

## NEW PALTZ CENTRAL SCHOOL DISTRICT

## Changes to MVP EPO for 2018

(Changes marked in yellow)

### PLAN OFFERED FOR 2017 - NY2EYE037XL IN NETWORK BENEFIT

OFFICE VISIT PCP COPAY \$30  
 SPECIALIST COPAY \$50  
 EMERGENCY ROOM VISIT \$200.00  
 REHABILITATIVE SERVICES - DEDUCTIBLE & COINSURANCE  
 AMBULANCE - DEDUCTIBLE & COINSURANCE  
 HOSPITAL INPATIENT - DEDUCTIBLE & COINSURANCE  
 OUTPATIENT SURGERY - DEDUCTIBLE & COINSURANCE  
**DEDUCTIBLE \$2,000 INDIVIDUAL/\$5,000 FAMILY**  
**COINSURANCE 20%**  
**OUT OF POCKET MAX (includes deductible) \$6,600 INDIVIDUAL/\$13,200 FAMILY**  
 LIFETIME MAX -NO MAXIMUM  
**RIDERS**  
**\$5 Generic / \$35 Brand / \$70 Non-Formulary**  
 INCLUDES MAC PRICING  
 MAIL ORDER 2.5X CO-PAY (for a 3 month supply)  
 EXTERNAL PROSTHETICS AND OSTOMY SUPPLIES  
 DOMESTIC PARTNER-BOTH GENDERS

### PLAN OFFERED FOR 2018 - NY2EYE066XLAE IN NETWORK BENEFIT

OFFICE VISIT PCP COPAY \$30  
 SPECIALIST COPAY \$50  
 EMERGENCY ROOM VISIT \$200.00  
 REHABILITATIVE SERVICES - DEDUCTIBLE & COINSURANCE  
 AMBULANCE - DEDUCTIBLE & COINSURANCE  
 HOSPITAL INPATIENT - DEDUCTIBLE & COINSURANCE  
 OUTPATIENT SURGERY - DEDUCTIBLE & COINSURANCE  
**DEDUCTIBLE \$750 INDIVIDUAL/\$1,500 FAMILY**  
**COINSURANCE 30%**  
**OUT OF POCKET MAX (includes deductible) \$2,000 INDIVIDUAL/\$4,000 FAMILY**  
 LIFETIME MAX -NO MAXIMUM  
**RIDERS**  
**\$10 Generic / \$30 Brand / \$50 Non-Formulary**  
 INCLUDES MAC PRICING  
 MAIL ORDER 2.5X CO-PAY (for a 3 month supply)  
 EXTERNAL PROSTHETICS AND OSTOMY SUPPLIES  
 DOMESTIC PARTNER-BOTH GENDERS

**New York**  
**Plan Name:** Preferred EPO  
**Plan Form:** NY2EYE066XL  
**Plan Status:** Active



Preferred EPO	COVERAGE INFORMATION
Plan Cost-Sharing Highlights	
Annual Deductible	\$750 Person/\$1,500 Family - Embedded
Coinsurance	30% Person/30% Family
Annual Out-of-Pocket Maximum	\$2,000 Person/\$4,000 Family - Embedded
Primary Care Physician Office Visits	\$30 copay
Specialist Office Visits	\$50 copay
Preventive & Well Care Services	
Well Child Care & Immunizations	Covered in Full For a full list of covered preventive care services, visit <a href="http://www.mvphealthcare.com">www.mvphealthcare.com</a>
Adult Annual Physical	
Mammography	
Annual Pap Test & Ob/Gyn Exam	
Immunizations for Adults	
Colonoscopy/Sigmoidoscopy Screening	
Bone Density Tests	
Physician Office Services	
Diagnostic Laboratory Services	Covered in Full
Diagnostic X-ray	PCP: \$30 copay/Spec: \$50 copay
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: \$150 copay/Free-Stnd: \$150 copay
Rehabilitative Services (PT/OT/ST)	\$50 copay
Allergy Services	\$50 copay
Chemotherapy	\$50 copay
Inpatient Services - Hospital	
Medical/Surgical Admissions	30% coinsurance*
Surgical Services	30% coinsurance*
Inpatient Physical Rehabilitation	30% coinsurance*
Outpatient Hospital Services	
Hospital Rehab Services (PT/OT/ST)	30% coinsurance*
Diagnostic Laboratory Services	Covered in Full
Diagnostic X-ray	30% coinsurance*
Advanced Imaging Services (CT/PET scans, MRIs)	30% coinsurance*
Ambulatory/Outpatient Surgery	30% coinsurance*
Emergency Care	
Emergency Room (ER) Visit	\$200 copay
Urgent Care Centers	\$30 copay
Ambulance (Emergency Medical Transportation)	30% coinsurance*
Behavioral Health Services	
Mental Health Inpatient Hospital	30% coinsurance*
Mental Health Outpatient	\$30 copay
Substance Abuse Inpatient Hospital	30% coinsurance*
Substance Abuse Outpatient	\$30 copay
Residential Treatment	30% coinsurance*
Psychiatry Office Visits	\$30 copay

