



MVP Preferred High Deductible EPO

Summary of Benefits

New York
\$2,500/\$5,000 **Aggregate** Deductible

This Plan can be offered with a Health Savings Account (HSA); talk to your employer or local bank for details.

SERVICE CATEGORY ¹	COVERAGE INFORMATION ²
Annual Deductible	\$2,500 per Individual/\$5,000 per Family ³
Coinsurance	None for benefits noted below, except DME
Lifetime Maximum Benefit Payable	No Maximum
Annual Out-of-Pocket Maximum	\$5,000 per Individual/\$10,000 per Family, includes deductible & prescription drug Copayments
Preventive & Well Care Services⁴ Well Baby, Child Care & Immunizations Adult Annual Physical Mammography & Prostate Cancer Screening Annual Pap Test & Ob/Gyn Exam Immunizations for Adults Colonoscopy and Sigmoidoscopy Screening for Adults Bone Density Tests	Covered in Full (Deductible does not apply)
Laboratory Services	
Skilled Nursing Facility 60 visits/Contract Year	Covered in Full, after deductible
Physician Inpatient Care Medical/Surgical	
Hospital Inpatient	\$500 Copay, after deductible
Outpatient Surgery	\$200 Copay, after deductible
Diagnostic X-ray & Other Imaging Services⁵ Outpatient Setting	\$50 Copay, after deductible
Ambulance	\$150 Copay/Trip, after deductible
Emergency Room (ER) Visit	\$150 Copay/Visit, after deductible
Physician Office Visits	
Office Surgery	\$30 Copay/Primary Care Provider Office Visit, after deductible
Diagnostic X-ray & Other Imaging Services⁵ Office Setting	\$50 Copay/Specialty Care Provider Office Visit, after deductible
Urgent Care Center	
Physical/Occupational/Speech Therapy Office Setting Combined 30 Visits per Member per Contract Year	\$50 Copay/Visit, after deductible
Chiropractic Benefit	
High Tech Imaging Services⁵ MRI, MRA, CT, etc.	\$50 Copay/Procedure, after deductible
Maternity	
Physician Pre/Postnatal Care Office Visits ⁶	Covered in Full
Inpatient Services (facility/physician)	\$500 Copay, after deductible
Initial Newborn Exam	Covered in Full
Mental Health	
Inpatient - 30 Days/Contract Year	\$500 Copay, after deductible
Outpatient Office Visits {Up to 20 combined Visits per Contract Year}	\$50 Copay/Visit, after deductible
Substance Abuse	
Inpatient - 7 Days/Contract Year	\$500 Copay, after deductible
Outpatient Office Visits {Up to 60 combined Visits per Contract Year}	\$50 Copay/Visit, after deductible
Durable Medical Equipment	50% Copay, after deductible
Diabetic Supplies & Equipment Items limited to a 31 day supply	\$30 Copay/Item, after deductible
Home Health Care 60 Visits/Contract Year	
Routine Vision Exam Contract limits apply	\$50 Copay/Visit, after deductible
Eyeglasses and Contact Lenses Once every two calendar years	\$100 allowance after deductible
Prescription Drug Benefit⁷ Must use a participating pharmacy	
Tier 1	\$5 copay after deductible is met
Tier 2	\$35 copay after deductible is met
Tier 3	\$70 copay after deductible is met

¹Some services are subject to notification requirements, e.g. Prior Authorization. See your Certificate of Coverage under *How This Policy Works* details.

²A network provider must deliver all care. Copays are not applicable toward the deductible. Your payment is the Copay listed or the actual cost of the service, whichever is less.

³How the family Aggregate deductible works: For this plan, one or more family members' covered expenses must meet the family deductible amount (outlined above) each Contract Year before MVP will make benefit payments for all the members of a family. All family members' expenses are subject to the Family annual out-of-pocket amount and, except for Preventive and Well Care Services, to the Family deductible amount.

⁴This represents a partial list of preventive services covered under this Plan. MVP will also cover all preventive services as required under the Patient Protection and Affordable Care Act of 2010 (PPACA). For a full listing of the PPACA preventive services, including any applicable limitations, please visit www.healthcare.gov.

⁵X-rays usually require two providers' services, one for taking the X-ray, the other for interpreting results. Payments for each may apply and are based on where the work was done.

⁶A Primary Care Provider Office Copay applies to the initial diagnostic visit only. Other services are covered as noted above.

⁷Certain prescription drugs require Prior Approval before dispensing. As a guide, visit www.mvphealthcare.com, and click on the Member tool bar, then click the Pharmacy Tab and look under Drug Coverage for the Formulary (covered drugs) chart. Drugs listed with the "#" indicator require Prior Approval.

This Summary of Benefits is intended to provide a general outline of MVP coverage. In the event of any conflict between this document and your Certificate of Coverage, Schedule and any applicable rider(s), your Certificate of Coverage, Schedule, and rider(s) will be controlling. For details, call 1-800-TALK-MVP (1-800-825-5687), option #2.

Here's how it works

Welcome to a new generation of health plans – built around the way you live your life. Each comes with unique features and valuable tools. From a company known for great customer service. Truly dedicated to helping you take on life and live well. All MVP Preferred EPO options come with these advantages:

- You can see any provider in-network with no referrals
- Access to our national network – more than 500,000 doctors, hospitals and specialists nationwide
- Comprehensive coverage – from preventive and sick care to emergency
- Great service for you and your family – the answers, expert guidance and personal support you need

Take advantage of our health management and wellness programs

Personalized Support *Condition Health and Case Management Programs*

If you are living with a physical or mental health concern, call **1-866-942-7966** for guidance and support. Working in partnership with your doctor, we can help you with:

- Asthma
- Cancer (Oncology)
- Chronic Obstructive Pulmonary Disorder (COPD)
- Depression
- Diabetes
- Dialysis
- Heart Events (heart attack or blockages)
- Heart Failure
- Low Back Pain

We also offer services to help members whose needs require different resources than those provided through our condition-specific programs.

- Acute Case Management for members who have complications or other serious health concerns
- Little Footprintssm for high-risk pregnancies
- Social work services that help connect members to community resources and services

Answers and Advice *24/7 Nurse Advice Line*

Expert advice on non-emergency questions is just a phone call away, even on weekends, when you call our *24/7 Nurse Advice Line* at **1-888-MVP-MBRS (1-888-687-6277)**.

Online Wellness Tools and Activities

This dynamic site features a Personal Health Assessment, which provides a customized health action plan to target your modifiable risk factors, as well as a variety of interactive tools, including meal planners and grocery lists, personalized cardio and resistance exercise routines, and online coaching classes that can be tailored to your unique interests and lifestyle goals.

Exclusive Member Discounts

From Massage Therapy to Gym Memberships

Enjoy savings on a wide range of health and wellness products and services.

Plus, WellStyle Extras:

Real Dollars for Living Well *\$300 WellStyle Rewards*

You can earn up to \$300 WellStyle Rewards, per subscriber per year – by completing milestone activities that show you are maintaining or improving your health. WellStyle Rewards are paid directly to members in the form of debit or gift cards.

Expert Guidance *Lifestyle Coaches*

Whether you want to lower your cholesterol or get a little more active, talk to our professional Lifestyle Coaches – to help guide, motivate and facilitate your positive lifestyle changes.

We are here for you

- Reach our Customer Care Center at **1-888-MVP-MBRS**.
- Access **mvphealthcare.com** to find doctors, compare drug costs, look up benefits, change your address, research hospitals and many other time-saving services.