

MVP - Commercial

Character count: 4240 out of 4250

CommercialOffice Visits \$25/\$0 children per visit ¹Annual Adult
Routine Physicals No copayment

Well Child Care No copayment

Specialty Office Visits \$25 per visit

Diagnostic/Therapeutic ServicesRadiology \$0/\$25 per visit ²

Lab Tests No copayment

Pathology No copayment

EKG/EEG \$25 per visit

Radiation \$25 per visit

Chemotherapy \$25 per visit

Dialysis \$25 per visit

**Women's Health Care/Reproductive
Health**

Pap Tests No copayment

Mammograms No copayment

Prenatal Visits No copayment

Postnatal Visits No copayment

Bone Density Tests No copayment

Breastfeeding
Services and
Equipment ³ No copaymentExternal
Mastectomy
Prosthesis ⁴ 50% coinsurance

Family Planning Services ⁵	\$25 per visit
Infertility Services ⁵	\$25 per visit
Contraceptive Drugs ⁶	No copayment ⁷
Contraceptive Devices ⁶	No copayment ⁷
Inpatient Hospital Surgery	No copayment
Physician	
Facility	
Outpatient Surgery	
Hospital	\$25 per visit
Physician's Office	\$25 per visit
Outpatient Surgery Facility	\$0/\$25 per visit ²
Emergency Department	\$75 per visit, waived if admitted
Urgent Care Facility	\$25 per visit
Ambulance	\$50 per trip
Telemedicine	No copayment
Outpatient Mental Health	\$25 per visit, unlimited
Individual	
Group	
Inpatient Mental Health	No copayment, unlimited
Outpatient Drug/Alcohol Rehab ⁸	\$25 per visit, unlimited
Inpatient Drug/Alcohol Rehab ⁸	No copayment, unlimited

Durable Medical Equipment	50% coinsurance
Prosthetics	50% coinsurance
Orthotics	50% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient	No copayment, 2 mos max per condition
Outpatient Physical or Occupational Therapy	\$25 per visit, 30 visits max combined
Outpatient Speech Therapy	\$25 per visit, 30 visits max combined
Diabetic Supplies ⁹	\$25 per boxed item, 31-day supply
Retail	
Mail Order	
Insulin and Oral Agents ⁹	\$25 per boxed item, 31-day supply
Retail	
Mail Order	
Diabetic Shoes	50% coinsurance, unlimited pairs when medically necessary
Weight Loss/Bariatric Surgery	Covered in full at center of excellence with approval
Hospice	No copayment, 210 days max
Skilled Nursing Facility	No copayment, 45 days max per calendar year
Prescription Drugs	
Retail	\$0 Tier 1/\$30 Tier 2/\$50 Tier 3, 30-day supply
Mail Order	\$0 Tier 1/\$75 Tier 2/\$125 Tier 3, up to 90-day supply

Additional Prescription Drug Related Information

If a brand-name Rx is requested over the prescribed generic, you pay the difference between the cost of the two Rx plus Tier 1 copay. This includes fertility, injectable, self-injectable and enteral formula. Approved generic contraceptive Rx, devices and those without a generic equivalent are covered at 100% under retail and mail order.

Specialty Drugs

Retail covered as noted. 30-day supply limit. Prior auth may be required. 30-day supply through Specialty Pharmacy. Required to use Caremark Specialty.

Additional Benefits

Annual Out-of-Pocket Maximum (In-Network Benefits)

\$6,350 Individual/\$12,700 Family per year

Dental

\$25 preventive visit to age 19

Vision

\$25 per exam every 24 mos-routine only

Hearing Aids

Not covered

Out of Area

Emergencies only

Additional Benefits HMOs (as applicable)

Plan Highlights for 2021

\$0 PCP visits to age 26, \$0 Telemedicine, \$0 Retail & Mail-Order Rx for Tier 1 generic. \$0 copay Preferred Provider Network: laboratory, radiology, & ambulatory/outpatient surgery services. \$600 Wellness Rewards.
 10

Participating Physicians

MVP provides services through 44,400+ physicians and practitioners throughout its service area.

Affiliated Hospitals

Coverage at participating hospitals where MVP physician has admitting privileges. May be directed to other hospitals to meet special needs when medically necessary with prior auth from MVP.

Pharmacies and Prescriptions

Virtually all pharmacy chain stores & many independent pharmacies within MVP service area participate. MVP offers mail-order service for select maintenance drugs. MVP offers a closed formulary.

We offer an incented formulary.

Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in MVP Preferred Gold, MVP's Medicare Advantage Plan. Some copays may vary from the MVP HMO copays.

Plan Mailing Address

Name: MVP Health Care

Address: P.O. Box 2207
>625 State Street

Address:

City: Schenectady

State: NY

Zip: 12301-2207

Additional Addresses

Information Numbers

Customer Service: 1-888-MVP-MBRS (687-6277)

TTY: 1-800-662-1220

Website

www.mvphealthcare.com

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code number 058

A IPA HMO serving individuals living or working in the following select counties:

Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming and Yates

NYSHIP Code number 060

A IPA HMO serving individuals living or working in the following select counties:

Albany, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington

NYSHIP Code number 330

A IPA HMO serving individuals living or working in the following select counties:

Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, Tioga and Tompkins

NYSHIP Code number 340

A IPA HMO serving individuals living or working in the following select counties:

NYSHIP Code number 360

A IPA HMO serving individuals living or working in the following select counties:

Clinton, Essex, Franklin and St. Lawrence

Comments for DCS

Footnotes:

1.

children (newborn up to age 26)
2.

\$0 Copayment at Preferred Provider Facilities which can be located at <https://www.mvphealthcare.com/members/find-a-doctor> or call MVP Customer Care.
3.

Refer to the Certificate of Coverage for requirements/provider specifications regarding Breastfeeding Services & Equipment.
4.

Contact MVP for additional information regarding prior authorizations, quantity limits, participating providers, etc.
5.

Refer to Certificate Of Coverage for requirements regarding Infertility Services.
6.

Over-the-counter contraceptives are not covered.
7.

Brand-name contraceptives with generic equivalents require member payment of the difference in cost between the generic and brand-name drugs, plus the Tier 1 copayment.
8.

Refer to Certificate of Coverage for requirements regarding Substance Use Disorder.
9.

Refer to Certificate of Coverage for requirements regarding Diabetic Supplies.
10.

Refer to Certificate of Coverage for requirements regarding Wellbeing Rewards.
11.

Prior Authorization may be required.