\* Denotes that a deductible applies to this benefit

**New York**  
**Plan Name:** Preferred EPO  
**Plan Form:** NY2EYE066XL  
**Plan Status:** Active



Preferred EPO	COVERAGE INFORMATION
Maternity Services	
Prenatal Office Visit	Covered in Full
Physician Delivery	30% coinsurance*
Inpatient Hospital Services	30% coinsurance*
Other Services	
Skilled Nursing Facility	30% coinsurance*
Home Health Care	30% coinsurance
Hospice	30% coinsurance*
Durable Medical Equipment	50% coinsurance
Diabetic Supplies & Equipment	\$30 copay
Chiropractic Benefit	\$50 copay
Prescription Coverage	
Tier 1	Pharm: \$10 copay/Mail: \$25 copay
Tier 2	Pharm: \$30 copay/Mail: \$75 copay
Tier 3	Pharm: \$50 copay/Mail: \$125 copay
Prescription Drug Deductible	None
Vision Care	
Adult Vision Care	See available Riders
Pediatric Vision Care	See available Riders
Other Plan Features	
Wellness Benefits	
Plan Highlights	myVisitNow (Telemedicine)

**\* Denotes that a deductible applies to this benefit**

As an MVP member, you can be sure you'll always get the care, support, tools, and information you need. You'll have access to top-rated customer service representatives, **myVisitNow<sup>SM</sup>** – 24/7 online doctor visits, online wellness tools & activities, free Care Management programs, a 24/7 Nurse Advice Line, and more. Call us today at **1-800-TALK-MVP (825-5687)** for more information. Already an MVP member? You can call our Customer Care Center at the phone number listed on the back of your member ID card. MVP is making health insurance more convenient. More supportive. More personal.

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, Schedule and any applicable Rider(s), your Certificate of Coverage, Schedule and Rider(s) will be controlling. For plan details, call 1-800-TALK-MVP (825-5687) or visit [mvphealthcare.com](http://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.



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, [www.mvphealthcare.com](http://www.mvphealthcare.com). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call 1-888-687-6277 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	In-Network -\$750 individual /\$1,500 family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. Preventive care and primary care services are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply.
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet deductibles for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	In-Network -\$2,000 individual /\$4,000 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Copayments for certain services, premiums, balance-billing charges, and healthcare this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.mvphealthcare.com">www.mvphealthcare.com</a> or call 1-888-687-6277 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the specialist you choose without a referral.

