

**TO:** New York State Employees/Retirees  
**FROM:** MVP Health Care  
**DATE:** Effective January 1, 2021  
**RE:** Option Transfer Period

You now have an opportunity to enroll in MVP Health Care – a Health Maintenance Organization (HMO) serving the following New York State Counties:

<b>NYSHIP CODE #060 COUNTIES INCLUDED</b>
Albany, Columbia, Fulton, Greene, Hamilton, Jefferson, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington

<b>NYSHIP CODE #058 COUNTIES INCLUDED</b>
Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming and Yates

<b>NYSHIP CODE #330 COUNTIES INCLUDED</b>
Broome, Cayuga, Chemung, Chenango, Cortland, Delaware, Herkimer, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, Schuylar, Tioga and Tompkins

<b>NYSHIP CODE #340 COUNTIES INCLUDED</b>
Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester

<b>NYSHIP CODE #360 COUNTIES INCLUDED</b>
Clinton, Essex, Franklin and St. Lawrence

**MVP Plan Highlights**

- \$25 PCP/\$25 Specialist office visit copayment
- **NEW!** \$0 PCP office visit copayment to age 26
- **NEW!** \$0 Telemedicine services
- Prescription drug benefit: (for enrollees not eligible for prescription drug benefits through a union benefit fund)
  - **NEW!** Retail: **\$0 Tier 1 generic**, \$30 Tier 2 formulary brand, \$50 Tier 3 non-formulary brand (30 day supply)
  - Mail-Order: **\$0 Tier 1 generic**, \$75 Tier 2 formulary brand, \$125 Tier 3 non-formulary brand (up to 90 day supply)
- Prescription benefits include 100% coverage for oral contraceptives
- **NEW!** Preferred provider facilities benefit - \$0 copayment for laboratory, radiology, and ambulatory / outpatient surgery services at preferred facilities
- Routine preventive care services covered in full
- Out-of-Area student coverage

Your Eligibility Guidelines may be different from those guidelines listed in the contract. Please refer to your NYSHIP General Information Book for these guidelines or visit the New York State Department of Civil Service’s website at [www.cs.ny.gov](http://www.cs.ny.gov).

**TO ENROLL:**

**Active Employees** Complete a PS 404 and an HMO enrollment form in your Agency Health Benefits Administrator’s Office. The Department of Civil Service Division of Employee Benefits will distribute payroll deductions.

**Retired Employees** Complete the Option Change Coupon found in the Benefit Choices Brochure and return it to the Department of Civil Service.

**Questions?** Call **1-888-687-6277** or visit [www.mvphealthcare.com](http://www.mvphealthcare.com)

# Privacy Notice

MVP Health Plan Inc., MVP Health Services Corp., MVP Health Insurance Company, and Hudson Health Plan, Inc.

## Effective Date

This Notice of Privacy Practices is effective as of April 1, 2014 and revised May 25, 2017.

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

MVP Health Plan, Inc., MVP Health Services Corp., MVP Health Insurance Company, and Hudson Health Plan, Inc. (collectively “MVP”) respect the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information, provide you with this notice of our privacy practices and legal duties and to abide by the terms of this notice.

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and state laws and regulations regarding the confidentiality of health information, MVP provides this notice to explain how we may use and disclose your health information to carry out payment and health care operations and for other purposes permitted or required by law. Health information is defined as enrollment, eligibility, benefit, claim, and any other information that relates to your past, present, or future physical or mental health.

The terms and conditions of this privacy notice supplement any other communications, policies, or notices that MVP may have provided regarding your health information. In the event of conflict between this notice and any other MVP communications, policies, or notices, the terms and conditions of this notice shall prevail.

Y0051\_2861 R1 (06/2017) MVPCORP0002 (Revised 06/2017)

## MVP’s Duties Regarding Your Health Information

**MVP is required by law to:**

- Maintain the privacy of information about your health in all forms including oral, written, and electronic.
- Train all MVP employees in the protection of oral, written, and electronic protected health information (PHI).
- Limit access to MVP’s physical facility and information systems to the required minimum necessary to provide services.
- Maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard PHI.
- Notify you following a breach of unsecured health information.
- Provide you with this notice of our legal duties and health information privacy rules.
- Abide by the terms of this notice.

