



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

\* Denotes that a deductible applies to this benefit

**New York**  
**Plan Name:** MVP Liberty HDHP Silver 3  
**Plan Form:** NY-EPOH-SS-003-N (2018)  
**Plan Status:** Active



<b>MVP Liberty HDHP Silver 3</b>	<b>COVERAGE INFORMATION</b>
<b>Maternity Services</b>	
<b>Prenatal Office Visit</b>	Covered in Full
<b>Physician Delivery</b>	\$100 copay*
<b>Inpatient Hospital Services</b>	\$500 copay*
<b>Other Services</b>	
<b>Skilled Nursing Facility</b>	\$500 copay*
<b>Home Health Care</b>	\$50 copay*
<b>Hospice</b>	Inpt: \$500 copay* / Outpt: \$50 copay*
<b>Durable Medical Equipment</b>	50% coinsurance*
<b>Diabetic Supplies &amp; Equipment</b>	\$25 copay*
<b>Chiropractic Benefit</b>	\$50 copay*
<b>Prescription Coverage</b>	
<b>Tier 1</b>	Pharm: \$10 copay*/Mail: \$25 copay*
<b>Tier 2</b>	Pharm: \$40 copay*/Mail: \$100 copay*
<b>Tier 3</b>	Pharm: \$60 copay*/Mail: \$150 copay*
<b>Prescription Drug Deductible</b>	Subject to annual deductible
<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, 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**

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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