

New York

Plan Name: MVP EPO Platinum 5

Plan Form: NY-EPO-SP-005 (2021)

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	\$3,550 Person/\$7,100 Family - Embedded	None
Primary Care Physician Office Visits	\$15 copay	None
Specialist Office Visits	\$25 copay	None
Preventive & Well Care Services		
Well Child Care & Immunizations Adult Annual Physical (One per Contract Year) Mammography Annual Pap Test & Ob/Gyn Exam Immunizations for Adults Colonoscopy /Sigmoidoscopy Screening Bone Density Tests	Covered in Full. For a full list of covered preventive care services, visit mvphealthcare.com .	None
Physician Office Visits		
Diagnostic Laboratory Services	PCP: \$15 copay/Spec: \$25 copay	None
Diagnostic X-ray	PCP: \$15 copay/Spec: \$25 copay	None
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: \$50 copay/Free-Stnd: \$50 copay	None
Rehabilitative Services (PT/OT/ST)	\$25 copay	54 visits per condition, per Plan Year combined therapies
Allergy Services	\$25 copay	Cost share dependent on location of services
Chemotherapy	\$25 copay	None
Inpatient Services - Hospital		
Medical/Surgical Admissions	\$550 copay	Per continuous confinement
Surgical Services	Covered in Full	None
Inpatient Physical Rehabilitation	\$550 copay	60 days per Plan Year Combined Therapies
Outpatient Hospital Services		
Hospital Rehab Services (PT/OT/ST)	\$25 copay	54 visits per condition/year combined therapies
Diagnostic Laboratory Services **	\$25 copay	None
Diagnostic X-ray **	\$25 copay	None
Advanced Imaging Services (CT/PET, scans, MRIs) **	\$50 copay	None
Ambulatory/Outpatient Surgery **	\$300 copay	None
Emergency Care		
Emergency Room (ER) Visit	\$200 copay	None
Urgent Care Centers	\$25 copay	None
Ambulance (Emergency Medical Transportation)	\$200 copay	None
Maternity Services		
Maternity – Prenatal Care	Covered in Full	None
Maternity – Physician Delivery	Covered in Full	None
Maternity – Inpatient Hospital Services	\$550 copay	None

New York

Plan Name: MVP EPO Platinum 5

Plan Form: NY-EPO-SP-005 (2021)

Plan Status: Active



	Coverage Information	Limits and Exclusions
Behavioral Health Services		
Mental Health Inpatient Hospital	\$550 copay	Including residential treatment
Mental Health Outpatient	\$15 copay	None
Substance Use Disorder Inpatient Hospital	\$550 copay	Including residential treatment
Substance Use Disorder Outpatient	\$15 copay	Unlimited; Up to 20 visits per plan year may be used for family counseling
Residential Treatment	\$550 copay	None
Other Services		
Skilled Nursing Facility	\$550 copay	200 days per plan year
Home Health Care	\$25 copay	60 visits per year
Hospice	Inpt: \$550 copay / Outpt: \$25 copay	210 days per plan year, 5 visits for family bereavement counseling
Durable Medical Equipment	50% coinsurance	Standard equipment covered
Diabetic Supplies & Equipment	\$15 copay	None
Chiropractic Benefit	\$25 copay	None
Acupuncture	50% coinsurance	12 visits per plan year
Prescription Drug Coverage		
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	None	None
Vision Care		
Adult Vision Care	\$25 copay	One exam per every other Plan Year
Pediatric Vision Care	\$25 copay	One exam per 12-month period
Other Plan Features		
Telemedicine Services	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 mvphealthcare.com 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 mvphealthcare.com .	

MVP's \$0 telemedicine services include emergency, urgent and primary care, as well as mental health and psychiatry. All from your smartphone, tablet, or computer. Access the tools, support, and resources you need at mvphealthcare.com or call the MVP Customer Care Center phone number listed on the back of your MVP Member ID card.

