

We may disclose your health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) and, in certain situations, in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement**

We may disclose your health information, so long as applicable legal requirements are met, for law enforcement purposes.

**Abuse or Neglect**

We may disclose your health information to a public health authority, or other government authority authorized by law to receive reports of child abuse, neglect, or domestic violence consistent with the requirements of applicable federal and state laws.

**Coroners, Funeral Directors, and Organ Donation**

We may disclose your health information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose your health information to funeral directors as necessary to carry out their duties. If you are an organ donor, we may release your health information for procurement, banking, or transplantation.

**Research Purposes**

In certain circumstances, we may use and disclose your health information for research purposes.

**Criminal Activity**

We may disclose your health information when necessary to prevent or lessen serious and imminent threat to the health and safety of a person or the public.

**Military Activity**

We may disclose your health information to authorized federal officials if you are a member of the military (or a veteran of the military).

**National Security**

We may disclose your health information to authorized federal officials for national security, intelligence activities, and to enable them to provide protective services for the President and others.

**Workers' Compensation**

We may disclose your health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

**What are your rights?**

The following are your rights with respect to your health information. Requests for restrictions, confidential communications, accounting of disclosures, amendments to your health information, to inspect or copy your health information, or questions about this notice can be made by using the Contact Information below.

**Right to Request Restrictions**

You have the right to request a restriction or limitation on your health information we disclose for payment or health care operations. You also have the right to request a limit on the information we disclose about your health to someone who is involved in your care or the payment for your care, like a family member, relative, or friend. While we will try to honor your request, we are not legally required to agree to restrictions or limitations. If we agree, we will comply with your request or limitations except in emergency situations.

**Right to Request Confidential Communications**

You have the right to request that we communicate with you about your health information in a certain way or at a certain location if the disclosure of information could endanger you. We will require the reason for the request and will accommodate all reasonable requests.

**Right to an Accounting of Disclosures**

You have the right to request an accounting of disclosures of your health information made by us other than those necessary to carry out treatment, payment, and health care operations, disclosures made to you or authorized by you, or in certain other situations.

**Right to Inspect and Obtain Copies of Your Health Information**

You have the right to inspect and obtain a copy of certain health information that we maintain.



In limited circumstances, we may deny your request to inspect or obtain a copy of your health information. If we deny your request, we will notify you in writing of the reason for the denial and if applicable the right to have the denial reviewed.

### **Right to Amend**

If you feel that the health information we maintain about you is incomplete or inaccurate, you may ask us to amend the information. In certain circumstances we may deny your request. If we deny the request, we will explain your right to file a written statement of disagreement. If we approve your request, we will include the change in your health information and tell others that need to know about your changes.

### **Right to a Copy of the Notice of Privacy Practices**

You have the right to obtain a copy of this notice at any time. You can also view this notice at **[mvphealthcare.com/privacy-notice](http://mvphealthcare.com/privacy-notice)**.

### **Exercising Your Rights**

Unless you provide us with a written authorization, we will not use or disclose your health information in any manner not covered by this notice. If you authorize us in writing to use or disclose your health information in a manner other than described in this notice, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your authorization; however, we will not reverse any uses or disclosures already made in reliance on your authorization before it was revoked.

You have a right to receive a copy of this notice at any time. You can also view this notice at **[mvphealthcare.com/privacy-notice](http://mvphealthcare.com/privacy-notice)**.

If you believe that your privacy rights have been violated, you may file a complaint by contacting an MVP Member Services/Customer Care Representative at the address or phone number indicated in the **Contact Information** at the end of this notice.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human

Services. Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem. We will provide you with this address upon request.

### **We Will Not Take Any Action Against You for Filing a Complaint**

We will not retaliate in any way if you choose to file a complaint in good faith with us or with the U.S. Department of Health and Human Services. We support your rights to the privacy of your medical information.

### **Contact Information**

If you have questions, or would like to request this notice in an alternate language or format, call the MVP Member Services/Customer Care Center at the phone number listed below. The phone number is also on the back of your MVP Member ID card for your convenience.

#### **MVP Medicare Customer Care Center**

October 1–March 31, call seven days a week, 8 am–8 pm Eastern Time. April 1–September 30, call Monday–Friday, 8 am–8 pm Eastern Time.

**1-800-665-7824** (TTY 711)

#### **MVP Member Services/Customer Care Center**

Monday–Friday, 8 am–6 pm Eastern Time.

**MVP Medicaid, Child Health Plus, and MVP Harmonious Health Care Plan<sup>®</sup> Members**

**1-800-852-7826** (TTY 711)

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#### **MVP DualAccess (D-SNP) Members**

**1-866-954-1872** (TTY 711)

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#### **All Other MVP Members**

**1-888-687-6277** (TTY 711)

#### **Mail written communications to MVP at:**

MVP CUSTOMER CARE CENTER  
PO BOX 2207  
SCHENECTADY NY 12301-2207