



# MVP Preferred EPO \$30/\$50

Summary of Benefits

New York

\$1,000/\$2,500 Deductible  
80%/20% Coinsurance Option

SERVICE CATEGORY <sup>1</sup>	COVERAGE INFORMATION <sup>2</sup>
<b>Annual Deductible per Contract Year</b>	\$1,000 per Individual/\$2,500 per Family <i>Some services are subject to satisfaction of the annual deductible.</i>
<b>Coinsurance</b>	As Noted
<b>Lifetime Maximum Benefit Payable</b>	No Maximum
<b>Annual Out-of-Pocket Maximum</b>	\$3,000 per Individual/\$7,500 per Family per Contract Year
<b>Hospital</b> (Hospital Inpatient & Hospital Outpatient Surgery) <b>Physician Inpatient Care</b> (Medical/Surgical) <b>Diagnostic X-ray/Imaging Services<sup>3</sup></b> (Inpatient & Outpatient Setting) <b>Ambulance</b> <b>Laboratory Services (Inpatient Setting)<sup>3</sup></b> <b>Skilled Nursing Facility</b> (60 Days/Contract Year)	MVP covers at 80% of allowable charges, after deductible
<b>Emergency Room (ER) Visit</b>	\$200 Copay/Visit
<b>Preventive &amp; Well Care Services<sup>4</sup></b> Well Baby, Child Care & Immunizations Adult Physical (One Routine Physical/Contract Year) Mammography & Prostate Cancer Screening Annual Pap Test & Ob/Gyn Exam Immunizations for Adults Colonoscopy & Sigmoidoscopy Screening for Adults Bone Density Tests	Covered in Full
<b>Laboratory Services<sup>3</sup></b> (Outpatient Setting)	
<b>Physician Office Visits</b> <b>Office Surgery</b> <b>Diagnostic X-ray/Imaging Services<sup>3</sup></b> (Office Setting) <b>Physical/Occupational/Speech Therapy</b> Office Setting/30 Visits/Contract Year	\$30 Copay/Primary Care Provider Office Visit \$50 Copay/Specialty Care Provider Office Visit
<b>Urgent Care Center</b>	\$30 Copay/Visit
<b>Chiropractic Benefit</b>	\$50 Copay/Office Visit
<b>Maternity</b> Physician Pre/Postnatal Care Office Visits <sup>5</sup> Inpatient Services (facility/physician) Initial Newborn Exam	Covered in Full MVP covers at 80% of allowable charges, after deductible Covered in Full
<b>Mental Health</b> Inpatient - 30 Days/Contract Year Outpatient {Up to 20 combined Visits per Contract Year} Office Visits	MVP covers at 80% of allowable charges, after deductible \$50 Copay/Office Visit
<b>Substance Abuse</b> Inpatient Detoxification - 7 Days/Contract Year Outpatient Rehabilitation Office Visits {Up to 60 combined Visits per Contract Year}	MVP covers at 80% of allowable charges, after deductible \$30 Copay/Office Visit
<b>Durable Medical Equipment</b>	50% Copay (Not Subject to Deductible)
<b>Diabetic Supplies &amp; Equipment</b> (Items limited to a 31 day supply)	\$30 Copay/Item (Not Subject to Deductible)
<b>Home Health Care</b> (60 Visits/Contract Year)	MVP covers at 80% of allowable charges (Not Subject to Deductible)
<b>Routine Vision Exam</b> (Contract limits apply)	\$50 Copay/Visit, once every two calendar years
<b>Eyeglasses and Contact Lenses</b>	\$100 allowance, once every two calendar years

<sup>1</sup>Some services are subject to Notification or Prior Authorization requirements. See your Certificate of Coverage under "How This Policy Works" for details.

<sup>2</sup>A network provider must deliver all care. Copays are not applicable toward the deductible or out-of-pocket maximum.

<sup>3</sup>Many X-rays and laboratory tests require two providers' services, one for taking the X-ray or drawing the lab work, the other for interpreting/processing results. Payments for each may apply and are based on where the work was done.

<sup>4</sup>This represents a partial list of preventive services covered under this Plan. MVP will also cover all preventive services as required under the Patient Protection and Affordable Care Act of 2010 (PPACA). For a full listing of the PPACA preventive services, including any applicable limitations, please visit [www.healthcare.gov](http://www.healthcare.gov).