Telemedicine services from MVP Health Care are powered by Amwell, UCM Digital Health, and Physera. Virtual physical therapy through Physera is available on large group plans only. Regulatory restrictions may apply.

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.

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**

Lower your health care costs with MVP preferred providers.




MVP Health Care® preferred providers give you lower-cost options for laboratory, radiology, and ambulatory/outpatient surgery services—without compromising quality.

Pay as little as \$0!

If your plan is not subject to an annual deductible, medically necessary services are covered in full from day one with MVP preferred providers.

If your plan is subject to an annual deductible, you can save on out-of-pocket costs with MVP preferred providers until your deductible is met, then medically necessary services are covered in full.

How much money can you save with an MVP preferred provider?

	Non-Preferred Provider	MVP Preferred Provider	Your Savings
 Laboratory Service (Comprehensive Metabolic Screening and Lipid Panel)	\$172	\$40	\$132
 Radiology Service (Abdominal MRI)	\$1,184	\$757	\$427
 Ambulatory/Outpatient Surgery Service (Cataract Surgery)	\$4,990	\$1,452	\$3,538

The figures above are averages of what MVP members with access to preferred providers could pay. Costs may vary based on location and facility.



Find an MVP preferred provider near you.

Visit mvphealthcare.com/findadoctor and *Sign In* to your online account, then provide your location and select *Preferred Provider Facilities* to see a list of participating facilities.

Or, call the MVP Customer Care Center at the number on the back of your MVP Member ID card.

MVP preferred providers are not available on Vermont plans, New York Individual Standard plans, Healthy New York plans, and self-funded plans. Preferred providers are not available in all counties.

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.



Welcome to WellBeing Rewards

Earn **\$600** on your path to well-being!

MVP Health Care* is committed to helping you along your path to better health. By making healthy choices, you can earn up to \$600, per contract, per calendar year, with WellBeing Rewards.*

Earning Rewards is Simple

Earn up to \$200 for completing health-related activities.

Each point is equal to \$1 and can be redeemed in increments of \$50.

Personal Health Assessment <i>Required</i>	50 points
Biometric Screening/Health Risk Screening	100 points
Online Classes <i>(10 points each class completed)</i>	50 points
Quarterly Well-Being Challenges <i>(25 points each challenge completed)</i>	100 points
Email Tips Sign-Up	10 points

Well-Being Attestations

Preventive Screening	30 points
Health Care Literacy	10 points
Physical Fitness	10 points
Mind & Spirit	10 points
Surroundings	10 points
Social	10 points

New! Preventive Screenings

Mammogram	30 points
-----------	------------------

New! Diabetic Screenings

Diabetic Retinal Eye Exam	20 points
Diabetic Blood Test (Hba1c)	20 points
Diabetic Urine Test for Protein	20 points

New! Colorectal Cancer Screenings

Points earned for completion of one screening

Colonoscopy	30 points
FIT Test	20 points
Cologuard*	20 points

Track Activity Effortlessly with Connected!

Collect up to \$200 more for tracking your activity with a wearable fitness device or an online app.**

Connected! Activity Tracking

8,000 Steps, 30-Minute Workout, or one Workout via the ASHConnect™ app	1 credit per day
--	-------------------------

Receive Reimbursements

MVP will reimburse you up to \$200 for expenses associated with activities, tools, and online apps that enhance your well-being, like sport memberships, mindfulness apps, park passes, and more.

WellBeing
REWARDS

be active • choose healthy • earn rewards

Getting Started



1 Access Your MVP Online Account
Visit mvphealthcare.com and *Sign In* or *Register*, then select *Begin Your Path to Well-Being*.

2 Complete Activities and Earn Points
Your well-being homepage is where you see what tasks you have completed and if any still need your attention. From here you can download the *Well-Being Reimbursement* form. Follow the instructions on the form to receive reimbursements.