We reserve the right to change the terms of this notice at any time, consistent with applicable law, and to make those changes effective for health information we already have about you. Once revised, we will advise you that the notice has been updated, provide you with information on how to obtain the updated notice, and will post it on [mvphealthcare.com](http://mvphealthcare.com).

## How We Use or Disclose Your Health Information

As a member, you agree to let MVP share information about you for treatment, payment, and health care operations. The following are ways we may use or disclose your health information.

**For treatment.** We may share your health information with a physician or other health care

provider in order for them to provide you with treatment.

**For payment.** We may use and/or disclose your health information to collect premium payments, determine benefit coverage, or to provide payment to health care providers who render treatment on your behalf.

**For health care operations.** We may use or disclose your health information for health care operations that are necessary to enable us to arrange for the provision of health benefits, the payment of health claims, and to ensure that our members receive quality service. For example, we may use and disclose your health information to conduct quality assessment and improvement activities (including, e.g., surveys), case management and care coordination, licensing, credentialing, underwriting, premium rating, fraud and abuse detection, medical review, and legal services. We will not use or disclose your health information that is genetic information for underwriting purposes. We also use and disclose your health information to assist other health care providers in performing certain health care operations for those health care providers, such as quality assessment and improvement, reviewing the competence and qualifications of health care providers, and conducting fraud detection or investigation, provided that the information used or disclosed pertains to the relationship you had or have with the health care provider.

**Health-related benefits and services.** We may use or disclose your health information to tell you about alternative medical treatments and programs, or about health-related products and services that may be of interest to you.

**Disclosures to a business associate.** We may disclose your health information to other companies that perform certain functions on our behalf. These companies are called Business Associates. These Business Associates must agree in writing to protect your privacy and follow the same rules we do.

**Disclosures to a plan sponsor.** We may disclose limited information to the plan sponsor of your

group health plan (usually your employer) so that the plan sponsor may obtain premium bids, modify, amend, or terminate your group health plan and perform enrollment functions on your behalf.

**Disclosures to a third party representative.** We may disclose to a Third Party Representative (family member, relative, friend, etc.) health information that is directly relevant to that person's involvement with your care or payment for care if we can reasonably infer that the person is involved in your care or payment for care and that you would not object.

**Email communications to you.** You agree that we may communicate via email with you regarding insurance premiums or for other purposes relating to your benefits, claims, or our products/services and that such communications (utilizing encryption software for our email transmissions) may contain confidential information, protected health information, or personally identifiable information.

**Disclosures authorized by you.** Except for the scenarios described in this notice, HIPAA prohibits the disclosure of your health information without first obtaining your authorization. MVP will not use or disclose your health information to engage in marketing, other than face to face communications, the offering of a promotional gift, or as set forth in this notice, unless you have authorized such use or disclosure. MVP will not use or disclose your health information for any reason other than those described above, unless you have provided authorization. We can accept an Authorization to Disclose Information form if you would like us to share your health information with someone for a reason we have not stated above. Using this form, you can designate whom you would like us to share information with, what information you would like us to share, and how long you want us to be able to share your information with that individual. A copy of this form is available by calling the MVP Customer Care Center or at [mvphealthcare.com](http://mvphealthcare.com). You must complete this form and send it to the address or fax it to the fax number on the form. You can cancel this Authorization at any time in writing and per the requirements on the form.

## Special Use and Disclosure Situations

Under certain circumstances, as required by law, MVP would be required to share your information without your permission. Some circumstances include the following.

**Uses and Disclosures required by law.** We may use and disclose health information about you when we are required to do so by federal, state, or local law.

**Public health.** We may disclose your health information for public health activities. These activities include preventing or controlling disease, injury, or disability; reporting births or deaths; or reporting reactions to medications or problems with medical products, or to notify people of recalls of products they have been using.

**Health oversight.** We may disclose your health information to a health oversight agency that monitors the health care system and government programs for designated oversight activities.

**Legal proceedings.** We may disclose your health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) and, in certain situations, in response to a subpoena, discovery request, or other lawful process.

