

**New York**  
**Plan Name:** Essential Plan 2  
**Plan Form:** FRNY-EP-D-002 (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	\$200 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 <a href="http://mvphealthcare.com">mvphealthcare.com</a> .	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

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	Coverage Information	Limits and Exclusions
<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>	Pharm: \$1 copay/Mail: \$2.50 copay	30 day supply retail
<b>Tier 2</b>	Pharm: \$3 copay/Mail: \$7.50 copay	30 day supply retail
<b>Tier 3</b>	Pharm: \$3 copay/Mail: \$7.50 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
<b>Pediatric Vision Care</b>	Covered in Full	One exam per 12-month period, unless otherwise
<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="https://mvphealthcare.com">mvphealthcare.com</a> for more information. View a complete Glossary of Terms and Member FAQs to better understand your MVP plan benefits.	

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](https://mvphealthcare.com).

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