



<b>MVP Liberty Silver 1</b>	<b>COVERAGE INFORMATION</b>
<b>Plan Cost-Sharing Highlights</b>	
<b>Annual Deductible</b>	\$2,100 Person/\$4,200 Family - Embedded
<b>Coinsurance</b>	20% Person/20% Family
<b>Annual Out-of-Pocket Maximum</b>	\$6,550 Person/\$13,100 Family - Embedded
<b>Primary Care Physician Office Visits</b>	\$30 copay
<b>Specialist Office Visits</b>	\$50 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: \$30 copay/Spec: \$50 copay
<b>Diagnostic X-ray</b>	PCP: \$30 copay/Spec: \$125 copay*
<b>Advanced Imaging Services</b> (CT/PET scans, MRIs)	Spec: \$225 copay*/Free-Stnd: \$225 copay*
<b>Rehabilitative Services</b> (PT/OT/ST)	\$50 copay*
<b>Allergy Services</b>	\$50 copay*
<b>Chemotherapy</b>	\$50 copay*
<b>Inpatient Services - Hospital</b>	
<b>Medical/Surgical Admissions</b>	20% coinsurance*
<b>Surgical Services</b>	20% coinsurance*
<b>Inpatient Physical Rehabilitation</b>	20% coinsurance*
<b>Outpatient Hospital Services</b>	
<b>Hospital Rehab Services</b> (PT/OT/ST)	\$50 copay*
<b>Diagnostic Laboratory Services</b>	\$50 copay
<b>Diagnostic X-ray</b>	\$125 copay*
<b>Advanced Imaging Services</b> (CT/PET scans, MRIs)	\$225 copay*
<b>Ambulatory/Outpatient Surgery</b>	\$300 copay*
<b>Emergency Care</b>	
<b>Emergency Room (ER) Visit</b>	\$350 copay*
<b>Urgent Care Centers</b>	\$50 copay*
<b>Ambulance</b> (Emergency Medical Transportation)	\$350 copay*
<b>Behavioral Health Services</b>	
<b>Mental Health Inpatient Hospital</b>	20% coinsurance*
<b>Mental Health Outpatient</b>	\$30 copay
<b>Substance Abuse Inpatient Hospital</b>	20% coinsurance*
<b>Substance Abuse Outpatient</b>	\$30 copay
<b>Residential Treatment</b>	20% coinsurance*
<b>Psychiatry Office Visits</b>	\$30 copay

\* Denotes that a deductible applies to this benefit

**New York**  
**Plan Name:** MVP Liberty Silver 1  
**Plan Form:** NY-EPO-SS-001-N (2018)  
**Plan Status:** Active



<b>MVP Liberty Silver 1</b>	<b>COVERAGE INFORMATION</b>
<b>Maternity Services</b>	
<b>Prenatal Office Visit</b>	Covered in Full
<b>Physician Delivery</b>	20% coinsurance*
<b>Inpatient Hospital Services</b>	20% coinsurance*
<b>Other Services</b>	
<b>Skilled Nursing Facility</b>	20% coinsurance*
<b>Home Health Care</b>	\$50 copay*
<b>Hospice</b>	Inpt: 20% coinsurance* / Outpt: \$50 copay*
<b>Durable Medical Equipment</b>	50% coinsurance*
<b>Diabetic Supplies &amp; Equipment</b>	\$30 copay
<b>Chiropractic Benefit</b>	\$50 copay*
<b>Prescription Coverage</b>	
<b>Tier 1</b>	Pharm: \$8 copay/Mail: \$20 copay
<b>Tier 2</b>	Pharm: \$35 copay*/Mail: \$87.50 copay*
<b>Tier 3</b>	Pharm: \$70 copay*/Mail: \$175 copay*
<b>Prescription Drug Deductible</b>	Brand: \$100 Person/\$200 Family
<b>Vision Care</b>	
<b>Adult Vision Care</b>	\$50 copay*
<b>Pediatric Vision Care</b>	\$50 copay*
<b>Other Plan Features</b>	
<b>Wellness Benefits</b>	\$325 allowance
<b>Plan Highlights</b>	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**<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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