New York
Plan Name: MVP Liberty HDHP Bronze 3
Plan Form: NY-EPOH-SB-003-N (2018)
Plan Status: Active

MVP Liberty HDHP Bronze 3	COVERAGE INFORMATION
Plan Cost-Sharing Highlights	
Annual Deductible	$5,900 Person/$11,800 Family - Embedded
Coinsurance	30% Person/30% Family
Annual Out-of-Pocket Maximum	$6,550 Person/$13,100 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 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: $50 copay*
Diagnostic X-ray	PCP: $30 copay*/Spec: $100 copay*
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: $200 copay*/Free-Stnd: $200 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)	$50 copay*
Diagnostic Laboratory Services	$50 copay*
Diagnostic X-ray	$100 copay*
Advanced Imaging Services (CT/PET scans, MRIs)	$200 copay*
Ambulatory/Outpatient Surgery	$100 copay*
Emergency Care	
Emergency Room (ER) Visit	$300 copay*
Urgent Care Centers	$50 copay*
Ambulance (Emergency Medical Transportation)	$300 copay*
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**

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MVP Liberty HDHP Bronze 3	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	$50 copay*
Hospice	Inpt: 30% coinsurance* / Outpt: $50 copay*
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: $40 copay*/Mail: $100 copay*
Tier 3	Pharm: $60 copay*/Mail: $150 copay*
Prescription Drug Deductible	Subject to annual deductible
Vision Care	
Adult Vision Care	$50 copay*
Pediatric Vision Care	$50 copay*
Other Plan Features	
Wellness Benefits	$325 allowance
Plan Highlights	Acupuncture, preventive drug No DD, CIGNA, Adult Vision,Telemedicine, +++NEW for 2018 Pediatric Dental and Preferred Provider Facility+++

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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.