



MVP Liberty Silver 7	COVERAGE INFORMATION
Plan Cost-Sharing Highlights	
Annual Deductible	\$3,000 Person/\$6,000 Family - Embedded
Coinsurance	As Noted Below
Annual Out-of-Pocket Maximum	\$7,350 Person/\$14,700 Family - Embedded
Primary Care Physician Office Visits	\$30 copay
Specialist Office Visits	\$40 copay*
Preventive & Well Care Services	
Well Child Care & Immunizations	Covered in Full For a full list of covered preventive care services, visit www.mvphealthcare.com
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	PCP: \$30 copay/Spec: \$40 copay
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)	\$40 copay*
Allergy Services	\$40 copay*
Chemotherapy	\$40 copay*
Inpatient Services - Hospital	
Medical/Surgical Admissions	\$500 copay*
Surgical Services	\$0 copay*
Inpatient Physical Rehabilitation	\$500 copay*
Outpatient Hospital Services	
Hospital Rehab Services (PT/OT/ST)	\$40 copay*
Diagnostic Laboratory Services	\$40 copay
Diagnostic X-ray	\$85 copay*
Advanced Imaging Services (CT/PET scans, MRIs)	\$150 copay*
Ambulatory/Outpatient Surgery	\$150 copay*
Emergency Care	
Emergency Room (ER) Visit	\$200 copay*
Urgent Care Centers	\$40 copay*
Ambulance (Emergency Medical Transportation)	\$200 copay*
Behavioral Health Services	
Mental Health Inpatient Hospital	\$500 copay*
Mental Health Outpatient	\$30 copay
Substance Abuse Inpatient Hospital	\$500 copay*
Substance Abuse Outpatient	\$30 copay
Residential Treatment	\$500 copay*
Psychiatry Office Visits	\$30 copay

* Denotes that a deductible applies to this benefit

New York
Plan Name: MVP Liberty Silver 7
Plan Form: NY-EPO-SS-007-N (2018)
Plan Status: Active



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Maternity Services	
Prenatal Office Visit	Covered in Full
Physician Delivery	\$0 copay*
Inpatient Hospital Services	\$500 copay*
Other Services	
Skilled Nursing Facility	\$500 copay*
Home Health Care	\$40 copay*
Hospice	Inpt: \$500 copay* / Outpt: \$40 copay*
Durable Medical Equipment	50% coinsurance*
Diabetic Supplies & Equipment	\$30 copay
Chiropractic Benefit	\$40 copay*
Prescription Coverage	
Tier 1	Pharm: \$10 copay/Mail: \$25 copay
Tier 2	Pharm: \$40 copay/Mail: \$100 copay
Tier 3	Pharm: \$60 copay/Mail: \$150 copay
Prescription Drug Deductible	None
Vision Care	
Adult Vision Care	\$40 copay*
Pediatric Vision Care	\$40 copay*
Other Plan Features	
Wellness Benefits	\$325 allowance
Plan Highlights	Acupuncture, CIGNA, Adult Vision,myVisitNow (Telemedicine) - +++NEW for 2018 Pediatric Dental and Preferred Provider Facility+++

*** 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**SM - 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.

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