**Law enforcement.** We may disclose your health information, so long as applicable legal requirements are met, for law enforcement purposes.

**Abuse or neglect.** We may disclose your health information to a public health authority, or other government authority authorized by law to receive reports of child abuse, neglect, or domestic violence consistent with the requirements of applicable federal and state laws.

**Coroners, funeral directors, and organ donation.** We may disclose your health information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose your health information to funeral directors as necessary to carry out their duties. If you are an organ donor, we may release

your health information for procurement, banking, or transplantation.

**Research purposes.** In certain circumstances, we may use and disclose your health information for research purposes.

**Criminal activity.** We may disclose your health information when necessary to prevent or lessen serious and imminent threat to the health and safety of a person or the public.

**Military activity.** We may disclose your health information to authorized federal officials if you are a member of the military (or a veteran of the military).

**National security.** We may disclose your health information to authorized federal officials for national security, intelligence activities, and to enable them to provide protective services for the President and others.

**Workers' compensation.** We may disclose your health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

## What Are Your Rights?

The following are your rights with respect to your health information. Requests for restrictions, confidential communications, accounting of disclosures, amendments to your health information, to inspect or copy your health information, or questions about this notice can be made by using the Contact Information below.

**Right to request restrictions.** You have the right to request a restriction or limitation on your health information we disclose for payment or health care operations. You also have the right to request a limit on the information we disclose about your health to someone who is involved in your care or the payment for your care, like a family member, relative, or friend. While we will try to honor your request, we are not legally required to agree to restrictions or limitations. If we agree, we will comply with your request or limitations except in emergency situations.

**Right to request confidential communications.**

You have the right to request that we communicate with you about your health information in a certain way or at a certain location if the disclosure of information could endanger you. We will require the reason for the request and will accommodate all reasonable requests.

**Right to an accounting of disclosures.** You have the right to request an accounting of disclosures of your health information made by us other than those necessary to carry out treatment, payment, and health care operations, disclosures made to you or authorized by you, or in certain other situations.

**Right to inspect and obtain copies of your health information.** You have the right to inspect and obtain a copy of certain health information that we maintain. In limited circumstances, we may deny your request to inspect or obtain a copy of your health information. If we deny your request, we will notify you in writing of the reason for the denial and if applicable the right to have the denial reviewed.

**Right to amend.** If you feel that the health information we maintain about you is incomplete or inaccurate, you may ask us to amend the information. In certain circumstances we may deny your request. If we deny the request, we will explain your right to file a written statement of disagreement. If we approve your request, we will include the change in your health information and tell others that need to know about your changes.

**Right to a copy of the notice of privacy practices.** You have the right to obtain a copy of this notice at any time.

**Exercising Your Rights**

Unless you provide us with a written authorization, we will not use or disclose your health information in any manner not covered by this notice. If you authorize us in writing to use or disclose your health information in a manner other than described in this notice, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health

information for the reasons covered by your authorization; however, we will not reverse any uses or disclosures already made in reliance on your authorization before it was revoked.

You have a right to receive a paper copy of this notice at any time. You can also view this notice at [mvphealthcare.com](http://mvphealthcare.com).

If you believe that your privacy rights have been violated, you may file a complaint by contacting an MVP Customer Care Representative at the address or phone number indicated in the Contact Information below.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem. We will provide you with this address upon request.

**We Will Not Take Any Action Against You for Filing a Complaint**

We will not retaliate in any way if you choose to file a complaint in good faith with us or with the U.S. Department of Health and Human Services. We support your rights to the privacy of your medical information.

