New York
Plan Name: Essential Plan 6
Plan Form: FRNY-EP-DA1-006 (2024)
Plan Status: Active

Plan Cost-Sharing Highlights	Coverage Information	Limits and Exclusions
Annual Deductible per Contract Year	$0 Person	None
Co-insurance	As Noted Below	None
Annual Out-of-Pocket Maximum	$0 Person	None
Primary Care Physician Office Visits	Covered in Full	None
Specialist Office Visits	Covered in Full	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		
Diagnostic Laboratory Services	Covered in Full	None
Diagnostic X-ray	Covered in Full	None
Advanced Imaging Services (CT/PET scans, MRIs)	Covered in Full	per day, per provider
Rehabilitative Services (PT/OT/ST)	Covered in Full	60 visits per condition, per Plan Year combined therapies
Allergy Services	Covered in Full	Cost share dependent on location of services
Chemotherapy Visit	Covered in Full	None
Inpatient Services - Hospital		
Medical/Surgical Admissions	Covered in Full	Per continuous confinement
Surgical Services	Covered in Full	None
Inpatient Physical Rehabilitation	Covered in Full	60 days per Plan Year Combined Therapies
Outpatient Hospital Services		
Hospital Rehab Services (PT/OT/ST)	Covered in Full	60 visits per condition, per Plan Year combined
Diagnostic Laboratory Services	Covered in Full	None
Diagnostic X-ray	Covered in Full	None
Advanced Imaging Services (CT/PET, scans, MRIs)	Covered in Full	Per day, per provider
Ambulatory/Outpatient Surgery	Covered in Full	None
Emergency Care		
Emergency Room (ER) Visit	Covered in Full	None
Urgent Care Centers	Covered in Full	None
Ambulance (Emergency Medical Transportation)	Covered in Full	None
Maternity Services		
Maternity – Prenatal Care	Covered in Full	None
Maternity – Physician Delivery	Covered in Full	None
Maternity – Inpatient Hospital Services	Covered in Full	None

*Deductible applies to this benefit

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	Coverage Information	Limits and Exclusions
Behavioral Health Services		
Mental Health Inpatient Hospital	Covered in Full	Including residential treatment
Mental Health Outpatient	Covered in Full	None
Substance Use Disorder Inpatient Hospital	Covered in Full	Including residential treatment
Substance Use Disorder Outpatient	Covered in Full	None
Residential Treatment	Covered in Full	None
Other Services		
Physician Administered Drugs	Covered in Full	None
Skilled Nursing Facility	Covered in Full	200 days per plan year
Home Health Care	Covered in Full	40 Visits per Plan Year
Hospice	Covered in Full	210 days per Plan Year; Five (5) visits for family bereavement counseling
Durable Medical Equipment	Covered in Full	Standard equipment covered
Diabetic Supplies & Equipment	Covered in Full	None
Chiropractic Benefit	Covered in Full	None
Acupuncture	Not covered	None
Prescription Drug Coverage		
Tier 1	Covered in Full	30 day supply retail
Tier 2	Covered in Full	30 day supply retail
Tier 3	Covered in Full	30 day supply retail
Prescription Drug Deductible	None	None
Vision Care		
Adult Vision Care	Covered in Full	One exam per 12-month period, unless otherwise noted.
Pediatric Vision Care	Covered in Full	One exam per 12-month period, unless otherwise noted.
Other Plan Features		
Gia® Virtual Care	Covered in Full	None
Wellness Benefits	$225 allowance	Earn $100 reward for annual wellness visit and up to $125 reimbursement per contract per Calendar Year.
Plan Highlights	Visit mvphealthcare.com 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.
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***Deductible applies to this benefit**