



MVP EPO HDHP Silver 3	COVERAGE INFORMATION
Plan Cost-Sharing Highlights	
Annual Deductible	\$2,200 Person/ \$4,400 Family - Aggregate
Coinsurance	As Noted Below
Annual Out-of-Pocket Maximum	\$4,800 Person/ \$9,600 Family - Embedded
Primary Care Physician Office Visits	\$25 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: \$25 copay*/ Spec: \$50 copay*
Diagnostic X-ray	PCP: \$25 copay*/ Spec: \$50 copay*
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: \$150 copay*/ Free-Stnd: \$150 copay*
Rehabilitative Services (PT/OT/ST)	\$50 copay*
Allergy Services	\$50 copay*
Chemotherapy	\$50 copay*
Inpatient Services - Hospital	
Medical/Surgical Admissions	\$500 copay*
Surgical Services	\$100 copay*
Inpatient Physical Rehabilitation	\$500 copay*
Outpatient Hospital Services	
Hospital Rehab Services (PT/OT/ST)	\$50 copay*
Diagnostic Laboratory Services	\$50 copay*
Diagnostic X-ray	\$50 copay*
Advanced Imaging Services (CT/PET scans, MRIs)	\$150 copay*
Ambulatory/Outpatient Surgery	\$200 copay*
Emergency Care	
Emergency Room (ER) Visit	\$300 copay*
Urgent Care Centers	\$50 copay*
Ambulance (Emergency Medical Transportation)	\$300 copay*
Behavioral Health Services	
Mental Health Inpatient Hospital	\$500 copay*
Mental Health Outpatient	\$25 copay*
Substance Abuse Inpatient Hospital	\$500 copay*
Substance Abuse Outpatient	\$25 copay*
Residential Treatment	\$500 copay*
Psychiatry Office Visits	\$25 copay*

* Denotes that a deductible applies to this benefit

New York
Plan Name: MVP EPO HDHP Silver 3
Plan Form: NY-EPOH-SS-003 (2019)
Plan Status: Active



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Maternity Services	
Prenatal Office Visit	Covered in Full
Physician Delivery	\$100 copay*
Inpatient Hospital Services	\$500 copay*
Other Services	
Skilled Nursing Facility	\$500 copay*
Home Health Care	\$50 copay*
Hospice	Inpt: \$500 copay* / Outpt: \$50 copay*
Durable Medical Equipment	50% coinsurance*
Diabetic Supplies & Equipment	\$25 copay*
Chiropractic Benefit	\$50 copay*
Prescription Coverage	
Tier 1	Pharm: \$10 copay* / Mail: \$25 copay*
Tier 2	Pharm: \$40 copay* / Mail: \$100 copay*
Tier 3	Pharm: \$60 copay* / Mail: \$150 copay*
Prescription Drug Deductible	Subject to annual deductible
Vision Care	
Adult Vision Care	\$50 copay*
Pediatric Vision Care	\$50 copay*
Other Plan Features	
Wellness Benefits	\$325 allowance
Plan Highlights	Acupuncture, preventive drug 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**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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