



# MVP Healthy New York High Deductible HMO

## Summary of Benefits

SERVICE CATEGORY	IN-SYSTEM (REGULAR HMO)	
	Using MVP's Network of providers	
<b>Annual Deductible<sup>1</sup></b> <i>All family member's expenses are subject to the family deductible and annual out-of-pocket amounts</i>	\$1,150 single/\$2,300 per family <sup>2</sup>	
<b>Coinurance</b>	MVP covers at 100% of allowable charges (Less any applicable deductible and copayment)	
<b>Annual Out-of-Pocket Max.</b> <i>All family member's expenses are subject to the family deductible and annual out-of-pocket amounts</i>	\$5,250 single/\$10,500 per family <sup>2</sup>	
<b>Lifetime Max. Benefit Payable</b>	Unlimited	
<b>Safe Harbor Benefits</b>	Mammography Screening Cervical Cytology Screening Prostate Cancer Screening Periodic Physical Examinations (Once every 3 years only) Adult Immunizations Preventive & Primary Care Immunizations	Deductible does not apply \$20 Copay/Visit
	Scheduled Well-Child Visits	Deductible does not apply, No Charge
<b>Physician Services</b>	Diagnostic & Treatment Services Consultant & Referral Services Anesthesia Services Second Surgical Opinion Second Opinion for Cancer Surgical Services (Including breast reconstruction following a mastectomy)	\$20 Copay/Visit After deductible is met 20% Copay or \$200 <sup>3</sup> after deductible is met
<b>Maternity</b>	Prenatal Care  Delivery Post-Natal Care Home Visit	Deductible does not apply, \$10 Copayment/Visit <b>After deductible is met:</b> 20% Copay or \$200 <sup>3</sup> \$10 Copay/Visit No Charge
<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>4</sup> after deductible is met
<b>Outpatient Hospital Services</b>	Outpatient Surgery	\$75 Facility Copay after deductible is met
<b>Emergency Care</b>	Copay waived when followed by hospitalization.	\$50 Copay/Visit after deductible is met
<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>	
<b>Pre-Admission Testing</b>		
<b>Diagnostic X-Ray &amp; Lab Services</b>		\$20 Copay/Visit after deductible is met
<b>Therapeutic Services</b>	Radiological Services, Chemotherapy, Hemodialysis	
<b>Blood and Blood Products</b>		
<b>Physical Therapy</b>	30 post-hospital or post-surgical visits max./calendar year	
<b>Home Health Care</b>	40 post-hospital or post-surgical visits max./calendar year	
<b>Outpatient Hospital Services</b>	Diagnostic & Treatment Services	
<b>Prescription Drugs<sup>5</sup></b>	Copay:	<ul style="list-style-type: none"> <li>• \$10/Generic drug per 34-day supply</li> <li>• \$20/Brand Name drug plus difference in cost between the Brand Name drug and its Generic equivalent per 34-day supply</li> </ul>
	Copay Mail Order Program:	<ul style="list-style-type: none"> <li>• \$20/Generic Drug per 90-day supply</li> <li>• \$40/Brand Name drug per 90-day supply plus difference in cost between Brand Name and its Generic equivalent</li> </ul>
	<b>Benefit Maximum:</b>	• \$3,000/Individual per calendar year

<sup>1</sup>Services covered as noted after satisfaction of the annual deductible.

<sup>2</sup>The entire family deductible must be met by any individual or any combination of covered family members before any individual would receive payment for covered services under the policy, other than preventive services (noted above).

<sup>3</sup>Whichever is less.

<sup>4</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>5</sup>The Prescription Drug Benefit is subject to the Deductible and MVP's Formulary. Prescriptions must be written by Participating Physicians and filled at Participating Pharmacies. Prescription drug expenses incurred that are subject to the Deductible do not apply to the Prescription Drugs Benefit Maximum. 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.

## About the plan

The Healthy New York plan that is available for purchase is a high deductible health plan. A high deductible health plan is a health insurance policy that requires you to pay for most health care expenses up to a certain dollar amount before the insurance policy begins to cover them. It has an individual deductible or a family deductible for the plan year, adjusted annually for inflation. Only expenses for benefits covered under the Healthy New York plan count towards the deductible. Amounts paid towards copayments do not count towards satisfaction of the deductible.

The family deductible applies to all family members. If you have a family deductible, no member of your family may receive insurance coverage for services unless the entire family deductible has been satisfied either by an individual or by a combination of covered family members.

Out-of-pocket expenses for covered benefits, including the deductible and copayments, may not exceed the maximum for individual or family coverage for the plan year. These amounts are also adjusted annually for inflation.

## 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 hospitals and many other time-saving services.

#### 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 credible 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 aids.

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**.

Additional information on this plan can be found on the Healthy New York web site at [www.healthyny.com](http://www.healthyny.com) or by calling toll-free **1-866-HEALTHYNY (1-866-432-5849)**.