



# MVP Healthy New York

## Summary of Benefits

SERVICE CATEGORY		COVERAGE INFORMATION
<b>Physician Services</b>	Diagnostic & Treatment Services Consultant & Referral Services Anesthesia Services Second Surgical Opinion Second Opinion for Cancer	\$20 Copay/Visit
	Surgical Services (including breast reconstruction following a mastectomy)	20% Copay or \$200 <sup>1</sup>
<b>Pre-Admission Testing</b>		\$20 Copay
<b>Inpatient Hospital Services</b> Including Inpatient Maternity Care	Daily Room & Board General Nursing Care Special Diets Miscellaneous Hospital Services & Supplies	\$500 Copay/ Continuous Confinement <sup>2</sup>
<b>Outpatient Hospital Services</b>	Diagnostic & Treatment Services	\$20 Copay/Visit
	Outpatient Surgery	\$75 Facility Copay
<b>Maternity</b>	Prenatal and Postnatal Care	\$10 Copay/Visit
	Delivery	20% Copay or \$200 <sup>1</sup>
	Home Visit	No Charge
<b>Emergency Hospital Care</b>	Copay waived when followed by hospitalization	\$50 Copay/Visit
<b>Adult Preventive Health Care</b>	Mammography Screening	
	Cervical Cytology Screening	
	Prostate Cancer Screening	\$20 Copay/Visit
	Periodic Physical Examinations (Once every 3 years only)	
	Adult Immunizations	
<b>Child Primary &amp; Preventive Health Services</b>	Preventive & Primary Care Immunizations	\$20 Copay/Visit
	Scheduled Well-Child Visits	No Charge
<b>Diabetic Equipment &amp; Supplies and Self-Management Education</b>	<ul style="list-style-type: none"> <li>Visit for Self-Management Education</li> <li>Each Item of Equipment</li> <li>34-Day Supply of Insulin, Hypoglycemics and Supplies</li> </ul>	\$20 Copay
<b>Diagnostic X-Ray &amp; Lab Services</b>		\$20 Copay/Visit
<b>Therapeutic Services</b>	Radiological Services	
	Chemotherapy	\$20 Copay/Visit
	Hemodialysis	
<b>Blood and Blood Products</b>		\$20 Copay/Visit
<b>Physical Therapy</b>	30 post-hospital or post-surgical visits max./calendar year	\$20 Copay/Visit
<b>Home Health Care</b>	40 post-hospital or post-surgical visits max./calendar year	\$20 Copay/Visit
<b>Prescription Drugs<sup>3</sup></b>	<b>Deductible:</b>	• \$100/Individual per calendar year
	<b>Copay:</b>	• \$10/Generic drug per 34-day supply
		• \$20/Brand Name drug plus difference in cost between the Brand Name drug and its Generic equivalent per 34-day supply
	<b>Copay Mail Order Program:</b>	• \$20/Generic Drug per 90-day supply
• \$40/Brand Name drug per 90-day supply plus difference in cost between Brand Name and its Generic equivalent		
<b>Benefit Maximum:</b>	• \$3,000/Individual per calendar year	

<sup>1</sup>Whichever is less.

<sup>2</sup>The \$500 Copay will apply to each continuous confinement including maternity and emergency admissions. "Continuous confinement" is a single hospital admission or series of admissions not separated by 90 days or more. Inpatient Copay not applicable to newborns.

<sup>3</sup>The Prescription Drug Benefit is subject to the MVP Formulary. Prescriptions must be written by Participating Physicians and filled at Participating Pharmacies. Coverage will not apply if the Prescription Drug Exclusion rider has been purchased. Certain prescription drugs require Prior Approval before dispensing. As a guide, visit [www.mvphealthcare.com](http://www.mvphealthcare.com) and click on the Members tool bar, then click the Pharmacy Tab and look under Drug Coverage for the Formulary (covered drugs) chart. Drugs listed with the "#" indicator require Prior Approval.

## Here's how it works

### You choose a Primary Care Physician

You must choose a Primary Care Physician (PCP) from our network for you and each covered member of your family. Your current doctor is probably on our list of thousands of participating physicians. To try a doctor search now, go to [mvphealthcare.com](http://mvphealthcare.com) and click on the *Provider Search* link at the top of the page, or call **1-888-MVP-MBRS (1-888-687-6277)**.

### Your Primary Care Physician and your health care

Your PCP plays a central role in your health care. For regular check-ups (routine well or preventive care) and basic health screening services, you should consult your Primary Care Physician. These services may not be covered under your contract unless your PCP performs them.

### If you need to see a specialist

MVP's network includes physicians from nearly every medical specialty. If you require specialty care, you must use a participating specialist for coverage.

## Take advantage of our Core Wellness

### Our Core Wellness features include:

#### Personalized Support Care Management Programs

Working in partnership with your doctor, we provide guidance and support for:

- Asthma
- Cancer
- Cardiac Conditions
- Depression
- Diabetes
- Kidney Dialysis Support
- Low Back Pain
- Maternity
- Mental Health
- Prenatal Care
- Prenatal Care for High Risk Pregnancies
- Smoking Cessation
- Substance Abuse

#### Powerful Tools *Personal Health Manager*

Powered by WebMD®, the Personal Health Manager helps you manage your health care, set and track goals, and make well-informed health care decisions.

#### Answers and Advice *24/7 Nurseline*

Expert advice on non-emergency questions is just a phone call away, even on weekends, when you call our *24/7 Nurseline* at **1-888-MVP-MBRS**.

#### From Massage Therapy to Gym Memberships *Exclusive Member Discounts*

Enjoy savings on a wide range of health and wellness products and services.

## We are here for you

- Reach our Member Services Department 7 days a week from 8 a.m. to 10 p.m., **1-888-MVP-MBRS (1-888-687-6277)**.
- Access [mvphealthcare.com](http://mvphealthcare.com) to find doctors, compare drug costs, look up benefits, change your address, research

#### Not Covered/Exclusions:

Pre-Existing Conditions (12 months maximum exclusion, subject to credible coverage offset, when applicable). MVP will credit the amount of time you were previously covered under a health insurance plan/policy (Offset). The previous coverage must be continuous and not more than 63 days prior to the receipt date of a substantially completed application. For example, if you submitted an application to MVP on 10/01/08 and had creditable health insurance coverage from 1/1/08 through 9/30/08 (nine months), pre-existing would apply for 3 additional months.

Services provided by non-participating physicians, providers, or facilities are not covered except in emergencies or unless determined to be medically necessary by and arranged by an MVP physician and the MVP Medical Director.

Alcohol and substance abuse treatment services, including detoxification, rehabilitation and prescription drugs, ambulance, cardiac rehabilitation, Cosmetic Surgery, Dental Care, durable medical equipment, employment or insurance physicals, Experimental or Investigational Services, external prosthetics, hospice care, mental health services including prescription drugs, occupational therapy, ostomy supplies, personal comfort items, reversal of voluntary sterilization, Routine Foot Care, skilled nursing facility, speech therapy, Subluxation/Chiropractic coverage, Unauthorized Services, Non-Medically Necessary Care and Vision and Hearing Care including eyeglasses/contact lenses and hearing aides.

This chart is intended to provide a general outline of MVP coverage and does not list all of the plan benefits or Not Covered/Exclusions. In the event of any conflict between this document and your Subscriber Contract or Certificate of Coverage and any pertinent riders(s) your contract or Certificate and rider(s) will be controlling. For details, call MVP at **1-800-TALK-MVP**.