3 Redeem Your Earned Points
Points can be redeemed in increments of \$50, but you must complete the Personal Health Assessment before the Redeem button will be available on your well-being homepage.

! Issues logging into your MVP online account?
Call MVP eSupport at **1-888-656-5695**.

Important Dates to Remember

January 15

Your program will reset on your well-being homepage, and it will include credit for all activities completed January 1 and forward of the new calendar year.

December 1

The Health Risk Screening form must be submitted to receive points for the calendar year.

December 31

All points must be redeemed, or they will be forfeited permanently.

Well-Being Discounts

Get discounts on popular health and fitness brand products and services, including athletic apparel and gear, activity tracking devices, and fitness equipment with the ChooseHealthy® program.

Enroll in the Active&Fit Direct™ program for access to 11,000+ fitness centers and 1,500+ digital fitness videos for a low monthly fee.

Learn More About MVP WellBeing Rewards

Visit mvphealthcare.com and *Sign In*, then select *Begin Your Path to Well-Being*. Or call the MVP Customer Care Center at the number on the back of your MVP Member ID card.

* This benefit is not available on Vermont Individual and Small Group Standard plans or New York Essential plans. \$600 WellBeing Rewards is offered as a buy-up option on self-funded plans.

** The Healthyroads® program and MVP Health Care do not cover the cost of wearable fitness devices/apps.

WellBeing Rewards is administered in part by Healthyroads, Inc. (Healthyroads). Healthyroads, a well-being program operated by American Specialty Health Management, Inc., (ASH Management), may use and/or provide your plan sponsor, or other entities that have contracted with your plan sponsor to administer your plan, with information (such as program activity points) involving your participation in our programs so that your plan sponsor or its contracted entity can administer the applicable incentive program. ASH Management may also use personal information obtained from your participation in our programs to provide you with other Healthyroads services on behalf of your plan sponsor. By participating in this program, you acknowledge that ASH Management may use and/or provide this information as stated above. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your plan sponsor and they will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status. Incentives may be taxable income that you are responsible to report.

The Healthyroads program is provided by American Specialty Health Management, Inc. (ASH Management), the ChooseHealthy program is provided by ChooseHealthy, Inc., and the Active&Fit Direct program is provided by American Specialty Health Fitness, Inc., all subsidiaries of American Specialty Health, Inc. (ASH). ASHConnect, Healthyroads, ChooseHealthy, and Active&Fit Direct are registered trademarks of ASH and used with permission herein. Other names and logos may be trademarks of their respective owners. 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.

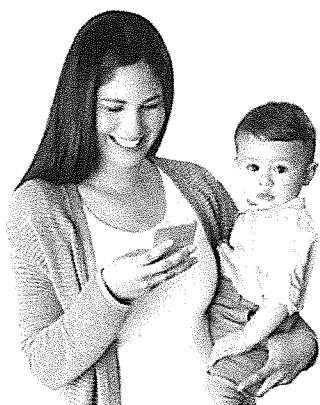
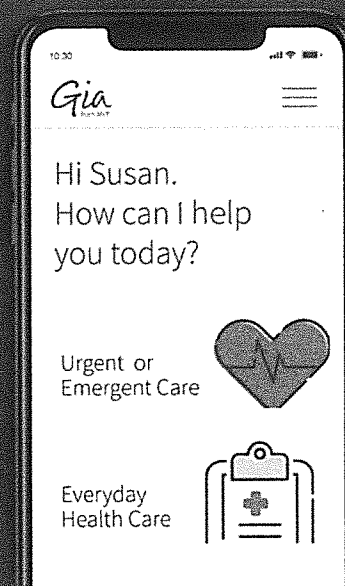
WellBeing
REWARDS

be active • choose healthy • earn rewards

Get the right care, right away.

