



# MVP Healthy NY High-Deductible HMO

## Summary of Benefits

\$1,250/\$2,500 In-System Deductible

### SERVICE CATEGORY

### IN-SYSTEM (REGULAR HMO)

Using MVP's Network of providers

<b>Annual Deductible<sup>1</sup></b>	<i>All family members' expenses are subject to the family deductible and annual out-of-pocket amounts</i>	\$1,250 single/\$2,500 per family <sup>2</sup>
<b>Coinsurance</b>		MVP covers at 100% of allowable charges (Less any applicable deductible and copayment)
<b>Annual Out-of-Pocket Max.</b>	<i>All family members' expenses are subject to the family deductible and annual out-of-pocket amounts</i>	\$6,050 single/\$12,100 per family <sup>2</sup>
<b>Lifetime Max. Benefit Payable</b>		Unlimited
<b>Preventive and Well Care Services<sup>3</sup></b>	Mammography Screening Cervical Cytology Screening Prostate Cancer Screening Adult Physicals (Once every 3 years only) Adult Immunizations Preventive & Primary Care Immunizations Scheduled Well-Child Visits	No Charge (Deductible does not apply)
<b>Physician Services</b>	Diagnostic & Treatment Services Consultant & Referral Services Anesthesia Services Second Surgical Opinion Second Opinion for Cancer Surgical Services (Including breast reconstruction following a mastectomy)	\$20 Copay/Visit After deductible is met 20% Copay or \$200 <sup>4</sup> after deductible is met
<b>Maternity</b>	Prenatal Care  Delivery Post-Natal Care Home Visit	Deductible does not apply, \$10 Copayment/Visit <b>After deductible is met:</b> 20% Copay or \$200 <sup>4</sup> \$10 Copay/Visit No Charge
<b>Inpatient Hospital Services</b> Including Inpatient Maternity Care	Daily Room & Board; General Nursing Care; Special Diets; Miscellaneous Hospital Services & Supplies	\$500 Copay per continuous confinement <sup>5</sup> after deductible is met
<b>Outpatient Hospital Services</b>	Outpatient Surgery	\$75 Facility Copay after deductible is met
<b>Emergency Room (ER) Visit</b>	Copay waived when followed by hospitalization	\$50 Copay/Visit after deductible is met
<b>Urgent Care Center</b>		
<b>Diabetic Equipment &amp; Supplies and Self-Management Education</b>	• Visit for Self-Management Education • Each Item of Equipment • 34-Day Supply of Insulin, Hypoglycemics and Supplies	
<b>Pre-Admission Testing</b>		
<b>Diagnostic X-Ray &amp; Lab Services</b>		
<b>Therapeutic Services</b>	Radiological Services, Chemotherapy, Hemodialysis	\$20 Copay/Visit after deductible is met
<b>Blood and Blood Products</b>		
<b>Physical Therapy</b>	30 post-hospital or post-surgical visits max./calendar year	
<b>Home Health Care</b>	40 post-hospital or post-surgical visits max./calendar year	
<b>Outpatient Hospital Services</b>	Diagnostic & Treatment Services	

<sup>1</sup>Services covered as noted after satisfaction of the annual deductible.

<sup>2</sup>The entire family deductible must be met by any individual or any combination of covered family members before any individual would receive payment for covered services under the policy, other than preventive services (noted above).

<sup>3</sup>This represents a partial list of preventive services covered under this Plan. MVP will also cover all preventive services as required under the Patient Protection and Affordable Care Act of 2010 (PPACA). For a full listing of the PPACA preventive services, including any applicable limitations, please visit [www.mvphealthcare.com](http://www.mvphealthcare.com).

<sup>4</sup>Whichever is less.

<sup>5</sup>The \$500 Copay will apply to each continuous confinement including maternity and emergency admissions.

## About the plan

The Healthy NY plan that is available for purchase is a high-deductible health plan. A high-deductible health plan is a health insurance policy that requires you to pay for most health care expenses up to a certain dollar amount before the insurance policy begins to cover them. It has an individual deductible or a family deductible for the plan year, adjusted annually for inflation. Only expenses for benefits covered under the Healthy NY plan count towards the deductible. Amounts paid towards copayments do not count towards satisfaction of the deductible.

The family deductible applies to all family members. If you have a family deductible, no member of your family may receive insurance coverage for services unless the entire family deductible has been satisfied either by an individual or by a combination of covered family members.

Out-of-pocket expenses for covered benefits, including the deductible and copayments, may not exceed the maximum for individual or family coverage for the plan year. These amounts are also adjusted annually for inflation.

## Here's how it works

### You choose a Primary Care Physician

You must choose a Primary Care Physician (PCP) from our network for you and each covered member of your family. Your current doctor is probably on our list of thousands of participating physicians. To try a doctor search now, go to [www.mvphealthcare.com](http://www.mvphealthcare.com) and click on the Provider Search link at the top of the page, or call 1-888-MVP-MBRS (687-6277).

