



# MVP Point of Service 25/40

## Sample Plan Benefit Summary

**New Hampshire**

\$500/\$1,500 In-System Deductible

Service Category	In-System (Regular HMO) Through Primary Care Physician With Proper Referrals	Out-Of-System Not Through Primary Care Physician or Without Proper Referrals
<b>Annual Deductible<sup>1</sup></b> <i>Services are covered subject to the annual deductible and/or coinsurance where noted below</i>	\$500 per Member per calendar year \$1,500 per Family per calendar year	\$750 per Member per calendar year \$2,250 per Family per calendar year
<b>Physician Services</b>		MVP covers at 70% of Allowable Charges (After Deductible)
<b>Primary Care Physician Office Visit</b> Well Baby and Well Child Care Adult Annual Physical, Gynecological Exams	\$25 Copay/Office Visit	
<b>Specialist Office Visit</b> Office Surgery	\$40 Copay/Office Visit	
<b>In-Hospital Care</b> Anesthesiology Surgery Visits/Consultations	Subject to Deductible	
<b>Hospital<sup>2</sup></b> Hospital Inpatient Hospital Outpatient/Ambulatory Services	Subject to Deductible	MVP covers at 70% of Allowable Charges (After Deductible)
<b>Maternity<sup>2</sup></b> Physician Services Hospital Services Nursery Care for Newborns		
<b>Ambulance</b> (medically necessary transport only)		
<b>Emergency Room (ER) Visit<sup>2</sup></b>	\$100 Copay	
<b>Diagnostic Screening/Laboratory and X-ray Services</b> <i>MRI and scans are subject to deductible</i>	Covered in Full	MVP covers at 70% of Allowable Charges (After Deductible)
<b>Durable Medical Equipment/External Prosthetic Devices/Ostomy Supplies<sup>2</sup></b> <i>\$25,000 lifetime max. per member, except for artificial limbs</i>	20% Coinsurance Not Subject to Deductible	Same as In-System Prior authorization for charges in excess of \$500
<b>Mental Health<sup>2</sup></b> <i>Mental health benefits will be extended for specified disorders as detailed in your Certificate of Coverage.</i>	Subject to Deductible	MVP covers at 70% of Allowable Charges (After Deductible)
<b>Inpatient</b> - 30-Day maximum per member/calendar year		
<b>Outpatient</b> - 20 Visit maximum per member/calendar year	\$25 Copay/Office Visit	
<b>Substance Abuse Diagnosis &amp; Treatment<sup>2</sup></b>		
<b>Inpatient</b> - Up to 15 days maximum per member/calendar year (for detoxification and rehabilitation combined)	Subject to Deductible	MVP covers at 70% of Allowable Charges (After Deductible)
<b>Outpatient</b> - Up to 20 visits maximum per member/calendar year (for detoxification and rehabilitation combined)	\$25 Copay/Office Visit	
<b>Physical, Speech, Occupational Therapy<sup>2</sup></b> Up to 30 combined visits per member per calendar year	\$40 Copay/Office Visit	
<b>Routine Vision Exam<sup>3</sup></b>	\$25 Copay/Office Visit	
<b>Home Health Care<sup>2</sup></b>	\$25 Copay/Office Visit	
<b>College Students Away From Home<sup>4</sup></b>	\$2,500 Maximum/Year	Same as In-System
<b>Lifetime Maximum Coverage</b>	Unlimited	\$250,000 per member
<b>Annual Out-of-Pocket Maximum</b>	None	\$5,750 per member, \$17,250 per family per calendar year

<sup>1</sup>Rx benefit copays and/or deductibles do not apply towards medical deductibles and out-of-pocket maximum.

<sup>2</sup>Services may be subject to Pre-Service Review or Concurrent Notice requirements (In-System). See your Certificate of Coverage "Section Five Utilization Review and Claims Filing". For Out-of-System, Prior Authorization, Prior Notice or Concurrent Notice may apply, see Paragraph 5, *Pre-Service Claims and Prior Notice* and Paragraph 7 *Out-of-Network Covered Services* for important requirements and benefit limitations.

<sup>3</sup>One exam per year under age 19, one exam every 24 months for age 19 and over. For In-System, a PCP referral is not required.

<sup>4</sup>Coverage is for full-time students under age 25, to a maximum of \$2,500 per calendar year, including any applicable copayment, coinsurance and/or deductible. See the Certificate of Coverage for details.

This summary is not an offer of coverage.

## Here's How It Works

With MVP **Point of Service**, the member decides, at the point when they need care, whether to go through their designated MVP Primary Care Physician or through another doctor. When the care is coordinated through the Primary Care Physician and a participating provider is used with proper PCP referral, it is considered to be "In-System" and the member enjoys more comprehensive HMO benefits and coverage.

If the member receives care that is not arranged by their MVP Primary Care Physician, for instance care that is received when a member goes directly to any physician without a referral from his/her Primary Care Physician, that care is considered to be "Out-of-System" and is subject to the benefits outlined in the "Out-of-System" side of MVP **POS**.

## Benefits Based on Your Choice of Providers

Enroll in MVP Point of Service and select a Primary Care Physician for each covered family member.

### In-System Care (Regular HMO)

- Coordinated by your Primary Care Physician who provides routine care and refers you to specialists and hospitals as needed
- Lower out-of-pocket costs
- No claim forms
- Your Primary Care Physician handles referrals for you

### Out-of-System Care

- See the provider of your choice
- No referral from Primary Care Physician required
- You pay a higher deductible and coinsurance
- You file claim forms for reimbursement

## Additional Features

- **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**:
  - Ask a question about coverage
  - Check claim status, eligibility and benefits
  - Find answers to commonly asked questions
  - *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**.*

- 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 applicable rider(s), your Certificate of Coverage, Schedule, and rider(s) will be controlling. For details call 1-800-TALK-MVP (1-800-825-5687), option #2.