Start with

GiaSM



Chronic issues, sudden symptoms, accidents or anxiety, questions and concerns...we all need care from time to time. But where should you turn first? **Start with Gia! Exclusively from MVP Health Care.®**

Gia is your ultimate health care connection.

Available 24/7 by phone, web, or mobile app, Gia expertly assesses your health needs and quickly refers you to the right care.

Save time.

Why spend weeks waiting for an appointment or hours at the ER or urgent care? Get instant advice from a medical professional about your health care concern, from home or anywhere.

Save money.

Get referred to the right care—MVP's FREE telemedicine services or, when necessary, in-person care from nearby doctors, specialists, labs, pharmacies, and more.* Even better, Gia is free and included with most MVP plans.

Access FREE telemedicine services.

Gia is your connection to MVP's FREE telemedicine services, including:

- 24/7 Emergency Care
- 24/7 Urgent Care
- Mental Health and Psychiatry
- Primary Care
- Lactation Consultants
- Nutritionists and Dieticians
- And more

It's just one more way that MVP is making health insurance more convenient, more supportive, and more personal!

1-800-TALK MVP (825-5687)

*Co-pays/cost shares apply per plan details.

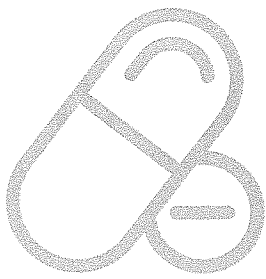
Telemedicine services from MVP Health Care are powered by Amwell and UCM Digital Health. Regulatory restrictions may apply.

Free telemedicine services are available for all MVP members, except those with Medicare MSA, Child Health Plus, and ASO plans.

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.

©2020 MVP Health Care





Pharmacy Benefits Overview



Your MVP Health Care* (MVP) pharmacy benefits cover thousands of medications on the MVP approved drug list. Choose from a vast selection of participating pharmacies, or take advantage of convenient mail and specialty pharmacy services through CVS Caremark*, MVP's Pharmacy Benefit Manager for retail, specialty, and mail service prescription drug coverage. Generally, benefits are available for up to a 30-day supply of medically necessary prescription medications at a participating local retail pharmacy and may allow up to a 90-day supply through the CVS Caremark Mail Service Pharmacy.

The MVP Prescription Drug Formulary

The MVP Formulary is our approved list of covered medications that are proven safe and effective, and provide clinical value to treat your condition. The Formulary also lists medications that require prior authorization, are subject to step therapy* or quantity limits, or are available through mail delivery.

Formulary Co-Pays

The Formulary is divided into tiers to make it easier for you and your doctor to choose the most appropriate, lowest cost drug. Check your prescription drug rider, schedule of benefits, or summary plan description to find your co-pay for each tier.

- **Tier 1**—With the lowest co-pay, drugs in Tier 1 generally include FDA-approved generic drugs that are as safe and effective as their brand-name counterparts.
- **Tier 2**—At a mid-range co-pay, these are preferred brand-name drugs and also may include generics.
- **Tier 3**—This highest co-pay tier includes brand-name drugs and new drugs that are in the review process.

Brand/Generic Difference Program

FDA-approved generic drugs have a lower co-pay and offer the same clinical benefits as the brand-name drug. If you and your doctor determine that you must use the brand-name drug, you may be responsible for the generic co-pay plus the difference in cost between the generic and the brand-name drug.

Specialty Medications

CVS Specialty* dispenses injectable and oral medications that treat specialty conditions or are high cost, and provides these valuable services:

- Pharmacy-trained clinical teams, which include pharmacists and nurses, offer support and answer patient and physician questions about medications for complex medical conditions.
- Ancillary supplies, such as syringes and needles, are provided at no additional cost.

To learn how to order a prescription or to see if a medication is available through the specialty pharmacy, visit mvphealthcare.com and select *Members*, then *Prescription Benefits*. You can also check with your local retail CVS Pharmacy* to see if your specialty medication is available.

