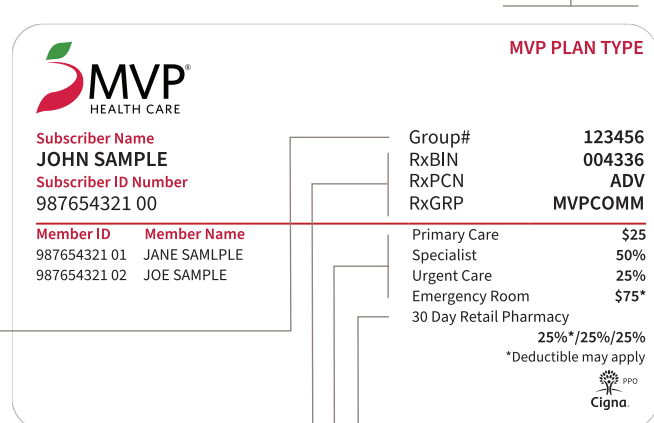


# Your New Member ID Card is Enclosed

Your MVP Member ID card is the key to your coverage. We've made some changes to the look of your Member ID card so that you have quick access to the information you need most.


| <p><b>MVP Plan Type</b><br/>Use your plan type to search for providers and facilities using our <i>Find a Doctor</i> tool at <a href="http://mvphealthcare.com">mvphealthcare.com</a>.</p> |  <p><b>MVP PLAN TYPE</b></p> <p><b>Subscriber Name</b><br/>JOHN SAMPLE</p> <p><b>Subscriber ID Number</b><br/>987654321 00</p> <p><b>Group#</b> 123456<br/><b>RxBIN</b> 004336<br/><b>RxPCN</b> ADV<br/><b>RxGRP</b> MVPCOMM</p> <table border="1"> <thead> <tr> <th>Member ID</th> <th>Member Name</th> <th>Primary Care</th> <th>Specialist</th> <th>Urgent Care</th> <th>Emergency Room</th> <th>30 Day Retail Pharmacy</th> </tr> </thead> <tbody> <tr> <td>987654321 01</td> <td>JANE SAMLPLE</td> <td>\$25</td> <td>50%</td> <td>25%</td> <td>\$75*</td> <td>25%*/25%/25%</td> </tr> <tr> <td>987654321 02</td> <td>JOE SAMPLE</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>*Deductible may apply<br/>Cigna</p> <p><i>Sample ID Card Front</i></p> | Member ID    | Member Name  | Primary Care | Specialist  | Urgent Care    | Emergency Room         | 30 Day Retail Pharmacy | 987654321 01 | JANE SAMLPLE | \$25 | 50% | 25% | \$75* | 25%*/25%/25% | 987654321 02 | JOE SAMPLE |  |  |  |  |  |
|--|---|--------------|--------------|--------------|-------------|----------------|------------------------|------------------------|--------------|--------------|------|-----|-----|-------|--------------|--------------|------------|--|--|--|--|--|
| Member ID  |   | Member Name  | Primary Care | Specialist   | Urgent Care | Emergency Room | 30 Day Retail Pharmacy |                        |              |              |      |     |     |       |              |              |            |  |  |  |  |  |
| 987654321 01   |   | JANE SAMLPLE | \$25         | 50%          | 25%         | \$75*          | 25%*/25%/25%           |                        |              |              |      |     |     |       |              |              |            |  |  |  |  |  |
| 987654321 02   |   | JOE SAMPLE   |              |              |             |                |                        |                        |              |              |      |     |     |       |              |              |            |  |  |  |  |  |
| <p><b>Subscriber/Member Information</b><br/>Name and ID number for the primary plan subscriber and any plan dependents if applicable.</p>  |   |              |              |              |             |                |                        |                        |              |              |      |     |     |       |              |              |            |  |  |  |  |  |
| <p><b>Group Information</b><br/>This is where you can find your Group Number, if applicable.</p>   |   |              |              |              |             |                |                        |                        |              |              |      |     |     |       |              |              |            |  |  |  |  |  |
| <p><b>Pharmacy Information</b><br/>This is information used by pharmacists.</p>  |   |              |              |              |             |                |                        |                        |              |              |      |     |     |       |              |              |            |  |  |  |  |  |
| <p><b>Costs <b>NEW DETAILS</b></b><br/>Key cost-share information such as co-pays, deductible, or co-insurance, if applicable.</p>   |   |              |              |              |             |                |                        |                        |              |              |      |     |     |       |              |              |            |  |  |  |  |  |
| <p><b>Pharmacy Costs <b>NEW</b></b><br/>Cost-share information for a 30-day supply of prescription drugs at the your pharmacy appears here.</p>  |   |              |              |              |             |                |                        |                        |              |              |      |     |     |       |              |              |            |  |  |  |  |  |

[mvphealthcare.com](http://mvphealthcare.com)  
Member Customer Care Center: 1-888-687-XXXX  
TTY: 1-800-662-XXXX  
Pharmacy Information: 1-866-284-XXXX  
Pharmacy Formulary: MVP Commercial  
Mental Health/Substance Use Disorder Help: 1-888-687-XXXX

---

Provider Services Department: 1-800-684-XXXX  
Pharmacies | CVS Caremark : 1-800-364-XXXX  
[mvphealthcare.com/provider](http://mvphealthcare.com/provider)  
Fully insured coverage

Send Claims to:  
MVP Health Services Corp.  
625 State Street  
P.O. Box 2207  
Schenectady, NY 12301-2207



*Sample ID Card Back*

**Important!**  
This is where you will find our web address, the MVP Customer Care Center phone number, and other important contact information.

**Pharmacy Formulary **NEW****  
The Formulary is the list of drugs covered by your plan, if applicable. It can be found online.

**Information for Providers**  
Important contact information for providers to use.

**Additional Coverage Details **NEW****  
More information about your plan.

**Out-of-Area Information**  
The available provider networks, used by providers to price out-of-area or out-of-network claims, if applicable, based on plan type.

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.