



MVP POS 20

Summary of Benefits

New York
 \$500/\$1,000 Deductible
 70%/30% Coinsurance Option

SERVICE CATEGORY	IN-SYSTEM (Regular HMO) <i>Using MVP's Network of providers</i>	OUT-OF-SYSTEM <i>Using non-participating providers</i>
Annual Deductible	Not Applicable (except pharmacy)	\$500 per Individual/\$1,000 per Family <i>Services covered as noted below are after satisfaction of the annual deductible</i>
Coinsurance	Not Applicable	As Noted
Annual Out-of-Pocket Maximum	Not Applicable	\$2,500 per Individual/\$5,000 per Family, per calendar year
Lifetime Maximum Coverage DME, external prosthetic devices and ostomy supplies have a combined lifetime maximum benefit of \$25,000 per member	No Maximum (except DME)	\$1,000,000 per Individual
Physician Services Well Baby and Child Care Per MVP Preventive Care Guidelines	No Charge	Covered in full, no deductible
Office Visits Laboratory Services	No Charge	MVP covers at 70% of allowable charges
Periodic Physicals, Gynecological Exams/Pap-tests	\$20 Copay	
Office Surgery		
X-ray Services		
Second Surgical Opinions (not required)		Covered "In-System" only
Vision Exams-every 2 years		
Inpatient Hospital Services Surgery, Anesthesiology, Radiology Visits/Consultations	No Charge	
Hospital (Facility) Hospital Inpatient	\$500 Copay/Copay applies to the first admission only; per member, per calendar year	MVP covers at 70% of allowable charges
Hospital Outpatient Surgery	\$75 Copay/Visit	
Hospital Outpatient Therapeutic Services/X-ray	\$20 Copay	
Hospital Outpatient Laboratory	No Charge	
Maternity Physician Services Hospital Services	Office Copay for first diagnostic visit only Subject to \$500 inpatient Copay - excludes newborns	MVP covers at 70% of allowable charges (initial newborn exam covered at 100% of allowable charges)
Nursery Care	No Charge	
Diagnostic Lab Service Ambulance Chiropractic Benefit Substance Abuse Diagnosis & Treatment Detoxification (7 days max. per cal. year) Rehabilitation Outpatient-60 visit max.	No Charge No Charge \$20 Copay/Visit Subject only to Hospital (Facility) Copay \$20 Copay/Visit	MVP covers at 70% of allowable charges
Mental Health¹ Inpatient - 30 day maximum Inpatient Physician Outpatient - 20 visit maximum	Subject to Hospital Inpatient (Facility) Copay No Charge \$20 Copay/Visit	
Physical/Occupational/Speech Therapy Up to 30 visits per member, per calendar year; combined benefit	\$20 Copay/Visit	
Emergency Hospital Care	\$50 Copay/Visit <i>If admitted, only hospital inpatient coverage applies</i>	
Home Health Care 60 visit max.	\$20 Copay/Visit	MVP covers at 80% of allowable charges (not subject to deductible)
Durable Medical Equipment DME, external prosthetic devices and ostomy supplies have a combined lifetime maximum benefit of \$25,000 per member	50% Copay	MVP covers at 50% of allowable charges, no deductible

¹MVP offers an optional rider at additional cost that extends coverage for certain biologically based Mental Health conditions and for children with specific emotional disturbances. Please contact your Employer or the MVP Member Service Department for additional information.

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, please call 1-800-TALK-MVP (1-800-825-5687), and select option #2.

SERVICE CATEGORY	IN-SYSTEM (Regular HMO) <i>Using MVP's Network of providers</i>	OUT-OF-SYSTEM <i>Using non-participating providers</i>
Dependent Care Coverage	Unmarried dependents covered to age 23	Unmarried dependents covered to age 23
Preventive Dental Care for Kids		
Periodic Exams and X-rays to age 19	\$25 Copay/Visit	\$25 Copay/Visit
<i>Please check with your employer to learn if your plan includes this benefit. This benefit is offered through MVP Health Plan, Inc., as part of a fully-insured, community rated HMO product only and thus may not be available to employees of companies that offer other MVP options or other dental plans and is not available to CompCare members.</i>		
Prescription Drug Coverage (Must use participating pharmacy) ²		
Formulary Generic	\$10 Copay	\$10 Copay
Formulary Brand	\$30 Copay	\$30 Copay
Non-Formulary	\$50 Copay	\$50 Copay
Mail Order (available for certain "maintenance" drugs)	2 Copays/90-day supply	2 Copays/90-day supply

For a complete listing visit www.mvphealthcare.com

All subject to a \$100 deductible per member per calendar year. MVP has in place a "drug formulary", which determines our approved list of covered medications—those proven safe and effective, in the best interests of our members. Some drugs, while covered in the formulary may still require prior approval from MVP. Policies specific to these restricted drugs are clearly written and made available to all practitioners.

²Certain prescription drugs require Prior Approval before dispensing. As a guide, visit www.mvphealthcare.com, and click on the Member 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

When care is sought from the Primary Care Physician or a participating provider it is considered to be "In-System" and the member enjoys comprehensive HMO benefits and coverage.

If the member receives care that is not from their Primary Care Physician or a participating provider, for instance care that is received when a member goes to any non-participating provider, 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)

- See your Primary Care Physician for regular check-ups (routine well or preventive care) and basic health screenings services
- Lower out-of-pocket costs
- No claim forms
- Self-refer to any participating specialist after consulting with your PCP

Out-of-System Care

- See the provider of your choice
- You pay a higher deductible and coinsurance
- You file claim forms for reimbursement

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

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 to find doctors, compare drug costs, look up benefits, change your address, research hospitals and many other time-saving services.