Mail Service Pharmacy

If your benefit allows, maintenance medications that are taken on a regular basis are available by mail service. Save time and money when you buy these drugs in larger quantities and have them delivered right to your door. Your co-pay for a 90-day supply of medication will generally be less than going to a local retail pharmacy monthly for the same amount of medication.



Visit mvphealthcare.com and select *Members*, then *Prescription Benefits* for the current Formulary and Preventive Drug lists. If you have questions about your Prescription Drug Benefit, call the MVP Customer Care Center at the number on the back of your MVP Member ID card.

*In some cases, MVP may require you to first try one drug to treat your medical condition before covering another drug for that condition.

This is a summary of certain general aspects of MVP Health Care Prescription Drug Benefits, which may vary by employer plan, product, or service area. Check with your employer for details. Consult your plan documents for a complete list of covered benefits, limitations, and exclusions. Formulary information is available by calling the MVP Customer Care Center. Pharmacies and providers participating in our network and mail order vendors are independent contractors and are neither employees nor agents of MVP Health Care or its affiliates. This summary is not an offer of coverage. If there are any differences between the information contained herein and a specific plan document, the plan document will be controlling.

CVS Caremark employees are trained regarding the appropriate way to handle your private health information. 106-52484A 081120



MVP Members Save at CVS Pharmacy

Save 20% In Store and Online

Prescription benefits from MVP include a discount on CVS Pharmacy brand health-related items*.

- **Save 20% on thousands of products**, including over-the-counter medications (such as allergy, cold and flu, or pain relievers), contact lens solution, first aid, and oral hygiene products.¹
- Use your discount at any CVS Pharmacy location or online at **cvsw.com**.
- This program is included with most MVP prescription plans at no additional cost to you.

Start Saving Today

If you already have an MVP ExtraCare Health Card, just present it when you make purchases at CVS. New members can visit **bit.ly/extracarehealth** to get started, or call **1-800-SHOP-CVS** if you need help.

Online and On-the-Go with MVP and CVS Caremark

Your MVP membership comes with a variety of online tools to help you with your prescription drug benefits. *Sign In* to your member account at **mvphealthcare.com** and select *Pharmacy (CVS Caremark)*. Stay up to date on medication costs, manage your personal health and wellness information, and search for generic medication alternatives to save money.

Find Ways to Save

From using generic medicines to setting up mail order service for maintenance medications, you can choose the right ways to save money based on your plan and prescriptions.

Order Prescriptions

Purchase qualified maintenance drugs—at a savings to both you and MVP—and have them delivered right to your door. Use the *Find a Pharmacy* tool at **mvphealthcare.com** to locate participating pharmacies near your home or within a specific zip code.

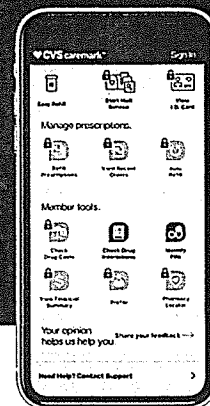
Get information About Medications

Learn more about specific drug interactions and possible side effects.

Download the CVS Caremark Mobile App

- Refill and renew mail service prescriptions.
- Identify unknown pills from the Pill Identifier.
- Check for drug interactions among medications.
- Check order status and prescription history.
- Check drug coverage and costs.
- Find local pharmacies.

Visit **caremark.com/mobile** for more information.



*The 20% discount is restricted to items purchased for the cardholder, spouse, or dependents.

¹Excludes prescriptions, alcohol, tobacco, lottery tickets, postage stamps, gift cards, money orders, prepaid cards, and photofinishing, and is not valid on other items reimbursed by a governmental program. Some exclusions apply. Not available with all plans.

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.

Here's something to smile about.

Pediatric dental benefits are included with all MVP New York Small Group plans.

All covered dependents, up to age 19, have access to preventive, routine, and major services.

