

**New York**  
**Plan Name:** HMO  
**Plan Form:** COC10+LGFB  
**Plan Status:** Grandfathered



Plan Cost-Sharing Highlights	Coverage Information	Limits and Exclusions
Annual Deductible per Contract Year	\$0 Person/\$0 Family	None
Co-insurance	As Noted Below	None
Annual Out-of-Pocket Maximum	\$0 Person/\$0 Family	None
Primary Care Physician Office Visits	\$10 copay	None
Specialist Office Visits	\$10 copay	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	PCP: \$10 copay/Spec: \$10 copay	None
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: \$10 copay/Free-Stnd: \$10 copay	None
Rehabilitative Services (PT/OT/ST)	\$10 copay	None
Allergy Services	\$10 copay	None
Chemotherapy Visit	\$10 copay	None
<b>Inpatient Services - Hospital</b>		
Medical/Surgical Admissions	Covered in Full	None
Surgical Services	Covered in Full	None
Inpatient Physical Rehabilitation	Covered in Full	30 days per Plan Year combined therapies
<b>Outpatient Hospital Services</b>		
Hospital Rehab Services (PT/OT/ST)	\$10 copay	None
Diagnostic Laboratory Services	Covered in Full	None
Diagnostic X-ray	\$10 copay	None
Advanced Imaging Services (CT/PET, scans, MRIs)	\$10 copay	None
Ambulatory/Outpatient Surgery	\$10 copay	None
<b>Emergency Care</b>		
Emergency Room (ER) Visit	\$35 copay	None
Urgent Care Centers	\$10 copay	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>		
<b>Mental Health Inpatient Hospital</b>	Covered in Full	None
<b>Mental Health Outpatient</b>	\$10 copay	None
<b>Substance Use Disorder Inpatient Hospital</b>	Covered in Full	None
<b>Substance Use Disorder Outpatient</b>	\$10 copay	Unlimited; up to 20 visits per Plan Year may be used for family counseling
<b>Residential Treatment</b>	Covered in Full	None
<b>Other Services</b>		
<b>Physician Administered Drugs</b>	\$10 copay	None
<b>Skilled Nursing Facility</b>	Covered in Full	60 days per Plan Year
<b>Home Health Care</b>	\$10 copay	60 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>	20% coinsurance	None
<b>Diabetic Supplies &amp; Equipment</b>	\$10 copay	None
<b>Chiropractic Benefit</b>	\$10 copay	None
<b>Acupuncture</b>	Not covered	None
<b>Prescription Drug Coverage</b>		
<b>Tier 1</b>	Pharm: \$5 copay/Mail: \$12.50 copay	Mail order copay is 2 x retail copay
<b>Tier 2</b>	Pharm: \$20 copay/Mail: \$50 copay	Mail order copay is 2 x retail copay
<b>Tier 3</b>	Pharm: \$40 copay/Mail: \$100 copay	Mail order copay is 2 x retail copay
<b>Prescription Drug Deductible</b>	None	None
<b>Vision Care</b>		
<b>Adult Vision Care</b>	\$10 copay	One exam every 2 Calendar Years
<b>Pediatric Vision Care</b>	\$10 copay	One exam every two years
<b>Other Plan Features</b>		
<b>Gia® Virtual Care</b>	Covered in Full	None
<b>Wellness Benefits</b>	Not covered	None
<b>Plan Highlights</b>	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.	

MVP virtual care services through Gia are available at no cost-share for most members, except those enrolled in a qualified high-deductible health plan (QHDHP). QHDHP members must meet the annual deductible before Gia services are covered in full. In-person visits and referrals are subject to cost-share per plan. Members enrolled in a Medicare Rx plan without additional MVP medical coverage do not have access to MVP virtual care services through Gia.

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).

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