



\$2,500/\$5,000 In-System Deductible  
(100% Coinsurance Option)

# MVP High Deductible HMO

## Sample Plan Benefit Summary

Service Category	In-System (Regular HMO) <i>Through Primary Care Physician With Proper Referrals</i>
<b>Annual Deductible<sup>1</sup></b>	\$2,500 single/\$5,000 per family <sup>2</sup>
<b>Coinsurance</b>	MVP covers at 100% of allowable charges
<b>Annual Out-of-Pocket Maximum</b>	\$3,500 single/\$7,000 per family <sup>2</sup>
<b>Lifetime Maximum Benefit Payable</b>	Unlimited
<b>Safe Harbor Benefits</b> Well Baby & Child Care (Hearing & Vision Exam included) Immunizations (Child & Adult) Adult Annual Physical Annual Pap Test & Ob/Gyn Exam Colorectal Cancer Screening Cholesterol Screening Mammography Screening Prostate Cancer Screening	Deductible does not apply MVP covers at 100% of allowable charges
<b>Hospital</b> Hospital Inpatient <sup>3</sup> Hospital Outpatient Ambulatory Services  <b>Physician Office Visits</b> <b>Physician Inpatient Care</b> (Medical/Surgical) <b>Second Surgical Opinion</b> (Optional) <b>Diagnostic Lab and Other Testing</b> <b>Maternity</b> Physician Services Hospital Services <sup>3</sup> Nursery Care for Newborns  <b>Physical/Occupational/Speech Therapy</b> (30 visits per member per calendar year combined) <b>Ambulance</b> (Medically necessary transport only) <b>Urgent Care</b> <b>Home Health Care</b> <b>Emergency Room (ER) Visit</b> In Area Outpatient or Admission Out of Area Outpatient or Admission  <b>Mental Health<sup>3</sup></b> Inpatient-30 day maximum per member/calendar year Outpatient-20 visit maximum per member/calendar year  <b>Substance Abuse<sup>3</sup></b> Inpatient-Up to 15 days maximum per member/calendar year Outpatient-Up to 20 visits maximum per member/calendar year  <b>Durable Medical Equipment</b> (\$25,000 lifetime max per member, except artificial limbs)	MVP covers at 100% of allowable charges after deductible is met
<b>College Students Away From Home<sup>4</sup></b>	\$2,500 Maximum/Year
<b>Prescription Drug Benefit<sup>5</sup></b> (must use a participating pharmacy) Generic Formulary Non-Formulary	\$10 copay after deductible is met \$25 copay after deductible is met \$45 copay after deductible is met

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

<sup>2</sup>All family member's expenses are subject to the family deductible and annual out-of-pocket amounts.

<sup>3</sup>Services may be subject to Pre-Service Review or Concurrent Notice requirements. See your Certificate of Coverage *Section Five Utilization Review and Claims Filing*.

<sup>4</sup>Coverage is for full time college students under age 25, to a maximum of \$2,500 per calendar year, including any applicable Copayment, Coinsurance and/or Deductible.

<sup>5</sup>Certain prescription drugs require Prior Approval before dispensing. For specific drug information visit [www.mvphealthcare.com](http://www.mvphealthcare.com), look under Rx Info, and see the Prescription Drug Formulary chart. Regardless of tier description, drugs listed with the "#" indicator require Prior Approval.

This summary is not an offer of coverage.

## Here's How It Works

### You choose a Primary Care Physician

You must choose a Primary Care Physician from our network for you and each covered member of your family. To see if your doctor participates or to try a doctor search now, go to [joinMVP.com](http://joinMVP.com) or call **1-888-MVP-MBRS (1-888-687-6277)**.

### Your Primary Care Physician coordinates all your health care

For regular check-ups, ordering prescriptions, or when you need a referral to see a specialist, you must consult your Primary Care Physician – the doctor who knows you and your medical history.

### You need a referral to see a participating specialist

You must first get a referral from your Primary Care Physician to see a participating specialist. There are a few specialty services that do not require a referral, they include: oncology services and hematology services, including radiation and chemotherapy; visits to an allergist; physical therapy; occupational therapy; and routine eye exams, hearing evaluations, speech evaluations, routine OB/GYN care and chiropractic care (if your plan has purchased the additional rider). Mental health/substance abuse services do not require a referral, but you are required to contact MVP at **1-800-568-0458** for a pre-service review.

### When you or your provider need to contact MVP

Some services are subject to Pre-Service review. Consult with your Primary Care Physician or MVP Participating Provider to determine when this approval is required. Services for Mental Health and Substance Abuse require a call from you to MVP at **1-800-568-0458**.

Some services are subject to Concurrent Notice, which means the notice you must give to MVP while you are receiving certain Covered Services. These services are listed in the Certificate of Coverage in the section entitled "Section Five Utilization Review and Claims Filing."

## Additional Features and Benefits

- *MVP After Hours* – reach our Member Services Department every day 8 a.m. to 10 p.m., excluding holidays, **1-888-MVP-MBRS (1-888-687-6277)**.
- Our innovative Web site offers many convenient features – [mvphealthcare.com](http://mvphealthcare.com):
  - Ask a question about coverage
  - Find answers to commonly asked questions
  - Check claim status, eligibility and benefits
  - *Health Central* – Online health library and special programs
- *Worldwide Emergency Coverage*

## Web Tools and Services

*To help your employees make informed health care decisions – find these tools in the Health Central section at [www.mvphealthcare.com](http://www.mvphealthcare.com).*

- Online health library – powered by Healthwise® Knowledgebase
- Hospital quality comparison tool
- Wide range of disease and care management programs

This chart is intended to provide a general outline of MVP coverage. In the event of any conflict between this document and your Certificate of Coverage, Schedule and any pertinent rider(s), your Certificate of Coverage, Schedule and rider(s) will be controlling. Benefit limitations and exclusions apply and may vary by state, see your Certificate of Coverage for more details or call **1-800-TALK-MVP (1-800-825-5687)**.