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	\$30 copay/office visit	Not covered	Deductible does not apply
	<a href="#">Specialist</a> visit	\$50 copay/visit	Not covered	Deductible does not apply
	<a href="#">Preventive care/screening/immunization</a>	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	Lab Office - No charge; Lab Facility - No charge; Radiology Office - PCP: \$30 copay/visit & Spec: \$50 copay/visit; Radiology Facility - 30% coinsurance	Not covered	Lab Office - Deductible does not apply; Lab Facility - Deductible does not apply; Radiology Office - Deductible does not apply; Radiology Facility - Deductible applies
	Imaging (CT/PET scans, MRIs)	Office - \$150 copay/procedure; Facility - 30% coinsurance	Not covered	Office - Deductible does not apply; Facility - Deductible applies

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.mvphealthcare.com">www.mvphealthcare.com</a>	Tier 1 (Generic drugs)	Retail \$10 copay/prescription; Mail order \$25 copay/prescription	Not covered	Deductible does not apply
	Tier 2 (Preferred brand drugs)	Retail \$30 copay/prescription; Mail order \$75 copay/prescription	Not covered	Deductible does not apply
	Tier 3 (Non-preferred brand drugs)	Retail \$50 copay/prescription; Mail order \$125 copay/prescription	Not covered	Deductible does not apply
	Tier 4 <a href="#">Specialty drugs</a>	Retail Covered as noted in Tier 1, Tier 2, and Tier 3 classes	Not covered	Deductible does not apply
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	30% coinsurance	Not covered	Deductible applies
	Physician/surgeon fees	30% coinsurance	Not covered	Deductible applies
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	\$200 copay/visit	\$200 copay/visit	Deductible does not apply, copay waived if admitted to hospital
	<a href="#">Emergency medical transportation</a>	30% coinsurance	30% coinsurance	Deductible applies
	<a href="#">Urgent care</a>	\$30 copay/visit	\$30 copay/visit	Deductible does not apply
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	30% coinsurance	Not covered	Deductible applies
	Physician/surgeon fees	30% coinsurance	Not covered	Deductible applies

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30 copay/visit	Not covered	Deductible does not apply
	Inpatient services	30% coinsurance	Not covered	Deductible applies
If you are pregnant	Office visits	No charge	Not covered	Cost sharing does not apply to certain preventive services. Depending on the type of services, a copay, coinsurance, and/or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	30% coinsurance	Not covered	
	Childbirth/delivery facility services	30% coinsurance	Not covered	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	30% coinsurance	Not covered	Deductible does not apply
	<a href="#">Rehabilitation services</a>	30% coinsurance	Not covered	Deductible applies, 30 combined PT/OT/ST visits per Plan Year
	<a href="#">Habilitation services</a>	30% coinsurance	Not covered	Deductible applies, 30 combined PT/OT/ST visits per Plan Year
	<a href="#">Skilled nursing care</a>	30% coinsurance	Not covered	Deductible applies
	<a href="#">Durable medical equipment</a>	50% coinsurance	Not covered	Deductible does not apply
	<a href="#">Hospice services</a>	30% coinsurance	Not covered	Deductible applies

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None



### Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other [excluded services](#).)

- Acupuncture
- Children's Dental Check-up
- Children's Eye exam
- Children's Glasses
- Cosmetic Surgery
- Dental Care (Adult)
- Hearing Aids
- Long-Term Care
- Non-Emergency care when traveling outside the U.S
- Private-Duty Nursing
- Routine Eye Care (Adult)
- Routine Foot Care

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Bariatric Surgery
- Chiropractic Care
- Infertility Treatment
- Weight Loss Programs

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

MVP Health Care  
P.O. Box 2207  
Schenectady, NY 12301  
Toll Free: 1-888-687-6277  
[www.mvphealthcare.com](http://www.mvphealthcare.com)  
[members@mvphealthcare.com](mailto:members@mvphealthcare.com)

You can also contact the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [dol.gov/ebsa](http://dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [cciio.cms.gov](http://cciio.cms.gov). Church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact:

MVP Health Care  
Attn: Member Appeals  
P.O.Box 2207  
Schenectady, NY 12301  
Toll Free:1-888-687-6277  
[www.mvphealthcare.com](http://www.mvphealthcare.com)  
[members@mvphealthcare.com](mailto:members@mvphealthcare.com)

You can also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform), or the NYS Department of Insurance at 1-800-342-3736 or [dfs.ny.gov](http://dfs.ny.gov). Additionally, a consumer assistance program can help you file your appeal. Contact the Community Health Advocates at 1-888-614-5400 or [communityhealthadvocates.org](http://communityhealthadvocates.org).