### Your Primary Care Physician and your health care

Your PCP plays a central role in your health care. For regular check-ups (routine well or preventive care) and basic health screening services, you should consult your Primary Care Physician. These services may not be covered under your contract unless your PCP performs them.

### If you need to see a specialist

MVP's network includes physicians from nearly every medical specialty. If you require specialty care, you must use a participating specialist for coverage.

### Answers and Advice 24/7 Nurse Advice Line

Expert advice is just a phone call away, even on weekends, when you call our 24/7 Nurse Advice Line with any non-emergency questions at 1-888-MVP-MBRS.

### Pre-Existing Conditions:

Pre-Existing Conditions apply only to members over age 18 and covered under Individual and Sole Proprietor Contracts (12 months maximum exclusion, subject to credible coverage offset, when applicable). MVP will credit the amount of time you were previously covered under a health insurance plan/policy (Offset). The previous coverage must be continuous and not more than 63 days prior to the receipt date of a substantially completed application. For example, if you submitted an application to MVP on 10/01/11 and had creditable health insurance coverage from 1/1/11 through 9/30/11 (nine months), pre-existing would apply for 3 additional months.

### Not Covered/Exclusions:

Alcohol and substance abuse treatment services, including detoxification, rehabilitation and prescription drugs, ambulance, cardiac rehabilitation, Cosmetic Surgery, Dental Care, durable medical equipment, employment or insurance physicals, Experimental or Investigational Services, external prosthetics, hospice care, mental health services including prescription drugs, occupational therapy, ostomy supplies, personal comfort items, reversal of voluntary sterilization, Routine Foot Care, skilled nursing facility, speech therapy, Subluxation/Chiropractic coverage, Unauthorized Services, Non-Medically Necessary Care and Vision and Hearing Care including eyeglasses/contact lenses and hearing aids. Services provided by non-participating physicians, providers, or facilities are not covered except in emergencies or unless determined to be medically necessary by and arranged by an MVP physician and the MVP Medical Director.

This chart is intended to provide a general outline of MVP coverage and does not list all of the plan benefits or Not Covered/Exclusions. In the event of any conflict between this document and your Subscriber Contract or Certificate of Coverage and any applicable Rider(s), your contract or Certificate and Rider(s) will be controlling. For details, call MVP at 1-800-TALK-MVP (825-5687). Additional information on this plan can be found on the Healthy NY Web site at [www.healthyny.com](http://www.healthyny.com) or by calling toll-free 1-866-HEALTHY NY (1-866-432-5849).

## Take advantage of our health management programs

### Condition Health and Case Management Programs

Working in partnership with doctors, we help participating members get the care they need, understand their full range of treatment options, and make the most of their benefits when they are living with:

- Asthma
- Cancer (Oncology)
- Chronic Obstructive Pulmonary Disorder (COPD)
- Diabetes
- Dialysis
- Heart Events (heart attack or blockages)
- Heart Failure
- Low Back Pain

We also offer services to help members whose needs require different resources than those provided through our condition specific programs.

- Acute Case Management for members who have complications or other serious health concerns
- Little Footprints<sup>sm</sup> for high-risk pregnancies
- Social work services that help connect members to community resources and services

### Online Wellness Tools and Activities

MVP Health Care's online wellness tools and activities can help you set, track and succeed at reaching the health improvement goals that are important to you.

- Improve your diet
- Manage stress
- Include more physical activity in your busy life
- Manage your emotional health, or track important aspects of physical health, like your blood sugar
- Quit tobacco

### Exclusive Member Discounts

#### From Massage Therapy to Gym Memberships

Enjoy savings on a wide range of health and wellness products and services.



## We are here for you

- Reach our Customer Care Center at 1-888-MVP-MBRS.
- Access [www.mvphealthcare.com](http://www.mvphealthcare.com) to find doctors, compare drug costs, look up benefits, change your address, research hospitals and many other time-saving services.

## **Services Not Covered by Healthy NY**

Because Healthy NY has a streamlined benefits package, certain services are not covered.

Examples of those services include:

- Mental health services and prescription drugs related to mental health services, including treatment for
- depression, anxiety, and attention deficit hyperactivity disorder (ADHD)
- Alcohol and substance abuse treatment and prescription drugs related to alcohol and substance abuse treatment
- Chiropractic care
- Hospice care
- Physical therapy, unless post-surgery or post-hospitalization
- Home health care, unless post-surgery or post-hospitalization
- Ambulance
- Dental, vision, and hearing aids
- Out-of-state treatment, unless in the case of an emergency

# PREVENTIVE HEALTH SERVICES

## covered in full under Federal Health Care Reform

Preventive health services can help you avoid illness and improve your health. Listed below is a summary of the preventive health services that are to be fully covered as part of health care reform (the Patient Protection and Affordable Care Act, or ACA).\*

You do not have to pay for these services when you get them from an MVP-participating (in-network) health care provider and the primary purpose of the office visit is to receive one of these preventive services.