**Contact Information**

MVP Medicaid Customer Care Center  
1-800-852-7826 (TTY 1-800-662-1220)

MVP Medicare Customer Care Center  
1-800-665-7924 (TTY 1-800-662-1220)

Customer Care Center for All Other MVP Members  
1-888-687-6277 (TTY 1-800-662-1220)

Mail all written communications to:  
MVP CUSTOMER CARE CENTER  
PO BOX 2207  
SCHENECTADY NY 12301-2207

# New York State Insurance Law Changes

## Behavioral Health

Cost share and out-of-pocket expenses for inpatient and outpatient substance use disorder benefits, autism spectrum disorder benefits, and mental health must be consistent with those for all medical and surgical benefits. Other changes include:

- The co-pay/co-insurance for outpatient mental health services on all fully insured plans cannot exceed that of a primary care office visit.
- The Applied Behavior Analysis benefit cap (previously 680 hours per year) has been eliminated and there is no longer a benefit maximum.
- Prior authorization for medication-assisted substance use disorder treatment has been removed.
- The prohibition of concurrent utilization review for substance use disorder is extended from 14 to 28 days for inpatient treatment and from 14 to 28 visits for outpatient treatment.
- On Large Group plans, the co-pay/co-insurance for outpatient substance use disorder treatment cannot exceed that of a primary care office visit and only one co-pay can be charged for all services provided in a single day.

**Applies to** New York Large Group, Small Group, and Individual  
**Effective** January 1, 2020 (MVP already provides coverage for some of the services included in this mandate.)

## Contraception Coverage

All contraception approved by the Food and Drug Administration (FDA), is covered, including certain over-the-counter female contraceptive products. Policies must also cover a 12-month supply of contraceptive at one time, removing the current, initial three-month supply requirement. Coverage is provided for emergency contraception without cost share. Voluntary sterilization procedures for women, patient education, counseling, and follow up contraception services are also covered.

**Applies to** New York Large Group, Small Group, and Individual  
**Effective** January 1, 2020 (MVP already provides coverage for some of the services included in this mandate.)

## Fertility Preservation

Coverage is required for standard fertility preservation services when a medical treatment directly or indirectly causes iatrogenic infertility, defined as an impairment by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes. MVP will require prior authorization.

**Applies to** New York Large Group, Small Group, and Individual  
**Effective** January 1, 2020, upon renewal

## In-Vitro Fertilization (IVF)

Coverage is required for three (3) cycles of IVF used for the treatment of infertility. Coverage may be subject to annual deductible, co-insurance, and co-payment, but they must be in line with other costs within the policy. The new law also amends the definition of infertility, removing an age parameter of 21 to 44, and prohibits discrimination. MVP will cover three (3) cycles of IVF per lifetime and will require prior authorization.

**Applies to** New York Large Group  
**Effective** January 1, 2020, upon renewal

## Mammography Coverage

Fully insured Large Group plans must cover medically necessary annual mammograms for members ages 35 to 39.

**Applies to** New York Large Group  
**Effective** MVP already provides coverage for these services

## Maternal Depression Screening

Early screening and referral to treatment specialists for maternal depression is encouraged. Health plans that cover the child but not the mother must provide coverage for maternal depression screening under the child's policy if screening is performed by the Pediatrician.

**Applies to** New York Large Group, Small Group, and Individual  
**Effective** MVP already provides coverage for these services

## PrEP and HIV Screening

All fully insured commercial plans must provide coverage of Pre-Exposure Prophylaxis (PrEP) and screening for Human Immunodeficiency Virus (HIV) with no cost share.

**Applies to** New York Large Group, Small Group, and Individual  
**Effective** January 1, 2020

### Questions?

Contact your MVP Sales Representative or visit [mvphealthcare.com](http://mvphealthcare.com) and select *Contact Us*.



# Earn up to \$600 with WellBeing Rewards.

MVP Health Care® is committed to helping our members become healthier in all aspects of life by providing even more ways to earn rewards and get reimbursed.

## Get rewarded for making healthy choices!

Earn up to \$200 by completing any of the activities listed below. Each point earned is equal to \$1.

Point-Earning Activities and Maximum Points	
Personal Health Assessment <i>(Required)</i>	50
myVisitNow® Registration <i>(One-time points earning activity)</i>	25
Biometric Screening or Health Risk Screening	100
Email/Text Sign-Up	10
ASH Connected!™ Activity Tracking	200
225,000 Steps/Movement Merits per Month	50
175,000 Steps/Movement Merits per Month	35
100,000 Steps/Movement Merits per Month	25
Online Classes (10 points per class; maximum of five)	50
Quarterly Well-Being Challenges (25 points per quarter)	100
Online Attestations (50 points for a Preventive Screening attestation; all others are 10 points each)	100

## Earn an additional \$200 with Connected! activity tracking.

Take your activity to the next level! Each quarter, track at least 750,000 steps/Movement Merits to earn an additional \$50. Reach the goal every quarter to earn the full \$200.

