



MVP Preferred High Deductible EPO

Summary of Benefits

This Plan can be offered with a Health Savings Account (HSA); talk to your employer or local bank for details.

SERVICE CATEGORY ¹	COVERAGE INFORMATION ¹
Annual Deductible	\$1,500 per Individual/\$3,000 per Family ²
Coinsurance	MVP covers at 100% of allowable charges
Annual Out-of-Pocket Maximum (Includes the deductible and prescription drug Copayments.)	\$2,500 per Individual/\$5,000 per Family ³
Lifetime Maximum Benefit Payable	No Maximum
Preventive and Well Care Services⁴ Well Baby, Child Care & Immunizations Adult Annual Physical Mammography & Prostate Cancer Screening Annual Pap Test & Ob/Gyn Exam Immunizations for Adults Colonoscopy and Sigmoidoscopy Screening for Adults Bone Density Tests	Covered in full, deductible does not apply
Hospital Hospital Inpatient Hospital Outpatient Surgery Hospital Outpatient Other Physician Office Visits Physician Inpatient Care (Medical/Surgical) Second Surgical Opinion (Optional) Diagnostic Lab and Other Testing Maternity Physician Services Hospital Services Physical/Occupational/Speech Therapy 30 visits per member per contract year combined Ambulance Urgent Care Center Home Health Care Emergency Room (ER) Visit Mental Health^{5,6} Inpatient - 30 days max./contract year Outpatient - 20 visits max./contract year Substance Abuse⁴ Inpatient (Covered services only) Outpatient - 60 visits max./contract year Chiropractic Benefit Durable Medical Equipment Diabetic Supplies & Equipment (Items limited to a 31 day supply)	MVP covers at 100% of allowable charges, after deductible
Prescription Drug Benefit⁷ (Must use a participating pharmacy) Tier 1 (generally Formulary Generic) Tier 2 (generally Formulary Brand) Tier 3 (generally Non-Formulary)	\$10 copay after deductible is met \$30 copay after deductible is met \$50 copay after deductible is met

¹Some services are subject to notification requirements, e.g. Prior Authorization. See your Certificate of Coverage under *How This Policy Works* details.

²A network provider must deliver all care. MVP's High Deductible Health Plan's include National Network coverage.

³How the family Aggregate deductible works: For this plan, one or more family members' covered expenses must meet the family deductible amount (outlined above) each Contract Year before MVP will make benefit payments for all the members of a family. All family members' expenses are subject to the Family annual out-of-pocket amount and, except for Preventive and Well Care Services, to the Family deductible amount.

⁴This 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.

⁵FOR SMALL GROUPS (2-50 employees) MVP offers an optional rider at additional cost that extends coverage for certain biologically based Mental Health conditions and for children with specific emotional disturbances. Please contact your Employer or the MVP Member Service Department for additional information. To verify your group size, check with your Employer/Health Benefits Administrator or call 1-800-TALK-MVP, option #2 and speak with an MVP Account Representative.

⁶Mental Health and Substance Abuse day and visit limits apply only to small groups.

⁷Certain prescription drugs require Prior Approval before dispensing. As a guide, visit www.mvphealthcare.com, and click on the Member tool bar, then click the Pharmacy Tab and look under Drug Coverage for the Formulary (covered drugs) chart. Drugs listed with the "H" Indicator require Prior Approval.

This Summary of Benefits chart is intended to provide a general outline of MVP 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 details, call 1-800-TALK-MVP (1-800-825-5687), option #2.

NY_HDHP_EPO_SCHEDULE.NEHD 0715/EF & 0755/SF (10/10)

Continued on back

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 FootprintsSM 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.

**MVP HEALTH INSURANCE COMPANY
HIGH DEDUCTIBLE HEALTH PLAN ("HDHP")
EXCLUSIVE PROVIDER ORGANIZATION ("EPO")
RIDER NEHD-007
MVP NATION-WIDE NETWORK**

This Rider amends the terms of your MVP Health Insurance Company ("MVP") HDHP EPO Contract and Certificate of Coverage (the "Contract") as follows:

1. **MVP Nation-Wide Network.** MVP's nation-wide network is a network of Providers with whom MVP has entered into an agreement to provide Covered Services at a discount to normal charges to Covered Persons under MVP's HDHP EPO product.
2. **Expanded EPO Network.** This Rider expands the definition of EPO Network and Participating Provider to include all Providers within MVP's nation-wide network. This Rider does not expand the definition of EPO Network for purposes of determining the availability of Out-of-Network Specialist Services.
3. **Other Provisions.** All of the terms, conditions and limits of your Contract also apply to this Rider, except where changed by this Rider.
4. Your group has added this Rider to your Contract. In addition to the provisions of paragraph 3, this Rider may be deleted, at your group's option, upon renewal of the group's contract with MVP.

