



# MVP Preferred PPO \$30

## Summary of Benefits

SERVICE CATEGORY <sup>1</sup>	IN-NETWORK Using Participating Providers (see back for Network info.)	OUT-OF-NETWORK Non-Participating Providers
<b>Annual Deductible per Contract Year<sup>2</sup></b>	\$1,500 per individual/\$3,000 per family	\$3,000 per individual/\$6,000 per family
<b>Coinsurance</b>	As Noted	
<b>Lifetime Maximum Benefit Payable</b>	No Maximum	
<b>Annual Out-of-Pocket Maximum<sup>2</sup></b>	\$5,000 per individual/\$10,000 per family per Contract Year	\$10,000 per individual/\$20,000 per family per Contract Year
<b>Hospital</b> Hospital Inpatient Hospital Outpatient Surgery <b>Physician Inpatient Care</b> (Medical/Surgical) <b>Diagnostic X-ray &amp; Other Imaging Services<sup>3</sup></b> (Inpatient Setting) <b>Ambulance</b> <b>Emergency Room (ER) Visit</b> <b>Laboratory Services<sup>3</sup></b> (Inpatient Setting) <b>Skilled Nursing Facility</b> (60 Days/Contract Year)	MVP covers at 80% of allowable charges, after deductible	MVP covers at 60% of allowable charges, after deductible
<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 <b>Laboratory Services<sup>3</sup></b> (Outpatient Setting)	Covered in Full	Covered in Full
<b>Physician Office Visits</b> <b>Office Surgery</b> <b>Diagnostic X-ray &amp; Other Imaging Services<sup>3</sup></b> (Office Setting) <b>Physical/Occupational/Speech Therapy</b> Office Setting/30 Visits/Contract Year <b>Chiropractic Benefit</b> <b>Urgent Care Center</b> <b>High Tech Imaging Services<sup>3</sup></b> (MRI, MRA, CT, etc.)	\$30 Copay/Office Visit (Not Subject to Deductible)	MVP covers at 60% of allowable charges, after deductible
<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	MVP covers at 60% of allowable charges (Initial Newborn Exam Covered at 100%)
<b>Mental Health</b> Inpatient – 30 days/Contract Year  Outpatient Office Visits {20 visits/Contract Year}	MVP covers at 80% of allowable charges, after deductible  \$30 Copay/Office Visit (Not Subject to Deductible)	MVP covers at 60% of allowable charges, after deductible

<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>In-Network Copays are not applicable toward the deductible or out-of-pocket maximum.

<sup>3</sup>X-rays usually require two providers' services, one for taking the X-ray, the other for interpreting 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 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.

SERVICE CATEGORY <sup>1</sup>	IN-NETWORK <i>Using Participating Providers (see back for Network info.)</i>	OUT-OF-NETWORK <i>Non-Participating Providers</i>
<b>Substance Abuse</b> Inpatient Detox. – 7 days/Contract Year  Outpatient Rehab. Office Visits {60 visits/Contract Year}	MVP covers at 80% of allowable charges, after deductible  \$30 Copay/Office Visit (Not Subject to Deductible)	Covered In-Network only  MVP covers at 60% of allowable charges, after deductible
<b>Durable Medical Equipment</b> (Combined In-and Out-of-Network)	50% Copay (Not Subject to Deductible)	MVP covers at 50% of allowable charges, (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>Diabetic Supplies &amp; Equipment</b> (Items limited to a 31 day supply)	\$30 Copay/Item	MVP covers at 60% of allowable charges (Not Subject to Deductible)

## 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 PPO 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 Customer Care Center at **1-888-MVP-MBRS**.
- Access **mvphhealthcare.com** to find doctors, compare drug costs, look up benefits, change your address, research hospitals and many other time-saving services.



**NYSBA  
PA002**

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

**Rx 515s**      Retail Copayments: \$10 Tier 1 / \$30 Tier 2 / \$50 Tier 3  
The Mail Order Copay is 2.5 times the retail Copay  
The Specialty Copay is the same as the retail Copay

**Rx 520s**      Contraceptive Coverage

**DP 701**      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, which ever 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.

\*dependents are covered until the end of the month in which the dependent turns 26.