New York
Plan Name: EPO
Plan Form: NY7EYE064XLBPN
Plan Status: Active

Plan Cost-Sharing Highlights	Coverage Information	Limits and Exclusions
Annual Deductible per Contract Year	$750 Person/$1,500 Family - Embedded	None
Co-insurance	30% Person/30% Family	None
Annual Out-of-Pocket Maximum	$2,000 Person/$4,000 Family - Embedded	None
Primary Care Physician Office Visits	$25 copay	None
Specialist Office Visits	$40 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: $25 copay/Spec: $40 copay	None
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: $40 copay/Free-Stnd: $40 copay	None
Rehabilitative Services (PT/OT/ST)	$40 copay	30 combined PT/OT/ST visits per Year
Allergy Services	$40 copay	None
Chemotherapy Visit	$40 copay	None
Inpatient Services - Hospital		
Medical/Surgical Admissions	30% coinsurance*	Per continuous confinement
Surgical Services	30% coinsurance*	None
Inpatient Physical Rehabilitation	30% coinsurance*	30 days per Plan Year combined therapies
Outpatient Hospital Services		
Hospital Rehab Services (PT/OT/ST)	30% coinsurance*	30 visits per Plan Year combined therapies
Diagnostic Laboratory Services ++	Covered in Full	None
Diagnostic X-ray ++	30% coinsurance*	None
Advanced Imaging Services (CT/PET, scans, MRIs) ++	30% coinsurance*	None
Ambulatory/Outpatient Surgery ++	30% coinsurance*	None
Emergency Care		
Emergency Room (ER) Visit	$150 copay	None
Urgent Care Centers	$25 copay	None
Ambulance (Emergency Medical Transportation)	30% coinsurance*	None
Maternity Services		
Maternity – Prenatal Care	Covered in Full	None
Maternity – Physician Delivery	30% coinsurance*	None
Maternity – Inpatient Hospital Services	30% coinsurance*	None

*Deductible applies to this benefit

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	Coverage Information	Limits and Exclusions
Behavioral Health Services		
Mental Health Inpatient Hospital	30% coinsurance*	Including Residential Treatment
Mental Health Outpatient	$25 copay	None
Substance Use Disorder Inpatient Hospital	30% coinsurance*	Including Residential Treatment
Substance Use Disorder Outpatient	$25 copay	Unlimited; Up to 20 visits per Plan Year may be used for family counseling
Residential Treatment	30% coinsurance*	None
Other Services		
Physician Administered Drugs	30% coinsurance*	None
Skilled Nursing Facility	30% coinsurance*	60 days per Plan Year
Home Health Care	$40 copay	60 visits per Plan Year
Hospice	Inpt: 30% coinsurance* / Outpt: $40 copay	210 days per Plan Year Five (5) visits for family bereavement counseling
Durable Medical Equipment	50% coinsurance	None
Diabetic Supplies & Equipment	$25 copay	None
Chiropractic Benefit	$40 copay	None
Acupuncture	Not covered	None
Prescription Drug Coverage		
Tier 1	Pharm: $10 copay/Mail: $25 copay	30 day retail/90 day mail order
Tier 2	Pharm: $30 copay/Mail: $75 copay	$100 max out of pocket on 30 day supply of Insulin
Tier 3	Pharm: $50 copay/Mail: $125 copay	30 day retail/90 day mail order
Prescription Drug Deductible	None	None
Vision Care		
Adult Vision Care	Not covered	None
Pediatric Vision Care	Not covered	None
Other Plan Features		
Gia® Virtual Care	Covered in Full	None
Wellness Benefits	$600 allowance	Up to $600 in rewards and reimbursements with WellBeing Rewards per contract per Calendar Year
Plan Highlights	Visit mvphealthcare.com for more information. View a complete Glossary of Terms and Member FAQs to better understand your MVP plan benefits.	
++Preferred Provider Facilities	Laboratory, radiology, and ambulatory services at a preferred provider facility will be covered in full, after deductible (if applicable). Find a preferred provider facility in your area at **mvphealthcare.com**.	

Virtual care services from MVP Health Care are provided by UCM Digital Health, Amwell and Physera at no cost-share for members. (Plan exceptions may apply.) Members' direct or digital provider visits may be subject to co-pay/cost-share per plan.

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**