**Does this plan provide Minimum Essential Coverage?** Yes.

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards?** Yes.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

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*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

## About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$750
■ <a href="#">Specialist</a> Copay	\$50
■ Hospital (facility) Coinsurance	30%
■ Other Coinsurance	30%

This EXAMPLE event includes services like:  
 Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

Total Example Cost	\$13,800
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$750
Copayments	\$30
Coinsurance	\$1,200
What isn't covered	
Limits or exclusions	\$70
The total Peg would pay is	\$2,050

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$750
■ <a href="#">Specialist</a> Copay	\$50
■ Hospital (facility) Coinsurance	30%
■ Other Copay	\$30

This EXAMPLE event includes services like:  
 Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,800
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$1,800
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$600
The total Joe would pay is	\$2,400

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$750
■ <a href="#">Specialist</a> Copay	\$50
■ Hospital (facility) Coinsurance	30%
■ Other Copay	\$200

This EXAMPLE event includes services like:  
 Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$750
Copayments	\$300
Coinsurance	\$900
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,950



# NEW YORK LARGE GROUP ENROLLMENT/CHANGE FORM

**ACTION REQUESTED: NEW YORK**

- ☐ Enroll  
☐ Change  
☐ Cancel

625 State St. PO Box 2207  
Schenectady, NY 12301-2207  
518-370-4793 or 1-800-777-4793

<b>TO BE COMPLETED BY EMPLOYER</b>	Group # <b>210794</b>	Subgroup #	Effective Date <b>01/01/2018</b>	Product ID #	Product ID #
Employee Class	Employee Dept. (if applicable)	Approved by			

## 1. INFORMATION ABOUT YOURSELF

**INSTRUCTIONS TO EMPLOYEE:** Please print or type and complete Sections 1 through 5.

Employee Name ( <i>First, MI, Last</i> )			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		
Address		City	State	Zip	County
Phone		Email Address	Employer <b>New Paltz Central School District</b>		
Do you or any other family members have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, by whom?	Spouse's health insurance carrier ( <i>if other than yours</i> )		Spouse's health insurance ID#
Coverage level	<input type="checkbox"/> Subscriber	<input type="checkbox"/> Subscriber & Spouse	<input type="checkbox"/> Subscriber & Dependents	<input type="checkbox"/> Family	
Eligible for Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No		Member ID#	Spouse/Dependent ID#		
Member	<input type="checkbox"/> A Effective Date	<input type="checkbox"/> B Effective Date	Spouse	<input type="checkbox"/> A Effective Date	<input type="checkbox"/> B Effective Date

## 2. ENROLLMENT/CHANGE

<b>A.</b> <input type="checkbox"/> New Applicant <input type="checkbox"/> Add Dependent <input type="checkbox"/> Name Change <input type="checkbox"/> Plan Transfer <input type="checkbox"/> COBRA <input type="checkbox"/> Address Change	<b>REASON:</b> <input type="checkbox"/> New Hire <input type="checkbox"/> Open Enrollment <input type="checkbox"/> COBRA/State Continuation	<input type="checkbox"/> Qualifying Event ( <i>describe</i> ) _____	<b>B.</b> <input type="checkbox"/> Termination <input type="checkbox"/> Remove Dependent(s) only ( <i>please specify</i> ) _____
Effective Date of Change _____			<b>REASON:</b> <input type="checkbox"/> Termination of Employment <input type="checkbox"/> Opting for Other Coverage <input type="checkbox"/> Moved From Area <input type="checkbox"/> Other _____ Effective Date of Change _____

## 3. CHOOSE COVERAGE

- ☐ HMO\* ☐ PPO ☐ Dental ☐ POS\* ☒ EPO ☐ High Deductible EPO ☐ High Deductible PPO  
☐ TriVantage (*choose an option*): ☐ Active Lifestyles ☐ Family Focus ☐ Healthy Alternatives Other \_\_\_\_\_

\*You and each of your dependents must designate your choice of Primary Care Physician. For help, visit MVP's website [www.mvphealthcare.com](http://www.mvphealthcare.com) or contact the MVP Customer Care Center.

