

New York
Plan Name: MVP Premier Plus Gold 12
Plan Form: NY-HMO-DG-012-N (2024)
Plan Status: Active



Plan Cost-Sharing Highlights	Coverage Information	Limits and Exclusions
Annual Deductible per Contract Year	\$0 Person/\$0 Family - Embedded	None
Co-insurance	As Noted Below	None
Annual Out-of-Pocket Maximum	\$5,600 Person/\$11,200 Family - Embedded	None
Primary Care Physician Office Visits	0% coinsurance	None
Specialist Office Visits	50% coinsurance	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	PCP: 50% coinsurance/Spec: 50% coinsurance	None
Diagnostic X-ray	PCP: 50% coinsurance/Spec: 50% coinsurance	None
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: 50% coinsurance/Free-Stnd: 50% coinsurance	None
Rehabilitative Services (PT/OT/ST)	50% coinsurance	54 combined PT/OT/ST visits per year
Allergy Services	50% coinsurance	None
Chemotherapy Visit	50% coinsurance	None
Inpatient Services - Hospital		
Medical/Surgical Admissions	50% coinsurance	Per continuous confinement
Surgical Services	50% coinsurance	None
Inpatient Physical Rehabilitation	50% coinsurance	60 days per Plan Year Combined Therapies
Outpatient Hospital Services		
Hospital Rehab Services (PT/OT/ST)	50% coinsurance	54 visits per condition/year combined therapies
Diagnostic Laboratory Services **	50% coinsurance	None
Diagnostic X-ray **	50% coinsurance	None
Advanced Imaging Services (CT/PET, scans, MRIs) **	50% coinsurance	None
Ambulatory/Outpatient Surgery **	50% coinsurance	None
Emergency Care		
Emergency Room (ER) Visit	50% coinsurance	None
Urgent Care Centers	50% coinsurance	None
Ambulance (Emergency Medical Transportation)	50% coinsurance	None
Maternity Services		
Maternity – Prenatal Care	Covered in Full	None
Maternity – Physician Delivery	50% coinsurance	None
Maternity – Inpatient Hospital Services	50% coinsurance	None

*Deductible applies to this benefit



	Coverage Information	Limits and Exclusions
Behavioral Health Services		
Mental Health Inpatient Hospital	50% coinsurance	Including residential treatment
Mental Health Outpatient	0% coinsurance	None
Substance Use Disorder Inpatient Hospital	50% coinsurance	Including residential treatment
Substance Use Disorder Outpatient	0% coinsurance	Unlimited; Up to 20 visits per calendar year may be used for family counseling
Residential Treatment	50% coinsurance	None
Other Services		
Physician Administered Drugs	50% coinsurance	None
Skilled Nursing Facility	50% coinsurance	200 days per plan year
Home Health Care	50% coinsurance	60 visits per plan year
Hospice	50% coinsurance	210 days per plan year, 5 visits for family bereavement counseling
Durable Medical Equipment	50% coinsurance	Standard equipment covered
Diabetic Supplies & Equipment	0% coinsurance	Not more than \$100 for a 30-day supply of insulin
Chiropractic Benefit	50% coinsurance	None
Acupuncture	50% coinsurance	12 visits per plan year
Prescription Drug Coverage		
Tier 1	Pharm: 50% coinsurance/Mail: \$0.50 copay	30 day retail/90 day mail order
Tier 2	50% coinsurance	\$100 max out of pocket on 30 day supply of Insulin
Tier 3	50% coinsurance	30 day retail/90 day mail order
Prescription Drug Deductible	None	None
Vision Care		
Adult Vision Care	Not covered	None
Pediatric Vision Care	50% coinsurance	One exam per 12-month period
Other Plan Features		
Gia® Virtual Care	0% coinsurance	None
Wellness Benefits	\$600 allowance	Get reimbursed up to \$600 per contract, per calendar year with MVP's Well-Being Reimbursement
Plan Highlights	Visit mvphealthcare.com for more information. View a complete Glossary of Terms and Member FAQs to 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.

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