MVP Health Insurance Company
Schenectady, New York



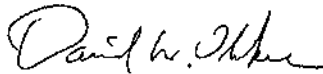
By: _____
President

**MVP HEALTH INSURANCE COMPANY
HIGH DEDUCTIBLE HEALTH PLAN ("HDHP")
EXCLUSIVE PROVIDER ORGANIZATION ("EPO")
RIDER NEHD-011
CONTRACEPTIVE DRUGS AND DEVICES
(GROUP ADD ON)**

This Rider amends the terms and conditions of your MVP Health Insurance Company ("MVP") EPO HDHP Group Contract and Certificate of Coverage (the "Contract") as follows:

1. **Removes Exclusion for Contraceptive Drugs and Devices.** This Rider removes the exclusion for Contraceptive Drugs and Devices set forth in your Contract. MVP shall provide Benefits for contraceptive drugs and devices that have been approved by the FDA (including generic equivalents that have been approved by the FDA) and when prescribed by an MVP Participating Provider licensed to write such prescriptions.
2. **Your Payments.** Subject to any applicable Deductibles and/or Coinsurance set forth on your Schedule of Benefits.
2. **Other Provisions.** All of the terms, conditions, and limits of your Contract also apply to this Rider, except where changed by this Rider.

MVP Health Insurance Company
Schenectady, New York



By: _____
President

**MVP HEALTH INSURANCE COMPANY
HIGH DEDUCTIBLE HEALTH PLAN ("HDHP")
EXCLUSIVE PROVIDER ORGANIZATION ("EPO")
RIDER NEHD-026
90 DAY SUPPLY AT RETAIL PHARMACY**

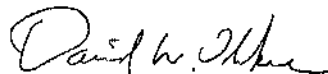
This Rider amends the terms of your MVP Health Insurance Company ("MVP") HDHP EPO Group Contract and Certificate of Coverage (the "Contract") as follows:

1. The following definition is added to the Rx Rider.

"Retail Maintenance Network Pharmacy". This is a retail pharmacy that participates with MVP to provide up to a ninety (90) day supply of prescriptions drugs per dispensing.
2. MVP will provide benefits for up to a ninety (90) day supply of Covered maintenance drugs listed on MVP's mail order list from a Retail Maintenance Network Pharmacy. You must pay one retail Copayment listed on your Rx Rider for each 30-day supply or partial 30-day.
3. Supplies and Equipment for the Treatment of Diabetes.

MVP will provide benefits for up to a ninety (90) day supply per dispensing for covered diabetic supplies and equipment from a Retail Maintenance Network Pharmacy. You must pay one retail Copayment listed on your Rx Rider for each 30-day supply or partial 30-day supply.
4. **Your Payments.** Subject to any applicable Deductibles and/or Coinsurance set forth on your Schedule of Benefits.
5. **Other Provisions.** All of the terms, conditions, and limits in your Contract also apply to this Rider, except where changed by this Rider.
6. Your group has added this Rider to your Contract. In addition to the provisions of paragraph 5, this Rider may be deleted, at your group's option, upon renewal of the group's contract with MVP.

MVP Health Insurance Company
Schenectady, New York



By: _____
President

**MVP PREFERRED
HIGH DEDUCTIBLE HEALTH PLAN ("HDHP")
EXCLUSIVE PROVIDER ORGANIZATION ("EPO")
RIDER NEHD-033
DOMESTIC PARTNER BENEFITS - SAME OR OPPOSITE SEX**

This is a Rider to the MVP Health Insurance Company ("MVP") HDHP EPO Group Contract and Certificate of Coverage (the "Contract"). This Rider provides the domestic partner benefits described below. This Rider amends the Contract as follows.

1. The section entitled "Who Is Covered" is amended to add the following:

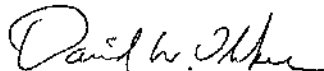
Your Domestic Partner. You may cover your same sex or opposite sex domestic partner as your dependent. You may also cover the dependents of your domestic partner. A domestic partnership is one in which you and your partner are 18 years of age or older, unmarried and not related in a way that would bar marriage, living together, involved in a lifetime relationship and financially interdependent. To enroll a domestic partner, you must have been in the partnership for one year, or for the period required by your employer, which ever is greater. You must be able to provide proof of residency and financial interdependence. There is a one-year waiting period, or the period required by your employer, which ever is greater, from the termination date of your previous partner's coverage before you may again enroll a domestic partner.

2. The section entitled "Termination of Your Coverage under this Contract" is amended to add the following:

Termination of the Subscriber's Domestic Partnership. Coverage of the subscriber's domestic partner under this Contract will automatically terminate on the date the domestic partnership ends.

3. **Other Provisions.** All of the terms, conditions and limits in your Contract also apply to this Rider, except where changed by this Rider.
4. Your group has added this Rider to your Contract. In addition to the provisions of paragraph 3 of this Rider, this Rider may be deleted at your group's option, upon renewal of the group's contract with MVP.

MVP Health Insurance Company
Schenectady, New York



By: _____
President