

New York
Plan Name: MVP Premier Silver 1 94
Plan Form: FRNY-HMO-DS1-001-S-94 (2023)
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	\$1,000 Person/\$2,000 Family - Embedded	None
Primary Care Physician Office Visits	\$10 copay	None
Specialist Office Visits	\$20 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	PCP: \$10 copay/Spec: \$20 copay	None
Diagnostic X-ray	PCP: \$20 copay/Spec: \$20 copay	None
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: \$20 copay/Free-Stnd: \$20 copay	None
Rehabilitative Services (PT/OT/ST)	\$15 copay	60 visits per condition, per Plan Year combined therapies
Allergy Services	\$20 copay	Cost share dependent on location of services
Chemotherapy Visit	\$10 copay	None
Inpatient Services - Hospital		
Medical/Surgical Admissions	\$100 copay	Per continuous confinement
Surgical Services	\$25 copay	None
Inpatient Physical Rehabilitation	\$100 copay	60 days per Plan Year Combined Therapies
Outpatient Hospital Services		
Hospital Rehab Services (PT/OT/ST)	\$15 copay	60 visits per condition/year combined therapies
Diagnostic Laboratory Services	\$20 copay	None
Diagnostic X-ray	\$20 copay	None
Advanced Imaging Services (CT/PET, scans, MRIs)	\$20 copay	None
Ambulatory/Outpatient Surgery	\$25 copay	None
Emergency Care		
Emergency Room (ER) Visit	\$50 copay	None
Urgent Care Centers	\$30 copay	None
Ambulance (Emergency Medical Transportation)	\$50 copay	None
Maternity Services		
Maternity – Prenatal Care	Covered in Full	None
Maternity – Physician Delivery	\$25 copay	None
Maternity – Inpatient Hospital Services	\$100 copay	None

*Deductible applies to this benefit

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Behavioral Health Services		
Mental Health Inpatient Hospital	\$100 copay	Including residential treatment
Mental Health Outpatient	\$10 copay	None
Substance Use Disorder Inpatient Hospital	\$100 copay	Including residential treatment
Substance Use Disorder Outpatient	\$10 copay	Unlimited; Up to 20 visits per calendar year may be used for family counseling
Residential Treatment	\$100 copay	None
Other Services		
Physician Administered Drugs	\$10 copay	None
Skilled Nursing Facility	\$100 copay	200 days per plan year
Home Health Care	\$10 copay	40 visits per year
Hospice	Inpt: \$100 copay / Outpt: \$10 copay	210 days per plan year, 5 visits for family bereavement counseling
Durable Medical Equipment	5% coinsurance	Standard equipment covered
Diabetic Supplies & Equipment	\$10 copay	Not more than \$100 for a 30-day supply of insulin
Chiropractic Benefit	\$20 copay	None
Acupuncture	Not covered	None
Prescription Drug Coverage		
Tier 1	Pharm: \$6 copay/Mail: \$15 copay	30 day retail/90 day mail order
Tier 2	Pharm: \$15 copay/Mail: \$37.50 copay	\$100 max out of pocket on 30 day supply of Insulin
Tier 3	Pharm: \$30 copay/Mail: \$75 copay	30 day retail/90 day mail order
Prescription Drug Deductible	None	None
Vision Care		
Adult Vision Care	Not covered	None
Pediatric Vision Care	\$10 copay	One exam per 12-month period
Other Plan Features		
Gia® Virtual Care	Covered in Full	None
Wellness Benefits	\$600 allowance	Get reimbursed up to \$600 per contract, per calendar year with MVP's Well-Being Reimbursement
Plan Highlights	Visit mvphealthcare.com for more information. View a complete Glossary of Terms and Member FAQs to better understand your MVP plan benefits.	

Gia virtual care services are available at no member cost-share for medical plans, including qualified high-deductible health plans (QHDHPs), upon enrollment and plan renewal in 2023. Members enrolled in a 2022 QHDHP must meet the plan's annual deductible before Gia services are available at no member cost share.

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.

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