

New York
Plan Name: HMO
Plan Form: NY1HMO001ZL
Plan Status: Active



HMO	COVERAGE INFORMATION
Plan Cost-Sharing Highlights	
Annual Deductible	\$0 Person/\$0 Family - Embedded
Coinsurance	As Noted Below
Annual Out-of-Pocket Maximum	\$4,600 Person/\$9,200 Family
Primary Care Physician Office Visits	\$15 copay
Specialist Office Visits	\$15 copay
Preventive & Well Care Services	
Well Child Care & Immunizations	Covered in Full For a full list of covered preventive care services, visit www.mvphealthcare.com
Adult Annual Physical	
Mammography	
Annual Pap Test & Ob/Gyn Exam	
Immunizations for Adults	
Colonoscopy/Sigmoidoscopy Screening	
Bone Density Tests	
Physician Office Services	
Diagnostic Laboratory Services	Covered in Full
Diagnostic X-ray	PCP: \$15 copay/Spec: \$15 copay
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: \$15 copay/Free-Stnd: \$15 copay
Rehabilitative Services (PT/OT/ST)	\$15 copay
Allergy Services	\$15 copay
Chemotherapy	\$15 copay
Inpatient Services - Hospital	
Medical/Surgical Admissions	Covered in Full
Surgical Services	Covered in Full
Inpatient Physical Rehabilitation	Covered in Full
Outpatient Hospital Services	
Hospital Rehab Services (PT/OT/ST)	\$15 copay
Diagnostic Laboratory Services	Covered in Full
Diagnostic X-ray	\$15 copay
Advanced Imaging Services (CT/PET scans, MRIs)	\$15 copay
Ambulatory/Outpatient Surgery	\$15 copay
Emergency Care	
Emergency Room (ER) Visit	\$50 copay
Urgent Care Centers	\$15 copay
Ambulance (Emergency Medical Transportation)	Covered in Full
Behavioral Health Services	
Mental Health Inpatient Hospital	Covered in Full
Mental Health Outpatient	\$15 copay
Substance Abuse Inpatient Hospital	Covered in Full
Substance Abuse Outpatient	\$15 copay
Residential Treatment	Covered in Full
Psychiatry Office Visits	\$15 copay

* Denotes that a deductible applies to this benefit

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Maternity Services	
Prenatal Office Visit	Covered in Full
Physician Delivery	Covered in Full
Inpatient Hospital Services	Covered in Full
Other Services	
Skilled Nursing Facility	Covered in Full
Home Health Care	\$15 copay
Hospice	Covered in Full
Durable Medical Equipment	50% coinsurance
Diabetic Supplies & Equipment	\$15 copay
Chiropractic Benefit	\$15 copay
Prescription Coverage	
Tier 1	See available Riders
Tier 2	See available Riders
Tier 3	See available Riders
Prescription Drug Deductible	None
Vision Care	
Adult Vision Care	\$15 copay
Pediatric Vision Care	\$15 copay
Other Plan Features	
Wellness Benefits	Not covered
Plan Highlights	Telemedicine, \$2,500 out of area for dependent students

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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, Schedule and any applicable Rider(s), your Certificate of Coverage, Schedule and Rider(s) will be controlling. For plan details, call 1-800-TALK-MVP (825-5687) or visit DiscoverMVP.com.

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