

New York
Plan Name: PPO HDHP
Plan Form: NY7EDE010XLJEPN (PNEPO720LA)
Plan Status: Active



	Coverage Information		Limits and Exclusions
Plan Cost-Sharing Highlights	In-Network	Out-of-Network	
Annual Deductible per Contract Year	\$6,450 Person/\$12,900 Family - Embedded	\$8,500 Person/\$17,000 Family	None
Co-insurance	As Noted Below	40% Person/40% Family	None
Annual Out-of-Pocket Maximum	\$6,550 Person/\$13,100 Family - Embedded	\$17,000 Person/\$34,000 Family	None
Primary Care Physician Office Visits	0% coinsurance*	40% coinsurance*	None
Specialist Office Visits	0% coinsurance*	40% coinsurance*	None
Preventive & Well Care Services	In-Network	Out-of-Network	
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 .	Well Child Care & Immunizations Covered in Full; Subject to out-of-network cost share for all other services.	None
Physician Office Visits	In-Network	Out-of-Network	
Diagnostic Laboratory Services	PCP: 0% coinsurance*/Spec: 0% coinsurance*	PCP: 40% coinsurance*/Spec: 40% coinsurance*	None
Diagnostic X-ray	PCP: 0% coinsurance*/Spec: 0% coinsurance*	PCP: 40% coinsurance*/Spec: 40% coinsurance*	None
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: 0% coinsurance*/Free-Stnd: 0% coinsurance*	Spec: 40% coinsurance*/Free-Stnd: 40% coinsurance*	None
Rehabilitative Services (PT/OT/ST)	0% coinsurance*	40% coinsurance*	30 combined PT/OT/ST visits per Year
Allergy Services	0% coinsurance*	40% coinsurance*	None
Chemotherapy Visit	0% coinsurance*	40% coinsurance*	None
Inpatient Services - Hospital	In-Network	Out-of-Network	
Medical/Surgical Admissions	0% coinsurance*	40% coinsurance*	Per continuous confinement
Surgical Services	0% coinsurance*	40% coinsurance*	None
Inpatient Physical Rehabilitation	0% coinsurance*	40% coinsurance*	30 days per Plan Year combined therapies

*Deductible applies to this benefit



	Coverage Information		Limits and Exclusions
	In-Network	Out-of-Network	
Outpatient Hospital Services			
Hospital Rehab Services (PT/OT/ST)	0% coinsurance*	40% coinsurance*	30 visits per Plan Year combined therapies
Diagnostic Laboratory Services **	0% coinsurance*	40% coinsurance*	None
Diagnostic X-ray **	0% coinsurance*	40% coinsurance*	None
Advanced Imaging Services (CT/PET, scans, MRIs)**	0% coinsurance*	40% coinsurance*	None
Ambulatory/Outpatient Surgery **	0% coinsurance*	40% coinsurance*	None
Emergency Care			
Emergency Room (ER) Visit	0% coinsurance*	0% coinsurance*	None
Urgent Care Centers	0% coinsurance*	40% coinsurance*	None
Ambulance (Emergency Medical Transportation)	0% coinsurance*	0% coinsurance*	None
Maternity Services			
Maternity – Prenatal Care	0% coinsurance	40% coinsurance*	None
Maternity – Physician Delivery	0% coinsurance*	40% coinsurance*	None
Maternity – Inpatient Hospital Services	0% coinsurance*	40% coinsurance*	One (1) home care visit is covered at no Cost-Sharing if mother is discharged from Hospital early
Behavioral Health Services			
Mental Health Inpatient Hospital	0% coinsurance*	40% coinsurance*	Including Residential Treatment
Mental Health Outpatient	0% coinsurance*	40% coinsurance*	None
Substance Use Disorder Inpatient Hospital	0% coinsurance*	40% coinsurance*	Including Residential Treatment
Substance Use Disorder Outpatient	0% coinsurance*	40% coinsurance*	Unlimited; Up to 20 visits per Plan Year may be used for family counseling
Residential Treatment	0% coinsurance*	40% coinsurance*	None
Other Services			
Physician Administered Drugs	0% coinsurance*	40% coinsurance*	None
Skilled Nursing Facility	0% coinsurance*	40% coinsurance*	60 days per Plan Year
Home Health Care	0% coinsurance*	40% coinsurance*	60 visits per Plan Year
Hospice	0% coinsurance*	Inpt: 40% coin*/Outpt: 40% coinsurance*	210 days per Plan Year 5 visits for family bereavement counseling
Durable Medical Equipment	0% coinsurance*	40% coinsurance*	One pair of custom molded shoe inserts every three Plan Years
Diabetic Supplies & Equipment	0% coinsurance*	40% coinsurance*	Diabetic Insulin Covered in full In Network
Chiropractic Benefit	0% coinsurance*	40% coinsurance*	None
Acupuncture	Subject to appropriate cost share	Subj to approp cost share	10 visits/year; specialist cost share

*Deductible applies to this benefit

New York

Plan Name: PPO HDHP

Plan Form: NY7EDE010XLJEPN (PNEPO720LA)

Plan Status: Active



	Coverage Information		Limits and Exclusions
	In-Network	Out-of-Network	
Prescription Drug Coverage			
Tier 1	Pharm: \$10 copay*/Mail: \$20 copay*	See available Riders	Mail order copay is 2 x retail copay 30/90 day retail/90 day mail order
Tier 2	Pharm: \$30 copay*/Mail: \$60 copay*	See available Riders	Mail order copay is 2 x retail copay 30/90 day retail/90 day mail order
Tier 3	Pharm: \$50 copay*/Mail: \$100 copay*	See available Riders	Mail order copay is 2 x retail copay 30/90 day retail/90 day mail order
Prescription Drug Deductible	Subject to annual deductible	Subject to annual deductible	None
Vision Care			
Adult Vision Care	Not covered	Not covered	None
Pediatric Vision Care	Not covered	Not covered	None
Other Plan Features			
Gia® Virtual Care	\$0 copay*	Not covered	None
Wellness Benefits	\$600 allowance	Included in In-Network benefit	Get reimbursed up to \$600 per contract, per calendar year with MVP's Well-Being Reimbursement
Plan Highlights	Specialty virtual care providers included in Gia may be subject to the plan's applicable cost-share.		
**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 .		

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.