## 4. INFORMATION ABOUT ALL FAMILY MEMBERS YOU WANT ENROLLED UNDER YOUR PLAN

*For additional dependents, please list on a separate form.*

1. Self		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age _____	Date of Birth ____/____/____
Primary Care Physician (PCP) ( <i>First, Last</i> )		Social Security No. ( <b>required</b> ) ____-____-____
		PCP Number _____
2. Name ( <i>First, MI, Last</i> )		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age _____	Date of Birth ____/____/____
Primary Care Physician (PCP) ( <i>First, Last</i> )		Relationship to Subscriber _____
		Social Security No. ( <b>required</b> ) ____-____-____
		PCP Number _____
3. Name ( <i>First, MI, Last</i> )		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age _____	Date of Birth ____/____/____
Primary Care Physician (PCP) ( <i>First, Last</i> )		Relationship to Subscriber _____
		Social Security No. ( <b>required</b> ) ____-____-____
		PCP Number _____
4. Name ( <i>First, MI, Last</i> )		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age _____	Date of Birth ____/____/____
Primary Care Physician (PCP) ( <i>First, Last</i> )		Relationship to Subscriber _____
		Social Security No. ( <b>required</b> ) ____-____-____
		PCP Number _____

## 5. SIGNATURE

I have read and agree to the authorization of the reverse side of this form. **Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

DATE \_\_\_\_\_

## 6. AUTHORIZATION

On behalf of myself and any listed dependents, I (we) hereby apply for membership in MVP.

I hereby consent to the release of any medical, health and/or payment information (including without limitation pharmacy and claims information) about me and my minor eligible dependents by any licensed physician, hospital, other health care provider, or authorized federal, state or local agencies to MVP and any health care providers involved in caring for me or my minor eligible dependents, as reasonably necessary to allow MVP to administer my benefits or for MVP or my health care providers to carry out treatment, payment, or health care operations functions, to the extent permitted by law. I also agree that the information released for treatment, payment and health care operations may include HIV, STD, mental health or alcohol and substance abuse information about me and my minor eligible dependents to the extent permitted by law, until I revoke this consent.

I hereby certify that the statements made are true and complete to the best of my knowledge and belief.

*By including an email address on this Enrollment/Change Form, you agree to accept electronic communication unless otherwise required by law.*

# WellStyle Rewards

## Rewarding Members for Taking Meaningful Steps Toward Better Health

### \$300 WellStyle Rewards

Achieving and maintaining your best health can be a challenge. WellStyle Rewards from MVP Health Care<sup>®</sup> can make it easier and more rewarding!

You can earn up to \$300 WellStyle Rewards (per contract, per calendar year) for completing a *Personal Health Assessment (PHA)*, submitting a *Health Risk Screening* form, participating in Personal Lifestyle Coaching by phone, and completing self-guided health education courses online. You'll also have opportunities to earn rewards for meeting recommended health guidelines.

#### New for 2018!

The more active you are, the more rewards you can earn when you track your steps using **Connected!** One step is equal to one Movement Merit.

- **Earn 50 points** with 100,000 Movement Merits/ steps per month.
- **Earn 60 points** with 175,000 Movement Merits/ steps per month.
- **Earn 75 points** with 225,000 Movement Merits/ steps per month.

You can also earn points when you use your device or app to check in to a fitness facility. You'll receive 5,000 Movement Merits for one check-in at a fitness facility or for 30 minutes of physical activity, such as swimming or biking.

### Powerful Tools for Reaching Important Goals

#### Go Online

MVP's Online Wellness Tools and Activities can help you set, track, and succeed at reaching the health improvement goals that are important to you. Plus, you can earn WellStyle Rewards for participating!

#### Take Advantage of Great Wellness Resources



Visit [mvphealthcare.com](http://mvphealthcare.com) and *Sign In* to your MVP member account, and select *Your Wellness Starts Here*.

