

New York

Plan Name: Essential Plan¹ Pending Approval by the New York State Department of Financial Services

Plan Form: FRNY-EP-D-001 (2020)

Plan Status: Pending



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
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: \$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	\$15 copay	None
Inpatient Services - Hospital		
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
Outpatient Hospital Services		
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
Emergency Care		
Emergency Room (ER) Visit	\$75 copay	None
Urgent Care Centers	\$25 copay	None
Ambulance (Emergency Medical Transportation)	\$75 copay	None
Maternity Services		
Maternity – Prenatal Care	Covered in Full	None
Maternity – Physician Delivery	\$50 copay	None
Maternity – Inpatient Hospital Services	\$150 copay	None

*Deductible applies to this benefit

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	Coverage Information	Limits and Exclusions
Behavioral Health Services		
Mental Health Inpatient Hospital	\$150 copay	including residential treatment
Mental Health Outpatient	\$15 copay	None
Substance Use Disorder Inpatient Hospital	\$150 copay	including residential treatment
Substance Use Disorder Outpatient	\$15 copay	None
Residential Treatment	\$150 copay	None
Other Services		
Skilled Nursing Facility	\$150 copay	200 days per plan year
Home Health Care	\$15 copay	40 Visits per Plan Year
Hospice	Inpt: \$150 copay / Outpt: \$15 copay	210 days per plan year, 5 visits for family bereavement counseling
Durable Medical Equipment	5% coinsurance	standard equipment covered
Diabetic Supplies & Equipment	\$15 copay	None
Chiropractic Benefit	\$25 copay	None
Acupuncture	Not covered	None
Prescription Drug Coverage		
Tier 1	Pharm: \$6 copay/Mail: Not covered	30 day supply retail
Tier 2	Pharm: \$15 copay/Mail: Not covered	30 day supply retail
Tier 3	Pharm: \$30 copay/Mail: Not covered	30 day supply retail
Prescription Drug Deductible	None	None
Vision Care		
Adult Vision Care	Not covered	None
Pediatric Vision Care	Not covered	None
Other Plan Features		
myVisitNow® – 24/7 Online Doctor Visits	\$15 copay	None
Wellness Benefits	\$125 allowance	Earn up to \$125 reimbursement per contract per Calendar Year. A list of qualified reimbursable items and activities
Plan Highlights	Visit mvphealthcare.com for more information. View a complete Glossary of Terms and Member FAQs to better understand your MVP plan benefits.	

As an MVP member, you can be sure you will always get the care, support, tools, and information you need. You will have access to top-rated customer care representatives, **myVisitNow®** – 24/7 online doctor visits, online wellness tools and activities, FREE Care Management programs, a 24/7 Nurse Advice Line, and more!

Call us today at **1-800-TALK-MVP** (825-5687) for more information.

Already an MVP member? You can call the MVP Customer Care Center phone number listed on the back of your MVP Member ID card. MVP is making health insurance more convenient. More supportive. More personal.

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.

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.

***Deductible applies to this benefit**