

**New York**  
**Plan Name:** Essential Plan 4  
**Plan Form:** FRNY-EPA-D-004 (2024)  
**Plan Status:** Active



Plan Cost-Sharing Highlights	Coverage Information	Limits and Exclusions
<b>Annual Deductible per Contract Year</b>	\$0 Person	None
<b>Co-insurance</b>	As Noted Below	None
<b>Annual Out-of-Pocket Maximum</b>	\$0 Person	None
<b>Primary Care Physician Office Visits</b>	Covered in Full	None
<b>Specialist Office Visits</b>	Covered in Full	None
<b>Preventive &amp; Well Care Services</b>		
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 <a href="http://mvphealthcare.com">mvphealthcare.com</a> .	None
<b>Physician Office Visits</b>		
<b>Diagnostic Laboratory Services</b>	Covered in Full	None
<b>Diagnostic X-ray</b>	Covered in Full	None
<b>Advanced Imaging Services (CT/PET scans, MRIs)</b>	Covered in Full	Per day, per provider
<b>Rehabilitative Services (PT/OT/ST)</b>	Covered in Full	None
<b>Allergy Services</b>	Covered in Full	Cost share dependent on location of services
<b>Chemotherapy Visit</b>	Covered in Full	None
<b>Inpatient Services - Hospital</b>		
<b>Medical/Surgical Admissions</b>	Covered in Full	Per continuous confinement
<b>Surgical Services</b>	Covered in Full	None
<b>Inpatient Physical Rehabilitation</b>	Covered in Full	None
<b>Outpatient Hospital Services</b>		
<b>Hospital Rehab Services (PT/OT/ST)</b>	Covered in Full	None
<b>Diagnostic Laboratory Services</b>	Covered in Full	None
<b>Diagnostic X-ray</b>	Covered in Full	None
<b>Advanced Imaging Services (CT/PET, scans, MRIs)</b>	Covered in Full	Per day, per provider
<b>Ambulatory/Outpatient Surgery</b>	Covered in Full	None
<b>Emergency Care</b>		
<b>Emergency Room (ER) Visit</b>	Covered in Full	None
<b>Urgent Care Centers</b>	Covered in Full	None
<b>Ambulance (Emergency Medical Transportation)</b>	Covered in Full	None
<b>Maternity Services</b>		
<b>Maternity – Prenatal Care</b>	Covered in Full	None
<b>Maternity – Physician Delivery</b>	Covered in Full	None
<b>Maternity – Inpatient Hospital Services</b>	Covered in Full	None

\*Deductible applies to this benefit

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<b>Behavioral Health Services</b>		
<b>Mental Health Inpatient Hospital</b>	Covered in Full	Including residential treatment
<b>Mental Health Outpatient</b>	Covered in Full	None
<b>Substance Use Disorder Inpatient Hospital</b>	Covered in Full	Including residential treatment
<b>Substance Use Disorder Outpatient</b>	Covered in Full	None
<b>Residential Treatment</b>	Covered in Full	None
<b>Other Services</b>		
<b>Physician Administered Drugs</b>	Covered in Full	None
<b>Skilled Nursing Facility</b>	Covered in Full	200 days per plan year
<b>Home Health Care</b>	Covered in Full	40 Visits per Plan Year
<b>Hospice</b>	Covered in Full	210 days per Plan Year; Five (5) visits for family bereavement counseling
<b>Durable Medical Equipment</b>	Covered in Full	Standard equipment covered
<b>Diabetic Supplies &amp; Equipment</b>	Covered in Full	None
<b>Chiropractic Benefit</b>	Covered in Full	None
<b>Acupuncture</b>	Not covered	None
<b>Prescription Drug Coverage</b>		
<b>Tier 1</b>	Covered in Full	30 day supply retail
<b>Tier 2</b>	Covered in Full	30 day supply retail
<b>Tier 3</b>	Covered in Full	30 day supply retail
<b>Prescription Drug Deductible</b>	None	None
<b>Vision Care</b>		
<b>Adult Vision Care</b>	Covered in Full	One exam per 12-month period, unless otherwise noted.
<b>Pediatric Vision Care</b>	Covered in Full	One exam per 12-month period, unless otherwise noted.
<b>Other Plan Features</b>		
<b>Gia® Virtual Care</b>	Covered in Full	None
<b>Wellness Benefits</b>	\$225 allowance	Earn \$100 reward for annual wellness visit and up to \$125 reimbursement per contract per Calendar Year.
<b>Plan Highlights</b>	Visit <a href="http://mvphealthcare.com">mvphealthcare.com</a> for more information. View a complete Glossary of Terms and Member FAQs to better understand your MVP plan benefits.	

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](http://mvphealthcare.com).

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