## Receive up to \$200 in reimbursements.

MVP will reimburse members for expenses associated with activities, tools, and apps that enhance their well-being.

See reverse side for more information about online tools.



Receive up to \$600 per contract, per calendar year. The subscriber of the health plan must redeem all points by December 31 or they will be forfeited for that calendar year. \$600 WellBeing Rewards is not available on Vermont Individual Standard plans, Vermont Small Group Standard plans, or New York Essential plans.

myVisitNow is a covered benefit on all fully insured plans and select self-funded plans.



# Online tools that help you stay on track and earn rewards.

## Know Your Numbers

Complete the online *Personal Health Assessment (PHA)*, a survey that helps you identify potential health risks to create a healthier lifestyle.

## Get Connected!®

Sync your account to a variety of popular, wearable fitness devices and apps to track your activity online, anytime.\* The more active you are, the more rewards you can earn! One step is equal to one Movement Merit. Earn 5,000 Movement Merits for every 30 minutes of activity (like biking, swimming, walking) and 10,000 Movement Merits for every workout tracked at a fitness center.

## ASHConnect™

Track your physical activity and earn points by logging workout sessions at more than 41,000 fitness centers and select YMCA locations nationwide. To participate, you will need to download the **ASHConnect App** from the App Store® or Google Play.™

MSG&DATA rates may apply.

## Challenge Yourself

Compete in quarterly well-being challenges.

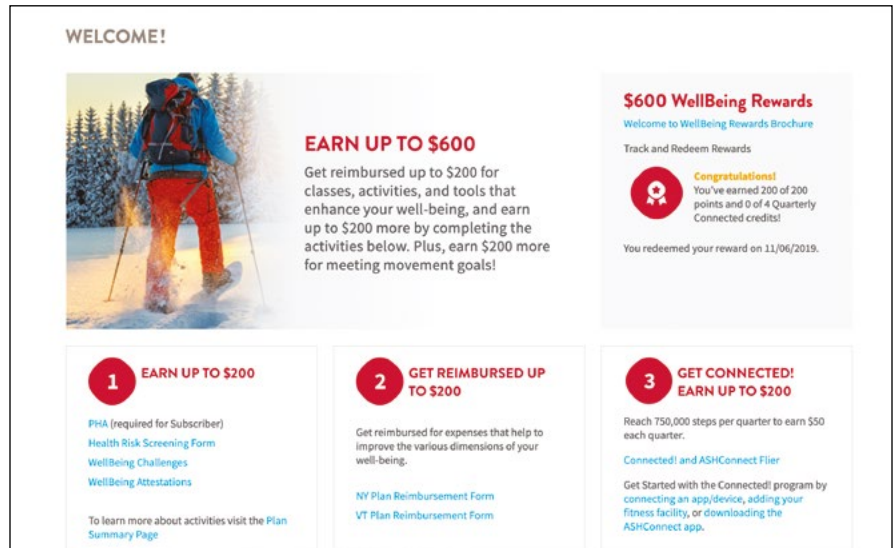
## Document Your Progress

Show that you are taking steps toward improving your overall well-being by completing the online *WellBeing Rewards Attestations*.

## Be Prepared with myVisitNow®

Register for **myVisitNow** online doctor visits and be prepared for when you may need care. Please note that these points may take up to four weeks to process—make sure you register by **December 1**. *Sign Up at [myvisitnow.com](http://myvisitnow.com)*.

## Earning and redeeming is as easy as 1-2-3!



**WELCOME!**

**\$600 WellBeing Rewards**  
Welcome to WellBeing Rewards Brochure  
Track and Redeem Rewards

**EARN UP TO \$600**  
Get reimbursed up to \$200 for classes, activities, and tools that enhance your well-being, and earn up to \$200 more by completing the activities below. Plus, earn \$200 more for meeting movement goals!

