

ATTACHMENT 35



Department of
Civil Service

Commercial Benefits Chart
“Health Maintenance Organizations
Specifications for the New York State Health Insurance
Program”

Offeror Name: MVP Health Plan

HMO BENEFITS FOR 2021 -- Commercial Plan

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Contract/ Certificate of Coverage (COC), Rider Number		NYS DFS Status: Approved (include date) or Filed/ Pending	Member Cost: Enter copay/coinsurance amount, e.g., \$25/visit, 20% coinsurance	Benefit Limitations: e.g., 20 visits/calendar year, 60 consecutive days Indicate "unlimited" if no limitations	Change from 2020 Enter: Yes/No and change, e.g., \$5 copay increase, new benefit	Projected Monthly Premium for 2021	
		Contract/ COC	Rider Number					Individual	Family
Office Visit	Covered as required by Federal and NYS law and/or regulation	Sec. IX, Para N, Page 44	NA, in COC	Filed/Pending	\$25/visit Covered in Full for dependents to age 26	unlimited	Yes, \$10 copay decrease to age 26	060 East with RX \$756.11	060 East with RX \$1796.92
Specialty Office Visit	Covered as required by Federal and NYS law and/or regulation	Sec. IX, Para N, Page 44	NA, in COC	Filed/Pending	\$25/visit	unlimited	No	330 Central with RX \$855.67	330 Central with RX \$2018.30
Chiropractic Care	Covered as required by Federal and NYS law and/or regulation	Sec. IX, Para E, Page 39	NA, in COC	Filed/Pending	\$25/visit	unlimited	no	340 Mid Hudson with RX \$841.10	340 Mid Hudson with RX \$1985.60
Inpatient Hospital Care	Covered as required by Federal and NYS law and/or regulation, not subject to deductibles, copays or coinsurance	Sec. XI, Para A, Page 57	NA, in COC	Filed/Pending	\$0 copayment	unlimited	No	058 Rochester with RX \$725.72	058 Rochester with RX \$1705.44
Surgery (include all settings - Physician-Inpatient, Physician-Outpatient (at a hospital, facility or surgery center), Physician's Office, Outpatient Surgery Facility)		Sec. IX, Para T., Page 46	NA, in COC	Filed/Pending	Physician Inpatient - No copayment Physician Outpatient - \$25/visit Physician Office - \$25/visit Outpatient Surgery Facility - \$25/visit, \$0/visit at a Preferred Provider	unlimited	Yes, \$25 copay decrease at Preferred Provider	360 North with RX \$1,058.38	360 North with RX \$2487.20
Skilled Nursing Facilities		Sec XI, Para H, Page 59	NA, in COC	Filed/Pending	\$0 copayment	45 days per calendar year	no	without RX \$618.38	without RX \$1453.19
Hospice Benefits	210 Days	Sec X, Para E., Page 55	NA, in COC	Filed/Pending	\$0 copayment	210 days per calendar year	No	without RX \$689.84	without RX \$1628.61
Emergency Room	Covered as required by ACA	Sec VIII, Para A. 1., Page 37	NA, in COC	Filed/Pending	\$75/visit	unlimited	No	340 Mid Hudson	340 Mid Hudson
Urgent Care Facility		Sec VIII, Para B., Page 38	NA, in COC	Filed/Pending	\$25/visit	unlimited	No	058 Rochester	058 Rochester without RX \$1305.51
Ambulance indicate both Non-airborne & Airborne		Sec VII, Page 34 & 35	NA, in COC	Filed/Pending	\$50/trip	unlimited	No	360 North without RX \$862.48	360 North without RX \$2026.82

