

# New York

Plan Name: Essential Plan 3 Pending Approval by the New York State Department of Financial Services

Plan Form: FRNY-EPA-D-003 (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	\$200 Person	None
Primary Care Physician Office Visits	Covered in Full	None
Specialist Office Visits	Covered in Full	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	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	Covered in Full	None
<b>Inpatient Services - Hospital</b>		
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
<b>Outpatient Hospital Services</b>		
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
<b>Emergency Care</b>		
Emergency Room (ER) Visit	Covered in Full	None
Urgent Care Centers	Covered in Full	None
Ambulance (Emergency Medical Transportation)	Covered in Full	None
<b>Maternity Services</b>		
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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<b>Behavioral Health Services</b>		
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
<b>Other Services</b>		
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; 5 visits for family bereavement counseling
Durable Medical Equipment	0% coinsurance	standard equipment covered
Diabetic Supplies & Equipment	Covered in Full	None
Chiropractic Benefit	Covered in Full	None
Acupuncture	Not covered	None
<b>Prescription Drug Coverage</b>		
Tier 1	Pharm: \$1 copay/Mail: Not covered	30 day supply retail
Tier 2	Pharm: \$3 copay/Mail: Not covered	30 day supply retail
Tier 3	Pharm: \$3 copay/Mail: Not covered	30 day supply retail
Prescription Drug Deductible	None	None
<b>Vision Care</b>		
Adult Vision Care	Covered in Full	one exam per 12-month period
Pediatric Vision Care	Covered in Full	one exam per 12-month period
<b>Other Plan Features</b>		
myVisitNow® – 24/7 Online Doctor Visits	Covered in Full	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 <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.	

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](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.

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