**1 EARN UP TO \$200**  
PHA (required for Subscriber)  
Health Risk Screening Form  
WellBeing Challenges  
WellBeing Attestations  
To learn more about activities visit the Plan Summary Page

**2 GET REIMBURSED UP TO \$200**  
Get reimbursed for expenses that help to improve the various dimensions of your well-being.  
NY Plan Reimbursement Form  
VT Plan Reimbursement Form

**3 GET CONNECTED! EARN UP TO \$200**  
Reach 750,000 steps per quarter to earn \$50 each quarter.  
Connected! and ASHConnect Flier  
Get Started with the Connected! program by connecting an app/device, adding your fitness facility, or downloading the ASHConnect app.

**Congratulations!**  
You've earned 200 of 200 points and 0 of 4 Quarterly Connected credits!  
You redeemed your reward on 11/06/2019.

- 1. Sign In to your MVP online account.** Visit [mvphealthcare.com](http://mvphealthcare.com) and *Sign In* or *Register*, then select *Begin Your Path to Well-Being*.
- 2. Complete activities and earn points.** Access your well-being homepage to see what tasks you have completed and if any still need your attention.
- 3. Redeem your earned points.** Points can be redeemed in increments of \$50. Don't forget that you must complete the PHA before the Redeem button will appear on your well-being homepage.

**Important Deadlines:** On January 15 of the new calendar year, your program will reset on your well-being homepage, and it will include credit for all activities completed beginning on January 1. All points must be redeemed no later than December 31 or they will be forfeited permanently.

\*The Healthyroads® program and MVP do not cover the cost of wearable fitness devices/apps. The Healthyroads program is provided by American Specialty Health Management, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Healthyroads Connected! and ASHConnect are registered trademarks of ASH and used with permission herein. Other names and logos may be trademarks of their respective owners.

**myVisitNow** from MVP Health Care is powered by American Well. Regulatory restrictions may apply.

Healthyroads, a well-being program operated by American Specialty Health Management, Inc., (ASH Management), may use and/or provide your plan sponsor, or other entities that have contracted with your plan sponsor to administer your plan, with information (such as program activity points) involving your participation in our programs so that your plan sponsor or its contracted entity can administer the applicable incentive program. ASH Management may also use personal information obtained from your participation in our programs to provide you with other Healthyroads services on behalf of your plan sponsor. By participating in this program, you acknowledge that ASH Management may use and/or provide this information as stated above. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your plan sponsor and they will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status. Incentives may be taxable income that you are responsible to report.

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 doctor can see you now.

Join thousands of MVP Health Care<sup>®</sup> members who use **myVisitNow**<sup>®</sup>. Access 24/7 adult and pediatric urgent care and convenient, self-scheduled appointments with psychiatrists, behavioral health specialists, nutrition and diet specialists, and lactation consultants.

## myVisitNow offers members:

**Convenience.** Have your visit at home, on-the-go, or anywhere from your smartphone, tablet, or computer with a webcam.

**Confidentiality.** Visits are HIPAA\*<sup>\*</sup>-compliant, allowing you to meet safely and securely.


**Availability.** See an urgent care doctor within minutes, or self-schedule same- or next-day appointments.

**Affordability.** Co-pays will be the same as a sick visit to your Primary Care Physician (PCP). If you have a plan where the benefit is subject to the deductible, and have not met your annual deductible, you can save on out-of-pocket costs.

To view costs specific to your health plan, *Log In* at **myvisitnow.com**.

## Use myVisitNow for non-emergency<sup>†</sup> situations when you:

- Can't fit an appointment into your busy schedule
- Are traveling
- Need access to care for your children
- Feel too sick to drive
- Can't access your Primary Care Physician (PCP)

See reverse for steps on how to get started. 

\*HIPAA (Health Insurance Portability and Accountability Act of 1996) is United States legislation that provides data privacy and security provisions for safeguarding medical information.

<sup>†</sup> myVisitNow is not for life-threatening or emergency situations.



## Getting started is easy.

Complete the registration form at [myvisitnow.com](https://myvisitnow.com) and select *Sign Up*.

