New York
Plan Name: HMO
Plan Form: NY7HMO002ZLCPN
Plan Status: Active

Plan Cost-Sharing Highlights	Coverage Information	Limits and Exclusions
Annual Deductible per Contract Year	$0 Person/$0 Family - Embedded	None
Co-insurance	As Noted Below	None
Annual Out-of-Pocket Maximum	$4,600 Person/$9,200 Family - Embedded	None
Primary Care Physician Office Visits	$15 copay	None
Specialist Office Visits	$15 copay	None
Preventive & Well Care Services		
Well Child Care & Immunizations Adult Annual Physical (One per Contract Year) Mammography Annual Pap Test & Ob/Gyn Exam Immunizations for Adults Colonoscopy /Sigmoidoscopy Screening Bone Density Tests	Covered in Full. For a full list of covered preventive care services, visit mvphealthcare.com.	None
Physician Office Visits		
Diagnostic Laboratory Services	Covered in Full	None
Diagnostic X-ray	PCP: $15 copay/Spec: $15 copay	None
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: $15 copay/Free-Stnd: $15 copay	None
Rehabilitative Services (PT/OT/ST)	$15 copay	30 combined PT/OT/ST visits per year
Allergy Services	$15 copay	None
Chemotherapy Visit	$15 copay	None
Inpatient Services - Hospital		
Medical/Surgical Admissions	$240 copay	Per continuous confinement
Surgical Services	Covered in Full	None
Inpatient Physical Rehabilitation	$240 copay	None
Outpatient Hospital Services		
Hospital Rehab Services (PT/OT/ST)	$15 copay	30 combined PT/OT/ST visits per year
Diagnostic Laboratory Services ++	Covered in Full	None
Diagnostic X-ray ++	$15 copay	None
Advanced Imaging Services (CT/PET, scans, MRIs) ++	$15 copay	None
Ambulatory/Outpatient Surgery ++	$75 copay	None
Emergency Care		
Emergency Room (ER) Visit	$50 copay	None
Urgent Care Centers	$15 copay	None
Ambulance (Emergency Medical Transportation)	Covered in Full	None
Maternity Services		
Maternity – Prenatal Care	Covered in Full	None
Maternity – Physician Delivery	Covered in Full	None
Maternity – Inpatient Hospital Services	$240 copay	None

***Deductible applies to this benefit**

New York
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	Coverage Information	Limits and Exclusions
Behavioral Health Services		
Mental Health Inpatient Hospital	$240 copay	None
Mental Health Outpatient	$15 copay	None
Substance Use Disorder Inpatient Hospital	$240 copay	None
Substance Use Disorder Outpatient	$15 copay	Unlimited; up to 20 visits per Plan Year may be used for family counseling
Residential Treatment	Covered in Full	None
Other Services		
Physician Administered Drugs	$15 copay	None
Skilled Nursing Facility	Covered in Full	60 days per Plan Year
Home Health Care	$15 copay	60 visits per year
Hospice	Inpt: $0 copay / Outpt: $15 copay	210 days per Plan Year; Five (5) visits for family bereavement counseling
Durable Medical Equipment	20% coinsurance	None
Diabetic Supplies & Equipment	$15 copay	Diabetic Insulin Covered in full In Network
Chiropractic Benefit	$15 copay	None
Acupuncture	Not covered	None
Prescription Drug Coverage		
Tier 1	Pharm: $5 copay/Mail: $10 copay	Mail order copay is 2 x retail copay; Maximum Allowable Cost (MAC) provision is removed
Tier 2	Pharm: $20 copay/Mail: $40 copay	Mail order copay is 2 x retail copay; Maximum Allowable Cost (MAC) provision is removed
Tier 3	Pharm: $40 copay/Mail: $80 copay	Mail order copay is 2 x retail copay; Maximum Allowable Cost (MAC) provision is removed
Prescription Drug Deductible	None	None
Vision Care		
Adult Vision Care	Subject to appropriate cost share	One routine eye exam once every other Plan Year
Pediatric Vision Care	Subject to appropriate cost share	One routine eye exam once per Plan Year
Other Plan Features		
Gia® Virtual Care	Covered in Full	None
Wellness Benefits	Not covered	None
Plan Highlights	Visit mvphealthcare.com for more information. View a complete Glossary of Terms and Member FAQs to better understand your MVP plan benefits.	
++Preferred Provider Facilities	Laboratory, radiology, and ambulatory services at a preferred provider facility will be covered in full, after deductible (if applicable). Find a preferred provider facility in your area at **mvphealthcare.com**.	

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 (COC), Schedule, and any applicable Rider(s), your COC, Schedule, and Rider(s) will be controlling. For plan details, please call **1-800-TALK-MVP** (825-5687), or visit **mvphealthcare.com**.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

***Deductible applies to this benefit**