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Diagnostic/Therapeutic Services: Cite both Hospital and Medical/Surgical Settings									
Radiology	Covered as required by Federal and NYS law and/or regulation	Sec IX, Para L, Page 44	NA, in COC	Filed/Pending	\$25/visit, \$0/visit at Preferred Provider	unlimited	Yes, \$25 copay decrease at Preferred Provider		
Lab Tests	Covered as required by Federal and NYS law and/or regulation	Sec IX, Para L, Page 44	NA, in COC	Filed/Pending	\$0 copayment	unlimited	No		
Pathology	Covered as required by Federal and NYS law and/or regulation	Sec IX, Para L, Page 44	NA, in COC	Filed/Pending	\$0 copayment	unlimited	No		
EKG/EEG	Covered as required by Federal and NYS law and/or regulation	Sec IX, Para L, Page 44	NA, in COC	Filed/Pending	\$25/visit	unlimited	No		
Radiation/ Chemotherapy	Covered as required by Federal and NYS law and/or regulation	Sec IX, Para D, Page 39	NA, in COC	Filed/Pending	\$25/visit	unlimited	No		
Preventive Services									
<u>All Members</u> - including but not limited to: annual wellness visit/ physical, standard immunizations (recommended by ACIP), colonoscopy, screening for STDs, HIV. Alcohol/ substance abuse, tobacco use, cholesterol, diabetes and high blood pressure	Covered as required by Federal and NYS law and/or regulation, and ACA	Sec VI, Pages 30-33	NA, in COC	Filed/Pending	No copayment	unlimited	No		
<u>Women's Health</u> - including but not limited to: mammograms, bone density, pap tests, anemia, iron deficiency, etc. for pregnant women	Covered as required by Federal and NYS law and/or regulation	Sec VI, Para D, E, F, G, Pages 32 & 33	NA, in COC	Filed/Pending	No copayment	unlimited	No		
<u>Men's Health</u> - including but not limited to: prostate cancer screening, abdominal aortic aneurysm screening	Covered as required by Federal and NYS law and/or regulation	Sec VI, Para H, Page 33	NA, in COC	Filed/Pending	No copayment	unlimited	No		

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Children's Health - including but not limited to: certain newborn screenings, metabolic screenings, vision, autism, lead and TB screenings, obesity counseling	Covered as required by Federal and NYS law and/or regulation	Sec VI, Para A., Page 30	NA, in COC	Filed/Pending	No copayment	unlimited	No		
Women's Health Care/OB GYN									
Pre- and Post Natal Visits	Covered as required by Federal and NYS law and/or regulation	Sec IX, Para M., Page 44	NA, in COC	Filed/Pending	No copayment	unlimited	No		
Family Planning	Routine examinations; laboratory tests; birth control counseling; pregnancy testing; genetic counseling	Sec VI, Para F., Page 32	NA, in COC	Filed/Pending	\$25 spec, per visit	unlimited	No		
Infertility Services	Covered as required by Federal and NYS law and/or regulation and the infertility mandates of 2002 and 2019	Sec IX, Para I, Pages 41 - 43	NA, in COC	Filed/Pending	Cost-Share for appropriate service (office visit, diagnostic radiology, surgery, lab and diagnostic procedure)	unlimited	No		
Contraceptive Drugs and Devices	Covered as required by ACA and NYS law and/or regulation whichever provides the higher level of benefit	Sec XIII, Para A, Page 66-67	NA, in COC	Filed/Pending	No copayment	unlimited	No		
Rehabilitative Care, Physical, Speech & Occupational Therapy									
Inpatient Rehabilitative Care		Sec XI, Para G., Page 59	NA, in COC	Filed/Pending	No copayment	60 days per Calendar Year, combined therapies	No		
Outpatient Rehabilitative Care		Sec IX, Para R., Page 45	NA, in COC	Filed/Pending	\$25/visit	30 visits/calendar year combined	No		
Mental Health/Substance Abuse									
Outpatient Mental Health	Covered as required by Federal and NYS laws and/or regulation	Sec XII, Para A.2. Page 62	NA, in COC	Filed/Pending	\$25/visit	unlimited	No		