You'll be asked to provide basic information, such as your *Current Location*, *date of birth*, and *MVP Subscriber ID*. Once your health insurance information is verified, your account will be created.

### Dependent and Spouse Registration

Dependents over the age of 18, including your spouse, must create their own account for claims to process accurately.

To register a dependent under the age of 18 on your account, *Log In* at [myvisitnow.com](https://myvisitnow.com), and choose *My Account*. Select *My Children*, then *Add*.

To register, your dependent(s) and spouse must use their MVP Member ID number.

## Now, schedule your visit!

### 1 Choose the type of visit you want and select a provider.

Using your smartphone, tablet, or computer with a webcam, you'll be face-to-face with a health care professional within minutes or be able to schedule your visit, depending on the service selected.

### 2 Provide payment information.

Prior to your visit, you'll be presented with the appropriate cost. Simply provide your credit/debit card information and authorize payment.

### 3 Look for your visit summary and Explanation of Benefits (EOB).

After your appointment you'll receive a visit summary, which includes your diagnosis, treatment recommendations, and a prescription, if necessary. Share the visit summary with your PCP so he/she is informed of your health history. A claim will automatically be generated and sent to MVP for processing. Once the claim is processed, you'll receive an EOB.

## myVisitNow services:

24/7 Adult  
Urgent Care

Psychiatry

24/7 Pediatric  
Urgent Care

Nutrition  
& Diet

Behavioral  
Health Therapy

Lactation  
Consultations



Download the free **myVisitNow** mobile app from the App Store® or Google Play™



### Trouble logging in or have program questions?

Call myVisitNow Support at 1-855-666-9557.



### Billing or claims questions?

Call the MVP Customer Care Center phone number on the back of your MVP Member ID card.

myVisitNow from MVP Health Care is powered by American Well. Regulatory restrictions may apply.

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.

# MVP Members Save at CVS Pharmacy!



## Save 20% In Store and Online

Prescription benefits from MVP Health Care®, include a 20% discount on CVS Pharmacy brand health-related items.\*

- **Save 20% on thousands of products**, including over-the-counter medications (such as allergy, cold and flu, or pain relievers), contact lens solution, first aid, and oral hygiene products.†
- Use your discount at any CVS Pharmacy location or online at **cv.com**.
- This program is included with most MVP prescription plans at no additional cost to you.

### Start saving today!

If you already have an MVP ExtraCare Health Card, just present it when you make purchases at CVS. New members can visit [bit.ly/extracarehealth](https://bit.ly/extracarehealth) to get started. Need help? Call **1-800-SHOP-CVS**.

## Online and On-the-Go with MVP and CVS Caremark

Your MVP membership comes with a variety of online tools to help you with your prescription drug benefits. *Sign In* to your member account at [mvphealthcare.com](https://mvphealthcare.com) and select *Pharmacy (CVS Caremark)*.

### Learn More about Your Prescription Drug Plan

Stay up-to-date on medication costs, manage your personal health and wellness information, and search for generic medication alternatives to save money.

### Find Ways to Save

From using generic medicines to setting up mail order service for maintenance medications, you can choose the right ways to save money based on your plan and prescriptions.

### Order Prescriptions

Purchase qualified maintenance drugs—at a savings to both you and MVP—and have them delivered right to your door. Use the *Find a Pharmacy* tool at [mvphealthcare.com](https://mvphealthcare.com) to locate participating pharmacies near your home or within a specific zip code.

### Get information About Medications

Learn more about specific drug interactions and possible side effects.

### Download the CVS Caremark Mobile App

- Refill and renew mail service prescriptions.
- Identify unknown pills with the Pill Identifier.
- Check for drug interactions among medications.
- Check order status and prescription history.
- Check drug coverage and cost.
- Find local pharmacies.

For more about the CVS Caremark mobile app, visit [caremark.com/mobile](https://caremark.com/mobile).



\*The 20% discount is restricted to items purchased for the cardholder, spouse, or dependents.

†Excludes prescriptions, alcohol, tobacco, lottery tickets, postage stamps, gift cards, money orders, pre-paid cards, and photofinishing, and are not valid on other items reimbursed by a governmental program. Some exclusions apply. Not available with all plans.

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.