### Personal Health Assessment (PHA)

By taking the PHA, you can see how you stack up in the following health areas:

- Biometrics
- Lifestyle
- Health Conditions
- Preventive Health

The PHA only takes 10 minutes to complete. Once finished, you'll immediately receive a *Personal Scorecard*, which provides a summary of your PHA and biometric screening results (if you've been screened). The Personal Scorecard is customized and specific to you to help you be the healthiest you can be. Completing the PHA is a required step for the contract holder toward earning \$300 WellStyle Rewards.

### Valuable Health Information

To help you on the road to better health, WellStyle Rewards includes an abundance of health information and resources brought together in online classes that are grouped into health topics to make it easy to focus on healthy goals in the areas of Healthy Living, Nutrition, Fitness, Weight Management, Quitting Tobacco, Stress, Sleep, Aging, Life Skills, Pain Management, and Chronic Conditions.

Members earn 10 points for each completed class and can earn up to 50 points annually for taking classes.

### Guidance to Achieve Positive Lifestyle Changes

#### Work with a Health Care Provider

Your Body Mass Index (BMI), blood pressure, blood sugar, total cholesterol, and whether or not you use tobacco can tell you a lot about your risk for diseases like diabetes and cancer. Keeping these health measures within recommended ranges is one of the most important things you can do for your overall health.

Earn WellStyle Rewards just by completing basic health screenings. If your screening results are within recommended ranges based on health guidelines, you

can earn even more! We even reward you 75 points for meeting with your doctor and obtaining their signature on your Health Risk Screening form.

Earn an additional 25 points for being up-to-date on all of your recommended preventive screenings. Contact your doctor's office to schedule an annual physical and have a health care provider complete a Health Risk Screening form. You can also complete the form yourself and include a copy of your medical record if you have had screenings within the past 24 months. To download the *WellStyle Rewards Health Risk Screening* form, visit **mvphealthcare.com** and select *Members*, then *Forms*, then *Claims & Reimbursement Forms*. This is also a required step for the contract holder toward earning \$300 WellStyle Rewards.

**Send your completed form to:**

**ATTN: HEALTHYROADS CUSTOMER SERVICE C4-1  
MVP WELLSTYLE REWARDS  
PO BOX 509040  
SAN DIEGO CA 92150-9040**

Fax: **1-855-318-2746**

Email: **mvpforms@ashn.com**, with the subject line *MVP Screening Form*

Forms must be received by December 31, 2018, to count toward 2018 WellStyle Rewards. Keep a copy of the form for your records.

## Call a Coach

For members who are ready to achieve a healthier weight, stop smoking, or reach for other healthy goals, Personal Lifestyle Coaches are just a phone call away with guidance and motivation.

**Working with a Lifestyle Coach is:**

- **Convenient.** Talk with a coach by phone, video, or chat sessions up to once a week when it fits with your schedule, using easy online tools for tracking progress.
- **Customized.** Health coaches tailor your program, talk through concerns and trouble spots, and motivate you.
- **Successful.** Reach a goal, make a healthy change, and enjoy the rewards!

MVP offers Personal Lifestyle Coaching programs (through Healthyroads, a program of American Specialty Health Management, Inc.) to help you with:

- Weight Management
- Tobacco Cessation
- Healthy Living (fitness, nutrition, and stress management, along with help managing high blood pressure, high cholesterol, metabolic syndrome, or prediabetes)

Once you become an MVP member, call **1-877-748-2746** to start your customized coaching program and earn WellStyle Rewards for participating!



**mvphealthcare.com**



Healthyroads may use and/or provide participation information to your employer or its contracted entities that administer your plan for incentive fulfillment purposes. Healthyroads may also use this information to provide you with other services on behalf of your employer. Your participation serves as your consent for Healthyroads to use and/or provide this information. Incentives may be taxable income that you are responsible to report. Healthyroads and MVP Health Care do not cover the cost of wearable fitness devices/apps.

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.