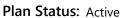
**New York** 

Plan Name: MVP Premier Plus Silver 13
Plan Form: NY-HMO-DS-013-N (2023)





Plan Cost-Sharing Highlights	Coverage Information	Limits and Exclusions
	\$2,800 Person/\$5,600 Family - Embedded	None
Annual Deductible per Contract Year	, , , , , ,	
Co-insurance	As Noted Below	None
Annual Out-of-Pocket Maximum	\$9,100 Person/\$18,200 Family - Embedded	None
Primary Care Physician Office Visits	\$35 copay*	None
Specialist Office Visits	\$50 copay*	None
Preventive & Well Care Services  Well Child Care & Immunizations  Adult Annual Physical (One per Contract Year)  Mammography  Annual Pap Test & Ob/Gyn Exam  Immunizations for Adults  Colonoscopy /Sigmoidoscopy Screening  Bone Density Tests	Covered in Full. For a full list of covered preventive care services, visit mvphealthcare.com.	None
Physician Office Visits	DCD: \$25 consu*/Snoc: \$50 consu*	None
Diagnostic Laboratory Services	PCP: \$35 copay*/Spec: \$50 copay*	None
Diagnostic X-ray	PCP: \$35 copay*/Spec: \$50 copay*	None
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: \$150 copay*/Free-Stnd: \$150 copay*	None
Rehabilitative Services (PT/OT/ST)	\$50 copay*	54 combined PT/OT/ST visits per year
Allergy Services	\$50 copay*	None
Chemotherapy Visit	\$50 copay*	None
Inpatient Services - Hospital		
Medical/Surgical Admissions	\$500 copay*	Per continuous confinement
Surgical Services	\$150 copay*	None
Inpatient Physical Rehabilitation	\$500 copay*	60 days per Plan Year Combined Therapies
Outpatient Hospital Services		
Hospital Rehab Services (PT/OT/ST)	\$50 copay*	54 visits per condition/year combined therapies
Diagnostic Laboratory Services **	\$50 copay*	None
Diagnostic X-ray **	\$50 copay*	None
Advanced Imaging Services (CT/PET, scans, MRIs) ++	\$150 copay*	None
Ambulatory/Outpatient Surgery **	\$150 copay*	None
<b>Emergency Care</b>		
Emergency Room (ER) Visit	\$250 copay*	None
Urgent Care Centers	\$50 copay*	None
Ambulance (Emergency Medical Transportation)	\$250 copay*	None
Maternity Services		
Maternity – Prenatal Care	Covered in Full	None
Maternity – Physician Delivery	\$150 copay*	None
Maternity – Inpatient Hospital Services	\$500 copay*	None

**New York** 

**Plan Name:** MVP Premier Plus Silver 13 **Plan Form:** NY-HMO-DS-013-N (2023)

Plan Status: Active



	Coverage Information	Limits and Exclusions	
Behavioral Health Services			
Mental Health Inpatient Hospital	\$500 copay*	Including residential treatment	
Mental Health Outpatient	\$35 copay*	None	
Substance Use Disorder Inpatient Hospital	\$500 copay*	Including residential treatment	
Substance Use Disorder Outpatient	\$35 copay*	None	
Residential Treatment	\$500 copay*	None	
Other Services			
Physician Administered Drugs	20% coinsurance*	None	
Skilled Nursing Facility	\$500 copay*	200 days per plan year	
Home Health Care	\$50 copay*	60 visits per plan year	
	Inpt: \$500 copay* / Outpt: \$50 copay*	210 days per plan year, 5 visits for family bereavement	
Hospice		counseling	
Durable Medical Equipment	50% coinsurance*	Standard equipment covered	
Darable Medical Edulpment	\$35 copay*	Not more than \$100 for a 30-day supply of insulin	
Diabetic Supplies & Equipment		,,	
Chiropractic Benefit	\$50 copay*	None	
Acupuncture	50% coinsurance*	12 visits per plan year	
Prescription Drug Coverage  Tier 1	Covered in Full	30 day retail/90 day mail order	
Tier 2	Pharm: \$10 copay/Mail: \$25 copay	\$100 max out of pocket on 30 day supply of Insulin	
Tier 3	Pharm: \$50 copay/Mail: \$125 copay	30 day retail/90 day mail order	
Prescription Drug Deductible	None	None	
Vision Care			
Adult Vision Care	Not covered	None	
Pediatric Vision Care	\$50 copay*	One exam per 12-month period	
Other Plan Features			
Gia® Virtual Care	Covered in Full	None	
Wellness Benefits	\$600 allowance	Get reimbursed up to \$600 per contract, per calendar year with MVP's Well-Being Reimbursement	
	Visit mvphealthcare.com for more information. View a complete Glossary of Terms and Member FAQs to		
Plan Highlights	better understand your MVP plan benefits.		
**Preferred Provider Facilities	Laboratory, radiology, and ambulatory services at a preferred provider facility will be covered in full, after deductible (if applicable). Find a preferred provider facility in your area at mvphealthcare.com.		

Gia virtual care services are available at no member cost-share for medical plans, including qualified high-deductible health plans (QHDHPs), upon enrollment and plan renewal in 2023. Members enrolled in a 2022 QHDHP must meet the plan's annual deductible before Gia services are available at no member cost share.

This plan overview is intended to provide a general outline of coverage. In the event of any conflict between this document and your Certificate of Coverage (COC), Schedule, and any applicable Rider(s), your COC, Schedule, and Rider(s) will be controlling. For plan details, please call 1-800-TALK-MVP (825-5687), or visit mvphealthcare.com.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.