



MVP EPO Silver 1	COVERAGE INFORMATION
Plan Cost-Sharing Highlights	
Annual Deductible	\$2,100 Person/ \$4,200 Family - Embedded
Coinsurance	20% Person/ 20% Family
Annual Out-of-Pocket Maximum	\$6,550 Person/ \$13,100 Family - Embedded
Primary Care Physician Office Visits	\$30 copay
Specialist Office Visits	\$50 copay*
Preventive & Well Care Services	
Well Child Care & Immunizations	Covered in Full For a full list of covered preventive care services, visit www.mvphealthcare.com
Adult Annual Physical	
Mammography	
Annual Pap Test & Ob/Gyn Exam	
Immunizations for Adults	
Colonoscopy/Sigmoidoscopy Screening	
Bone Density Tests	
Physician Office Services	
Diagnostic Laboratory Services	PCP: \$30 copay/ Spec: \$50 copay
Diagnostic X-ray	PCP: \$30 copay/ Spec: \$125 copay*
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: \$225 copay*/ Free-Stnd: \$225 copay*
Rehabilitative Services (PT/OT/ST)	\$50 copay*
Allergy Services	\$50 copay*
Chemotherapy	\$50 copay*
Inpatient Services - Hospital	
Medical/Surgical Admissions	20% coinsurance*
Surgical Services	20% coinsurance*
Inpatient Physical Rehabilitation	20% coinsurance*
Outpatient Hospital Services	
Hospital Rehab Services (PT/OT/ST)	\$50 copay*
Diagnostic Laboratory Services	\$50 copay
Diagnostic X-ray	\$125 copay*
Advanced Imaging Services (CT/PET scans, MRIs)	\$225 copay*
Ambulatory/Outpatient Surgery	\$300 copay*
Emergency Care	
Emergency Room (ER) Visit	\$350 copay*
Urgent Care Centers	\$50 copay*
Ambulance (Emergency Medical Transportation)	\$350 copay*
Behavioral Health Services	
Mental Health Inpatient Hospital	20% coinsurance*
Mental Health Outpatient	\$30 copay
Substance Abuse Inpatient Hospital	20% coinsurance*
Substance Abuse Outpatient	\$30 copay
Residential Treatment	20% coinsurance*
Psychiatry Office Visits	\$30 copay

* Denotes that a deductible applies to this benefit

New York
Plan Name: MVP EPO Silver 1
Plan Form: NY-EPO-SS-001 (2019)
Plan Status: Active



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Maternity Services	
Prenatal Office Visit	Covered in Full
Physician Delivery	20% coinsurance*
Inpatient Hospital Services	20% coinsurance*
Other Services	
Skilled Nursing Facility	20% coinsurance*
Home Health Care	\$50 copay*
Hospice	Inpt: 20% coinsurance* / Outpt: \$50 copay*
Durable Medical Equipment	50% coinsurance*
Diabetic Supplies & Equipment	\$30 copay
Chiropractic Benefit	\$50 copay*
Prescription Coverage	
Tier 1	Pharm: \$8 copay/ Mail: \$20 copay
Tier 2	Pharm: \$35 copay*/ Mail: \$87.50 copay*
Tier 3	Pharm: \$70 copay*/ Mail: \$175 copay*
Prescription Drug Deductible	Rx Brand - \$100 Person/ \$200 Family
Vision Care	
Adult Vision Care	\$50 copay*
Pediatric Vision Care	\$50 copay*
Other Plan Features	
Wellness Benefits	\$325 allowance
Plan Highlights	Acupuncture, CIGNA, Adult Vision (Every 2 yrs),myVisitNow (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**SM - 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.

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