



MVP Liberty HDHP Bronze 5	COVERAGE INFORMATION
Plan Cost-Sharing Highlights	
Annual Deductible	\$5,350 Person/\$10,700 Family - Embedded
Coinsurance	50% Person/50% Family
Annual Out-of-Pocket Maximum	\$6,550 Person/\$13,100 Family - Embedded
Primary Care Physician Office Visits	\$5 copay*
Specialist Office Visits	50% coinsurance*
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: \$5 copay*/Spec: 50% coinsurance*
Diagnostic X-ray	PCP: \$5 copay*/Spec: 50% coinsurance*
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: 50% coinsurance*/Free-Stnd: 50% coinsurance*
Rehabilitative Services (PT/OT/ST)	50% coinsurance*
Allergy Services	50% coinsurance*
Chemotherapy	50% coinsurance*
Inpatient Services - Hospital	
Medical/Surgical Admissions	50% coinsurance*
Surgical Services	50% coinsurance*
Inpatient Physical Rehabilitation	50% coinsurance*
Outpatient Hospital Services	
Hospital Rehab Services (PT/OT/ST)	50% coinsurance*
Diagnostic Laboratory Services	50% coinsurance*
Diagnostic X-ray	50% coinsurance*
Advanced Imaging Services (CT/PET scans, MRIs)	50% coinsurance*
Ambulatory/Outpatient Surgery	50% coinsurance*
Emergency Care	
Emergency Room (ER) Visit	\$100 copay*
Urgent Care Centers	50% coinsurance*
Ambulance (Emergency Medical Transportation)	\$100 copay*
Behavioral Health Services	
Mental Health Inpatient Hospital	50% coinsurance*
Mental Health Outpatient	\$5 copay*
Substance Abuse Inpatient Hospital	50% coinsurance*
Substance Abuse Outpatient	\$5 copay*
Residential Treatment	50% coinsurance*
Psychiatry Office Visits	\$5 copay*

* Denotes that a deductible applies to this benefit

New York
Plan Name: MVP Liberty HDHP Bronze 5
Plan Form: NY-EPOH-SB-005-N (2018)
Plan Status: Active



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Maternity Services	
Prenatal Office Visit	Covered in Full
Physician Delivery	50% coinsurance*
Inpatient Hospital Services	50% coinsurance*
Other Services	
Skilled Nursing Facility	50% coinsurance*
Home Health Care	50% coinsurance*
Hospice	50% coinsurance*
Durable Medical Equipment	50% coinsurance*
Diabetic Supplies & Equipment	\$5 copay*
Chiropractic Benefit	50% coinsurance*
Prescription Coverage	
Tier 1	Pharm: \$5 copay*/Mail: \$12.50 copay*
Tier 2	Pharm: \$30 copay*/Mail: \$75 copay*
Tier 3	50% coinsurance*
Prescription Drug Deductible	Subject to annual deductible
Vision Care	
Adult Vision Care	50% coinsurance*
Pediatric Vision Care	50% coinsurance*
Other Plan Features	
Wellness Benefits	\$325 allowance
Plan Highlights	Acupuncture, preventive drug No DD, CIGNA, Adult Vision, Telemedicine, +++NEW for 2018 Pediatric Dental and Preferred Provider Facility+++

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

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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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