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Inpatient Mental Health	Covered as required by Federal and NYS laws and/or regulation	Sec XII, Para A.1., Page 61	NA, in COC	Filed/Pending	No copayment	unlimited	No		
Coverage for Autism Spectrum Disorder	In compliance with NYS Autism legislation including Habilitative Services, Applied Behavior Analysis (ABA)	Sec x., Para A, Page 49-51	NA, in COC	Filed/Pending	\$25 copayment	unlimited	No		
Alcohol and Substance Abuse Detoxification	Covered as required by Federal and NYS laws and/or regulation	Sec XII, Para B.1., Page 62	NA, in COC	Filed/Pending	No copayment for inpatient detox	unlimited	No		
Outpatient Alcoholism and Substance Abuse Rehabilitation	Covered as required by Federal and NYS laws and/or regulation	Sec XII, Para B.2., Page 63	NA, in COC	Filed/Pending	\$25/visit	unlimited	No		
Inpatient Alcoholism and Substance Abuse Rehabilitation	Covered as required by Federal and NYS laws and/or regulation.	Sec XII, Para B.1., Page 62	NA, in COC	Filed/Pending	No copayment	unlimited	No		
Prescription Drugs: Medically necessary federal legend and state restricted drugs, compounded medications and injectable insulin. Coverage must include contraceptive drugs and devices, fertility drugs and enteral formulas. (The copayment for injectable drugs, including fertility drugs, must be the same as the copayment for other covered drugs except drugs limited to 30 days supply at dispensing.) No annual or lifetime maximum permitted.									
Prescription Drugs		Sec XIII, Page 65-79	NA, in COC	Filed/Pending	\$10 Tier 1, \$30 Tier 2 \$50 Tier 3	30-day supply	yes		
Other									
Diabetic Supplies	Covered as required by Federal and NYS law and/or regulation	Sec X, Para B. 1., Pages 51-52	NA, in COC	Filed/Pending	\$25 copayment	31-day supply30	No		
Oral Agents and Insulin	Covered as required by Federal and NYS law and/or regulation	Sec X, Para B. 1., Pages 51-52	NA, in COC	Filed/Pending	\$25 copayment	31-day supply31	No		
Diabetic Shoes		Sec X, Para B. 1., Pages 51-52	NA, in COC	Filed/Pending			No		
Durable Medical Equipment (DME)	Medically necessary DME which can with- stand repeated use & primarily used to serve a medical purpose must be covered. Examples include but not limited to: wheelchairs, walkers, respiratory equip, oxygen supplies, replacements, repairs & maintenance, not provided for under manufacturer's warranty or purchase agreement must be covered when functionally necessary.	Sec X. Para C, Page 54	NA, in COC	Filed/Pending	50% Coinsurance		No		

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Prosthetic Devices	Medically necessary prosthetic devices that aid body functioning or replace a limb or body part in order to correct a defect of body form or function must be covered. Examples of prosthetic devices include but are not limited to: artificial limbs, pacemakers, heart valve replacements, artificial joints, external breast prostheses & Ostomy Supplies. Replacements, repairs and maintenance, not provided for under manufacturer's warranty or purchase agreement must be covered when functionally necessary	Sec X, Para G, Page 55	NA, in COC	Filed/Pending	50% Coinsurance	External- one device per limb, per lifetime with coverage for repairs and replacements. Internal - unlimited	No		
Orthotic Devices	Medically Necessary custom-made orthotic devices used to support, align, prevent or correct deformities or to improve the function of the foot must be covered. Orthopedic shoes and other supportive devices for treatment of weak, strained, flat, unstable or unbalanced feet should not be included for coverage. Replacements, repairs and maintenance, not provided for under a manufacturer's warranty or purchase agreement, must be covered when functionally necessary.	Sec x., Para C.2., Page 54	NA, in COC	Filed/Pending	50% Coinsurance	unlimited	No		
NYSHIP Eligibility rider								N/C	N/C