### COVERED PREVENTIVE SERVICES FOR ADULTS

- Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol Misuse screening and counseling in a primary care setting
- Aspirin use for men and women of certain ages
- Blood Pressure screening for all adults
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal Cancer screening for adults over 50 (procedure only covered in full)
- Depression screening for adults in a primary care setting
- Type 2 Diabetes screening for adults with high blood pressure
- Diet counseling for adults at higher risk for chronic disease
- HIV screening for all adults at higher risk
- Immunization vaccines for adults—doses, recommended ages, and recommended populations vary: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza, Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella
- Obesity screening and counseling for all adults in a primary care setting
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Tobacco Use screening for all adults and cessation interventions for tobacco users
- Syphilis screening for all adults at higher risk

**WHAT PREVENTIVE HEALTH SERVICES ARE RIGHT FOR YOU?**  
Talk with your doctor and visit our website ([www.mvphealthcare.com](http://www.mvphealthcare.com)) and click *Live Healthy*, then *Preventive Health*.



### COVERED PREVENTIVE SERVICES FOR WOMEN, INCLUDING PREGNANT WOMEN

- Anemia screening on a routine basis for pregnant women
- Bacteriuria urinary tract or other infection screening for pregnant women
- BRCA counseling about genetic testing for women at higher risk
- Breast Cancer Mammography screenings every 1 to 2 years for women over 40
- Breast Cancer Chemoprevention counseling for women at higher risk
- Breastfeeding interventions to support and promote breastfeeding
- Cervical Cancer screening for sexually active women
- Chlamydia Infection screening for younger women and other women at higher risk
- Contraceptive methods and counseling to prevent unintended pregnancies, as prescribed\*\*
- Domestic and interpersonal violence—screening and counseling to detect and prevent, annually\*\*
- Folic Acid supplements for women who may become pregnant
- Gestational diabetes screening\*\*
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- HIV screening and counseling for sexually active women, annually
- Human papillomavirus (HPV) testing, as part of cervical cancer screening for women over 30\*\*



## PREVENTIVE HEALTH SERVICES

- Lactation counseling and equipment to promote breastfeeding\*\*
- Osteoporosis screening for women over age 60 depending on risk factors
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Sexually transmitted infections counseling for sexually active women, annually\*\*
- Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users
- Syphilis screening for all pregnant women or other women at increased risk
- Well-woman preventive care visits to obtain recommended preventive services, annually\*\*
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns
- Height, Weight and Body Mass Index measurements for children
- Hematocrit or Hemoglobin screening for children
- Hemoglobinopathies or sickle cell screening for newborns
- HIV screening for adolescents at higher risk
- Immunization vaccines for children from birth to age 18—doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza, Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella
- Iron supplements for children ages 6 to 12 months at risk for anemia
- Lead screening for children at risk of exposure
- Medical History for all children throughout development
- Obesity screening and counseling in a primary care setting
- Oral Health risk assessment for young children
- Phenylketonuria (PKU) screening for this genetic disorder in newborns
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis
- Vision screening for all children in a primary care setting

### COVERED PREVENTIVE SERVICES FOR CHILDREN

- Alcohol and Drug Use assessments for adolescents in a primary care setting
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children of all ages
- Blood pressure screening
- Cervical Dysplasia screening for sexually active females
- Congenital Hypothyroidism screening for newborns
- Depression screening for adolescents in a primary care setting
- Developmental screening for children under age 3, and surveillance throughout childhood
- Dyslipidemia screening for children at higher risk of lipid disorders
- Fluoride Chemoprevention supplements for children without fluoride in their water source

***Learn more detailed information on these preventive services at [www.healthcare.gov/center/regulations/prevention/taskforce.html](http://www.healthcare.gov/center/regulations/prevention/taskforce.html).***

\*This document applies to MVP fully-insured plans. Grandfathered and ASO (self-funded) group plans may not be subject to these requirements. This document is intended to provide a general outline regarding preventive services. Also, a member's coverage may include other preventive services in addition to those required by law. Please refer to the member's plan documents for the specific terms of coverage. This information should not be construed as legal or tax advice or as a recommendation of any kind regarding health care reform.

\*\*Effective for new business or renewals beginning August 1, 2012.

"MVP Health Care" is the parent company of MVP Health Insurance Company; MVP Health Plan, Inc.; MVP Health Insurance Company of New Hampshire, Inc.; MVP Health Plan of New Hampshire, Inc.; and MVP Select Care, Inc., which issue or administer health benefit plans. Not all plans available in all states.

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