Best of all, MVP members have the freedom to choose any dentist they want! They simply present their MVP Member ID card when visiting any licensed provider.

Preventive Services

\$25 co-pay,
No deductible*

Routine Care

20%
after deductible

Major Services

50%
after deductible†

Medically-necessary Orthodontia

50%
after deductible†



Learn more at mvphealthcare.com



Or call **1-800-TALK-MVP** (1-800-825-5687)

All dental coverage is subject to the medical deductible and out-of-pocket maximum associated with the MVP Member's plan.

NOTE: MVP/Healthplex and Delta Dental standalone plans can be purchased alongside the Small Group embedded pediatric benefit.

For the purposes of coordination of benefits, the embedded pediatric benefit included in medical will be primary. The embedded pediatric dental benefit does not apply to Healthy New York plans.

*Deductible still applies to HDHP plans.

†Prior authorization is required.

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.

MVPCOMM0143 (08/2020) ©2020 MVP Health Care





The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE:** Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.mvphealthcare.com. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-888-687-6277 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$0.	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible ?	Yes. Preventive care services are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	In-Network -\$3,550 individual /\$7,100 family	The out-of-pocket limit is the most you could pay in a year for covered services.If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Copayments for certain services, premiums, balance-billing charges, and healthcare this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider ?	Yes. See www.mvphealthcare.com or call 1-888-687-6277 for a list of network providers.	You pay the least if you use a provider in the Preferred Provider tier. You pay more if you use a provider in the In-Network tier. You will pay the most if you use an Out-of-Network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing).Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred Network Provider (You will pay the least)	In-Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15 copay/office visit	\$15 copay/office visit	Not covered	None
	Specialist visit	\$25 copay/visit	\$25 copay/visit	Not covered	None
	Preventive care/screening/immunization	No charge	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Lab Office - \$15/visit; Lab Facility - No charge; Radiology Office - PCP: \$15/visit & Spec: \$25/visit; Radiology Facility - No charge	Lab Office - \$15/visit; Lab Facility - \$25/visit; Radiology Office - PCP: \$15/visit & Spec: \$25/visit; Radiology Facility - \$25/visit	Not covered	Lab Office - None; Lab Facility - None; Radiology Office - None; Radiology Facility - None
	Imaging (CT/PET scans, MRIs)	Office - \$50 copay/procedure; Facility - No charge	Office - \$50 copay/procedure; Facility - \$50 copay/procedure	Not covered	None

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred Network Provider (You will pay the least)	In-Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.mvphealthcare.com	Tier 1 (Generic drugs)	Retail \$10/prescription; Mail order \$25/prescription	Retail \$10/prescription; Mail order \$25/prescription	Not covered	30 day retail/90 day mail order
	Tier 2 (Preferred brand drugs)	Retail \$40/prescription; Mail order \$100/prescription	Retail \$40/prescription; Mail order \$100/prescription	Not covered	\$100 max out of pocket on 30 day supply of Insulin
	Tier 3 (Non-preferred brand drugs)	Retail \$60/prescription; Mail order \$150/prescription	Retail \$60/prescription; Mail order \$150/prescription	Not covered	30 day retail/90 day mail order
	Tier 4 Specialty drugs	Retail \$60/prescription; Mail order \$150/prescription	Retail \$60/prescription; Mail order \$150/prescription	Not covered	30 day supply retail available through Specialty Pharmacy
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	\$300 copay/day	Not covered	None
	Physician/surgeon fees	No charge	No charge	Not covered	None

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred Network Provider (You will pay the least)	In-Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	\$200 copay/visit	\$200 copay/visit	\$200 copay/visit	None
	Emergency medical transportation	\$200 copay/trip	\$200 copay/trip	\$200 copay/trip	None
	Urgent care	\$25 copay/visit	\$25 copay/visit	\$25 copay/visit Deductible does not apply	None
If you have a hospital stay	Facility fee (e.g., hospital room)	\$550 copay/continuous confinement	\$550 copay/continuous confinement	Not covered	Per continuous confinement
	Physician/surgeon fees	No charge	No charge	Not covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$15 copay/visit	\$15 copay/visit	Not covered	None
	Inpatient services	\$550 copay/stay	\$550 copay/stay	Not covered	Including residential treatment

