New York
Plan Name: MVP Liberty Gold 8
Plan Form: NY-EPO-SG-008-N (2018)
Plan Status: Active

MVP Liberty Gold 8	COVERAGE INFORMATION
Plan Cost-Sharing Highlights	
Annual Deductible	$4,000 Person/$8,000 Family - Embedded
Coinsurance	20% Person/20% Family
Annual Out-of-Pocket Maximum	$7,150 Person/$14,300 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: $50 copay
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: $50 copay/Free-Stnd: $50 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	$50 copay
Advanced Imaging Services (CT/PET scans, MRIs)	$50 copay
Ambulatory/Outpatient Surgery	20% coinsurance*
Emergency Care	
Emergency Room (ER) Visit	$150 copay
Urgent Care Centers	$50 copay
Ambulance (Emergency Medical Transportation)	$150 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**

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MVP Liberty Gold 8	COVERAGE INFORMATION
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: $10 copay/Mail: $25 copay
Tier 2	Pharm: $35 copay/Mail: $87.50 copay
Tier 3	Pharm: $70 copay/Mail: $175 copay
Prescription Drug Deductible	None
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,myVisitNow (Telemedicine) - +++NEW for 2018 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.