<sup>5</sup>Primary Care Provider Office Visit Copay applies to the initial diagnostic visit only. Other services are covered as noted above.

This Summary of Benefits chart 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, Schedules and Rider(s) will be controlling. For details, please call 1-800-TALK-MVP (1-800-825-5687), option #2.

## Here's how it works

Welcome to a new generation of health plans – built around the way you live your life. Each comes with unique features and valuable tools. From a company known for great customer service. Truly dedicated to helping you take on life and live well. All MVP Preferred EPO options come with these advantages:

- You can see any provider in-network with no referrals
- Access to our national network – more than 500,000 doctors, hospitals and specialists nationwide
- Comprehensive coverage – from preventive and sick care to emergency
- Great service for you and your family – the answers, expert guidance and personal support you need

## Take advantage of our health management and wellness programs

### Personalized Support *Condition Health and Case Management Programs*

If you are living with a physical or mental health concern, call **1-866-942-7966** for guidance and support. Working in partnership with your doctor, we can help you with:

- Asthma
- Cancer (Oncology)
- Chronic Obstructive Pulmonary Disorder (COPD)
- Depression
- Diabetes
- Dialysis
- Heart Events (heart attack or blockages)
- Heart Failure
- Low Back Pain

We also offer services to help members whose needs require different resources than those provided through our condition-specific programs.

- Acute Case Management for members who have complications or other serious health concerns
- Little Footprints<sup>sm</sup> for high-risk pregnancies
- Social work services that help connect members to community resources and services

### Answers and Advice *24/7 Nurse Advice Line*

Expert advice on non-emergency questions is just a phone call away, even on weekends, when you call our *24/7 Nurse Advice Line* at **1-888-MVP-MBRS (1-888-687-6277)**.

### Online Wellness Tools and Activities

This dynamic site features a Personal Health Assessment, which provides a customized health action plan to target your modifiable risk factors, as well as a variety of interactive tools, including meal planners and grocery lists, personalized cardio and resistance exercise routines, and online coaching classes that can be tailored to your unique interests and lifestyle goals.

### Exclusive Member Discounts

#### *From Massage Therapy to Gym Memberships*

Enjoy savings on a wide range of health and wellness products and services.

#### *Plus, WellStyle Extras:*

#### **Real Dollars for Living Well \$300 WellStyle Rewards**

You can earn up to \$300 WellStyle Rewards, per subscriber per year – by completing milestone activities that show you are maintaining or improving your health. WellStyle Rewards are paid directly to members in the form of debit or gift cards.

#### **Expert Guidance *Lifestyle Coaches***

Whether you want to lower your cholesterol or get a little more active, talk to our professional Lifestyle Coaches – to help guide, motivate and facilitate your positive lifestyle changes.

## We are here for you

- Reach our Member Services Department at **1-888-MVP-MBRS**.
- Access **mvphealthcare.com** to find doctors, compare drug costs, look up benefits, change your address, research hospitals and many other time-saving services.



## **Wyoming County Chamber of Commerce EPO (EC0034S)**

Your employer has chosen the following rider(s) to modify the Plan under which you would be covered as an MVP member:

### **RX Coverage**

Retail Copayments: \$10 Tier 1 / 50% Tier 2 & Tier 3  
The Mail Order Copay is 2.5 times the retail Copay  
The Specialty Copay is the same as the retail Copay

### **Additional Coverage**

#### **Domestic Partner**

You may cover your same sex or opposite sex domestic partner as your dependent providing:

- Both of you are age 18 or older
- unmarried and unrelated in a way that would bar marriage
- living together
- involved in a lifetime relationship
- financially interdependent
- in the partnership for one year, or for the period required by your employer, whichever is greater
- provide proof of residency and financial interdependence.

One-year waiting period, or the period required by your employer, whichever is greater, from the termination date of your previous partner's coverage before you may enroll a new domestic partner. Coverage of the subscriber's domestic partner will automatically terminate on the date the domestic partnership ends.

**Prescription benefit changes for 2010 are pending regulatory approval.**

This summary is intended to provide a general outline of MVP coverage. In the event of any conflict between this document and the member Certificate of Coverage, Schedule and any applicable rider(s), your Certificate of Coverage, Schedule and rider(s) will be controlling.