

# New York

Plan Name: MVP EPO Bronze 2 Pending Approval by the New York State Department of Financial Services

Plan Form: NY-EPO-SB-002 (2021)

Plan Status: Pending



| Plan Cost-Sharing Highlights   | Coverage Information  | Limits and Exclusions                                     |
|--|---|---|
| <b>Annual Deductible per Contract Year</b>   | \$6,000 Person/\$12,000 Family - Embedded   | None  |
| <b>Co-insurance</b>  | 30% Person/30% Family   | None  |
| <b>Annual Out-of-Pocket Maximum</b>  | \$8,400 Person/\$16,800 Family - Embedded   | None  |
| <b>Primary Care Physician Office Visits</b>  | \$35 copay* - \$0 copay first 3 visits  | \$0 copay first 3 visits                                  |
| <b>Specialist Office Visits</b>  | \$60 copay*   | None  |
| <b>Preventive &amp; Well Care Services</b>   |   |   |
| Well Child Care & Immunizations<br>Adult Annual Physical (One per Contract Year)<br>Mammography<br>Annual Pap Test & Ob/Gyn Exam<br>Immunizations for Adults<br>Colonoscopy /Sigmoidoscopy Screening<br>Bone Density Tests | Covered in Full.<br>For a full list of covered preventive care services, visit <a href="http://mvphealthcare.com">mvphealthcare.com</a> . | None  |
| <b>Physician Office Visits</b>   |   |   |
| <b>Diagnostic Laboratory Services</b>  | PCP: \$35 copay*/Spec: \$60 copay*  | \$0 copay first 3 visits                                  |
| <b>Diagnostic X-ray</b>  | PCP: \$35 copay*/Spec: \$60 copay*  | \$0 copay first 3 visits                                  |
| <b>Advanced Imaging Services (CT/PET scans, MRIs)</b>  | Spec: \$60 copay*/Free-Stnd: \$60 copay*  | None  |
| <b>Rehabilitative Services (PT/OT/ST)</b>  | \$60 copay*   | 54 visits per condition, per Plan Year combined therapies |
| <b>Allergy Services</b>  | \$60 copay*   | Cost share dependent on location of services              |
| <b>Chemotherapy</b>  | \$60 copay*   | None  |
| <b>Inpatient Services - Hospital</b>   |   |   |
| <b>Medical/Surgical Admissions</b>   | 30% coinsurance*  | Per continuous confinement                                |
| <b>Surgical Services</b>   | 30% coinsurance*  | None  |
| <b>Inpatient Physical Rehabilitation</b>   | 30% coinsurance*  | 60 days per Plan Year Combined Therapies                  |
| <b>Outpatient Hospital Services</b>  |   |   |
| <b>Hospital Rehab Services (PT/OT/ST)</b>  | \$60 copay*   | 54 visits per condition/year combined therapies           |
| <b>Diagnostic Laboratory Services ++</b>   | \$60 copay*   | None  |
| <b>Diagnostic X-ray ++</b>   | \$60 copay*   | None  |
| <b>Advanced Imaging Services (CT/PET, scans, MRIs) ++</b>  | \$60 copay*   | None  |
| <b>Ambulatory/Outpatient Surgery ++</b>  | \$300 copay*  | None  |
| <b>Emergency Care</b>  |   |   |
| <b>Emergency Room (ER) Visit</b>   | \$350 copay*  | None  |
| <b>Urgent Care Centers</b>   | \$60 copay*   | None  |
| <b>Ambulance (Emergency Medical Transportation)</b>  | \$350 copay*  | None  |
| <b>Maternity Services</b>  |   |   |
| <b>Maternity – Prenatal Care</b>   | Covered in Full   | None  |
| <b>Maternity – Physician Delivery</b>  | 30% coinsurance*  | None  |
| <b>Maternity – Inpatient Hospital Services</b>   | 30% coinsurance*  | None  |

\*Deductible applies to this benefit

# New York

Plan Name: MVP EPO Bronze 2 Pending Approval by the New York State Department of Financial Services

Plan Form: NY-EPO-SB-002 (2021)

Plan Status: Pending



|   | Coverage Information   | Limits and Exclusions  |
|---|--|--|
| <b>Behavioral Health Services</b>         |  |  |
| Mental Health Inpatient Hospital          | 30% coinsurance*   | Including residential treatment  |
| Mental Health Outpatient                  | \$35 copay* - \$0 copay first 3 visits   | \$0 copay first 3 visits   |
| Substance Use Disorder Inpatient Hospital | 30% coinsurance*   | Including residential treatment  |
| Substance Use Disorder Outpatient         | \$35 copay* - \$0 copay first 3 visits   | \$0 copay first 3 visits, Unlimited; Up to 20 visits per plan year may be used for family counseling |
| Residential Treatment                     | 30% coinsurance*   | 200 days per plan year   |
| <b>Other Services</b>                     |  |  |
| Skilled Nursing Facility                  | 30% coinsurance*   | 200 days per plan year   |
| Home Health Care                          | \$50 copay*  | 60 visits per plan year  |
| Hospice                                   | Inpt: 30% 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             | \$35 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*  | \$100 max out of pocket on 30 day supply of Insulin  |
| Tier 3                                    | Pharm: \$60 copay*/Mail: \$150 copay*  | 30 day retail/90 day mail order  |
| Prescription Drug Deductible              | Subject to annual deductible   | 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   | Covered in Full  | 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.