

New York
Plan Name: HMO
Plan Form: COC15+LGFG
Plan Status: Pending

Pending Approval by the New York State Department of Financial Services



| 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 | \$15 copay | None |
| Specialist Office Visits | \$15 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 | Covered in Full | None |
| Diagnostic X-ray | PCP: \$15 copay/Spec: \$15 copay | None |
| Advanced Imaging Services (CT/PET scans, MRIs) | Spec: \$15 copay/Free-Stnd: \$15 copay | None |
| Rehabilitative Services (PT/OT/ST) | \$15 copay | None |
| Allergy Services | \$15 copay | None |
| Chemotherapy Visit | \$15 copay | None |
| Inpatient Services - Hospital | | |
| 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 |
| Outpatient Hospital Services | | |
| Hospital Rehab Services (PT/OT/ST) | \$15 copay | None |
| Diagnostic Laboratory Services | Covered in Full | None |
| Diagnostic X-ray | \$15 copay | None |
| Advanced Imaging Services (CT/PET, scans, MRIs) | \$15 copay | None |
| Ambulatory/Outpatient Surgery | \$15 copay | None |
| Emergency Care | | |
| Emergency Room (ER) Visit | \$50 copay | None |
| Urgent Care Centers | \$15 copay | None |
| Ambulance (Emergency Medical Transportation) | Covered in Full | None |
| Maternity Services | | |
| 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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| Behavioral Health Services | | |
| Mental Health Inpatient Hospital | Covered in Full | None |
| Mental Health Outpatient | \$15 copay | None |
| Substance Use Disorder Inpatient Hospital | Covered in Full | None |
| Substance Use Disorder Outpatient | \$15 copay | Unlimited; up to 20 visits per Plan Year may be used for family counseling |
| Residential Treatment | Covered in Full | None |
| Other Services | | |
| Physician Administered Drugs | \$15 copay | None |
| Skilled Nursing Facility | Covered in Full | 60 days per Plan Year |
| Home Health Care | \$15 copay | 60 visits per plan year |
| Hospice | Covered in Full | 210 days per Plan Year; Five (5) visits for family bereavement counseling |
| Durable Medical Equipment | 20% coinsurance | None |
| Diabetic Supplies & Equipment | \$15 copay | Diabetic Insulin Covered in full In Network |
| Chiropractic Benefit | \$15 copay | None |
| Acupuncture | Not covered | None |
| Prescription Drug Coverage | | |
| Tier 1 | See available Riders | None |
| Tier 2 | See available Riders | None |
| Tier 3 | See available Riders | None |
| Prescription Drug Deductible | None | None |
| Vision Care | | |
| Adult Vision Care | \$15 copay | One exam every 2 Calendar Years |
| Pediatric Vision Care | \$15 copay | One exam every two years |
| Other Plan Features | | |
| Gia® Virtual Care | Covered in Full | None |
| Wellness Benefits | Not covered | None |
| Plan Highlights | Specialty virtual care providers included in Gia may be subject to the plan's applicable cost-share. | |

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**