

**New York**  
**Plan Name:** Essential Plan 7  
**Plan Form:** FRNY-EP-D-007 (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	\$2,000 Person	None
Primary Care Physician Office Visits	\$15 copay	None
Specialist Office Visits	\$25 copay	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>		
Diagnostic Laboratory Services	PCP: \$15 copay/Spec: \$25 copay	None
Diagnostic X-ray	PCP: \$15 copay/Spec: \$25 copay	None
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: \$25 copay/Free-Stnd: \$25 copay	Per day, per provider
Rehabilitative Services (PT/OT/ST)	\$15 copay	60 visits per condition, per Plan Year combined therapies
Allergy Services	\$25 copay	Cost share dependent on location of services
Chemotherapy Visit	\$15 copay	None
<b>Inpatient Services - Hospital</b>		
Medical/Surgical Admissions	\$150 copay	Per continuous confinement
Surgical Services	\$50 copay	None
Inpatient Physical Rehabilitation	\$150 copay	60 days per Plan Year Combined Therapies
<b>Outpatient Hospital Services</b>		
Hospital Rehab Services (PT/OT/ST)	\$15 copay	60 visits per condition, per Plan Year combined
Diagnostic Laboratory Services	\$25 copay	None
Diagnostic X-ray	\$25 copay	None
Advanced Imaging Services (CT/PET, scans, MRIs)	\$25 copay	Per day, per provider
Ambulatory/Outpatient Surgery	\$50 copay	None
<b>Emergency Care</b>		
Emergency Room (ER) Visit	\$75 copay	None
Urgent Care Centers	\$25 copay	None
Ambulance (Emergency Medical Transportation)	\$75 copay	None
<b>Maternity Services</b>		
Maternity – Prenatal Care	Covered in Full	None
Maternity – Physician Delivery	\$50 copay	None
Maternity – Inpatient Hospital Services	\$150 copay	None

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<b>Behavioral Health Services</b>		
<b>Mental Health Inpatient Hospital</b>	\$150 copay	Including residential treatment
<b>Mental Health Outpatient</b>	\$15 copay	None
<b>Substance Use Disorder Inpatient Hospital</b>	\$150 copay	Including residential treatment
<b>Substance Use Disorder Outpatient</b>	\$15 copay	None
<b>Residential Treatment</b>	\$150 copay	None
<b>Other Services</b>		
<b>Physician Administered Drugs</b>	\$25 copay	None
<b>Skilled Nursing Facility</b>	\$150 copay	200 days per plan year
<b>Home Health Care</b>	\$15 copay	40 Visits per Plan Year
<b>Hospice</b>	Inpt: \$150 copay / Outpt: \$15 copay	210 days per Plan Year; Five (5) visits for family bereavement counseling
<b>Durable Medical Equipment</b>	5% coinsurance	Standard equipment covered
<b>Diabetic Supplies &amp; Equipment</b>	\$15 copay	None
<b>Chiropractic Benefit</b>	\$25 copay	None
<b>Acupuncture</b>	Not covered	None
<b>Prescription Drug Coverage</b>		
<b>Tier 1</b>	Pharm: \$6 copay/Mail: \$15 copay	30 day supply retail
<b>Tier 2</b>	Pharm: \$15 copay/Mail: \$37.50 copay	30 day supply retail
<b>Tier 3</b>	Pharm: \$30 copay/Mail: \$75 copay	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). 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.