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred Network Provider (You will pay the least)	In-Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	No charge	No charge	Not covered	Cost sharing does not apply to certain preventive services. Depending on the type of services, a copay, coinsurance, and/or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No charge	No charge	Not covered	
	Childbirth/delivery facility services	\$550 copay/stay	\$550 copay/stay	Not covered	
If you need help recovering or have other special health needs	Home health care	\$25 copay/visit	\$25 copay/visit	Not covered	60 visits per year
	Rehabilitation services/ Habilitation services	OP ReHab: \$25 copay/visit IP ReHab: \$550 copay/visit	OP ReHab: \$25 copay/visit IP ReHab: \$550 copay/visit	OP ReHab: Not covered IP ReHab: Not covered	OP ReHab: 54 visits per condition/year combined therapies IP ReHab: 60 days per Plan Year Combined Therapies
	Skilled nursing care	\$550 copay/stay	\$550 copay/stay	Not covered	200 days per plan year
	Durable medical equipment	50% coinsurance	50% coinsurance	Not covered	Standard equipment covered
	Hospice services	\$550 copay/stay	\$550 copay/stay	Not covered	210 days per plan year, 5 visits for family bereavement counseling

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred Network Provider (You will pay the least)	In-Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	\$25 copay/exam	\$25 copay/exam	Not covered	One exam per 12-month period
	Children's glasses	50% coinsurance	50% coinsurance	Not covered	One pair prescribed standard lenses and frames per 12 month period
	Children's dental check-up	\$25 copay/visit	\$25 copay/visit	\$25 copay/visit	One dental exam and cleaning per six month period

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other [excluded services](#).)

- Cosmetic Surgery
- Dental Care (Adult)
- Long-Term Care
- Non-Emergency care when traveling outside the U.S
- Private-Duty Nursing
- Routine Foot Care

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- | | |
|---------------------|----------------------------|
| • Acupuncture | • Hearing Aids |
| • Bariatric Surgery | • Infertility Treatment |
| • Chiropractic Care | • Routine Eye Care (Adult) |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

MVP Health Care
P.O. Box 2207
Schenectady, NY 12301
Toll Free: 1-888-687-6277
www.mvphealthcare.com
members@mvphealthcare.com

You can also contact the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or ccio.cms.gov. Church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact:

MVP Health Care
Attn: Member Appeals
P.O.Box 2207
Schenectady, NY 12301
Toll Free:1-888-687-6277
www.mvphealthcare.com
members@mvphealthcare.com

You can also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or dol.gov/ebsa/healthreform, or the NYS Department of Insurance at 1-800-342-3736 or dfs.ny.gov. Additionally, a consumer assistance program can help you file your appeal. Contact the Community Health Advocates at 1-888-614-5400 or communityhealthadvocates.org.

Does this plan provide Minimum Essential Coverage? Yes.

[Minimum Essential Coverage](#) generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$0
■ Specialist Copay	\$25
■ Hospital (facility) Copay	\$550
■ Other Copay	\$0

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
---------------------------	----------

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$600
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$70
The total Peg would pay is	\$670

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$0
■ Specialist Copay	\$25
■ Hospital (facility) Copay	\$550
■ Other Copay	\$15

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
---------------------------	---------

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$700
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$200
The total Joe would pay is	\$900

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$0
■ Specialist Copay	\$25
■ Hospital (facility) Copay	\$550
■ Other Copay	\$200

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
---------------------------	---------

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$600
Coinsurance	\$20
What isn't covered	
Limits or exclusions	\$10
The total Mia would pay is	\$630