



<b>MVP EPO Platinum 1</b>	<b>COVERAGE INFORMATION</b>
<b>Plan Cost-Sharing Highlights</b>	
<b>Annual Deductible</b>	\$0 Person/ \$0 Family - Embedded
<b>Coinsurance</b>	As Noted Below
<b>Annual Out-of-Pocket Maximum</b>	\$2,450 Person/ \$4,900 Family - Embedded
<b>Primary Care Physician Office Visits</b>	\$5 copay - \$0 copay first 3 visits
<b>Specialist Office Visits</b>	\$45 copay
<b>Preventive &amp; Well Care Services</b>	
<b>Well Child Care &amp; Immunizations</b>	Covered in Full For a full list of covered preventive care services, visit <a href="http://www.mvphealthcare.com">www.mvphealthcare.com</a>
<b>Adult Annual Physical</b>	
<b>Mammography</b>	
<b>Annual Pap Test &amp; Ob/Gyn Exam</b>	
<b>Immunizations for Adults</b>	
<b>Colonoscopy/Sigmoidoscopy Screening</b>	
<b>Bone Density Tests</b>	
<b>Physician Office Services</b>	
<b>Diagnostic Laboratory Services</b>	PCP: \$5 copay/ Spec: \$45 copay
<b>Diagnostic X-ray</b>	PCP: \$5 copay/ Spec: \$45 copay
<b>Advanced Imaging Services</b> (CT/PET scans, MRIs)	Spec: \$100 copay/ Free-Stnd: \$100 copay
<b>Rehabilitative Services</b> (PT/OT/ST)	\$45 copay
<b>Allergy Services</b>	\$45 copay
<b>Chemotherapy</b>	\$45 copay
<b>Inpatient Services - Hospital</b>	
<b>Medical/Surgical Admissions</b>	\$300 copay
<b>Surgical Services</b>	\$100 copay
<b>Inpatient Physical Rehabilitation</b>	\$300 copay
<b>Outpatient Hospital Services</b>	
<b>Hospital Rehab Services</b> (PT/OT/ST)	\$45 copay
<b>Diagnostic Laboratory Services</b>	\$45 copay
<b>Diagnostic X-ray</b>	\$45 copay
<b>Advanced Imaging Services</b> (CT/PET scans, MRIs)	\$100 copay
<b>Ambulatory/Outpatient Surgery</b>	\$100 copay
<b>Emergency Care</b>	
<b>Emergency Room (ER) Visit</b>	\$100 copay
<b>Urgent Care Centers</b>	\$45 copay
<b>Ambulance</b> (Emergency Medical Transportation)	\$100 copay
<b>Behavioral Health Services</b>	
<b>Mental Health Inpatient Hospital</b>	\$300 copay
<b>Mental Health Outpatient</b>	\$5 copay - \$0 copay first 3 visits
<b>Substance Abuse Inpatient Hospital</b>	\$300 copay
<b>Substance Abuse Outpatient</b>	\$5 copay - \$0 copay first 3 visits
<b>Residential Treatment</b>	\$300 copay
<b>Psychiatry Office Visits</b>	\$5 copay - \$0 copay first 3 visits

\* Denotes that a deductible applies to this benefit

**New York**  
**Plan Name:** MVP EPO Platinum 1  
**Plan Form:** NY-EPO-SP-001 (2019)  
**Plan Status:** Active



<b>MVP EPO Platinum 1</b>	<b>COVERAGE INFORMATION</b>
<b>Maternity Services</b>	
<b>Prenatal Office Visit</b>	Covered in Full
<b>Physician Delivery</b>	\$100 copay
<b>Inpatient Hospital Services</b>	\$300 copay
<b>Other Services</b>	
<b>Skilled Nursing Facility</b>	\$300 copay
<b>Home Health Care</b>	\$45 copay
<b>Hospice</b>	Inpt: \$300 copay / Outpt: \$45 copay
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Diabetic Supplies &amp; Equipment</b>	\$5 copay
<b>Chiropractic Benefit</b>	\$45 copay
<b>Prescription Coverage</b>	
<b>Tier 1</b>	Pharm: \$5 copay/ Mail: \$12.50 copay
<b>Tier 2</b>	Pharm: \$30 copay/ Mail: \$75 copay
<b>Tier 3</b>	Pharm: \$50 copay/ Mail: \$125 copay
<b>Prescription Drug Deductible</b>	None
<b>Vision Care</b>	
<b>Adult Vision Care</b>	\$45 copay
<b>Pediatric Vision Care</b>	\$45 copay
<b>Other Plan Features</b>	
<b>Wellness Benefits</b>	\$325 allowance
<b>Plan Highlights</b>	Acupuncture, 3 \$0 PCP visits w/no DD, CIGNA, Adult Vision (Every 2 yrs), Telemedicine, Pediatric Dental and Preferred Provider Facility

**\* Denotes that a deductible applies to this benefit**

As an MVP member, you can be sure you'll always get the care, support, tools, and information you need. You'll have access to top-rated customer service representatives, **myVisitNow**<sup>SM</sup> - 24/7 online doctor visits, online wellness tools & 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 our Customer Care Center at the phone number listed on the back of your 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, Schedule and any applicable Rider(s), your Certificate of Coverage, Schedule and Rider(s) will be controlling. For plan details, call 1-800-TALK-MVP (825-5687) or visit [mvphealthcare.com](http://mvphealthcare.com).

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