

<b>MVP Premier Gold 2</b>	<b>COVERAGE INFORMATION</b>
Plan Cost-Sharing Highlights	
<b>Annual Deductible</b>	\$650 Person/\$1,300 Family - Embedded
<b>Coinsurance</b>	As Noted Below
<b>Annual Out-of-Pocket Maximum</b>	\$5,000 Person/\$10,000 Family - Embedded
<b>Primary Care Physician Office Visits</b>	\$25 copay
<b>Specialist Office Visits</b>	\$40 copay*
Preventive & Well Care Services	
<b>Well Child Care &amp; Immunizations</b>	Covered in Full For a full list of covered preventive care services, visit <a href="http://www.mvphealthcare.com">www.mvphealthcare.com</a>
<b>Adult Annual Physical</b>	
<b>Mammography</b>	
<b>Annual Pap Test &amp; Ob/Gyn Exam</b>	
<b>Immunizations for Adults</b>	
<b>Colonoscopy/Sigmoidoscopy Screening</b>	
<b>Bone Density Tests</b>	
Physician Office Services	
<b>Diagnostic Laboratory Services</b>	PCP: \$25 copay/Spec: \$40 copay*
<b>Diagnostic X-ray</b>	PCP: \$25 copay/Spec: \$40 copay*
<b>Advanced Imaging Services</b> (CT/PET scans, MRIs)	Spec: \$40 copay*/Free-Stnd: \$40 copay*
<b>Rehabilitative Services</b> (PT/OT/ST)	\$30 copay*
<b>Allergy Services</b>	\$40 copay*
<b>Chemotherapy</b>	\$25 copay*
Inpatient Services - Hospital	
<b>Medical/Surgical Admissions</b>	\$1,000 copay*
<b>Surgical Services</b>	\$100 copay*
<b>Inpatient Physical Rehabilitation</b>	\$1,000 copay*
Outpatient Hospital Services	
<b>Hospital Rehab Services</b> (PT/OT/ST)	\$30 copay*
<b>Diagnostic Laboratory Services</b>	\$40 copay*
<b>Diagnostic X-ray</b>	\$40 copay*
<b>Advanced Imaging Services</b> (CT/PET scans, MRIs)	\$40 copay*
<b>Ambulatory/Outpatient Surgery</b>	\$100 copay*
Emergency Care	
<b>Emergency Room (ER) Visit</b>	\$150 copay*
<b>Urgent Care Centers</b>	\$60 copay*
<b>Ambulance</b> (Emergency Medical Transportation)	\$150 copay*
Behavioral Health Services	
<b>Mental Health Inpatient Hospital</b>	\$1,000 copay*
<b>Mental Health Outpatient</b>	\$25 copay
<b>Substance Abuse Inpatient Hospital</b>	\$1,000 copay*
<b>Substance Abuse Outpatient</b>	\$25 copay
<b>Residential Treatment</b>	\$1,000 copay*
<b>Psychiatry Office Visits</b>	\$25 copay

\* Denotes that a deductible applies to this benefit

**New York**  
**Plan Name:** MVP Premier Gold 2  
**Plan Form:** NY-HMO-DG-002-S (2017)  
**Plan Status:** Active



<b>MVP Premier Gold 2</b>	<b>COVERAGE INFORMATION</b>
<b>Maternity Services</b>	
<b>Prenatal Office Visit</b>	Covered in Full
<b>Physician Delivery</b>	\$100 copay*
<b>Inpatient Hospital Services</b>	\$1,000 copay*
<b>Other Services</b>	
<b>Skilled Nursing Facility</b>	\$1,000 copay*
<b>Home Health Care</b>	\$25 copay*
<b>Hospice</b>	Inpt: \$1,000 copay* / Outpt: \$25 copay*
<b>Durable Medical Equipment</b>	20% coinsurance*
<b>Diabetic Supplies &amp; Equipment</b>	\$25 copay*
<b>Chiropractic Benefit</b>	\$40 copay*
<b>Prescription Coverage</b>	
<b>Tier 1</b>	Pharm: \$10 copay/Mail: Not covered
<b>Tier 2</b>	Pharm: \$40 copay/Mail: Not covered
<b>Tier 3</b>	Pharm: \$80 copay/Mail: Not covered
<b>Prescription Drug Deductible</b>	None
<b>Vision Care</b>	
<b>Adult Vision Care</b>	Not covered
<b>Pediatric Vision Care</b>	\$25 copay*
<b>Other Plan Features</b>	
<b>Wellness Benefits</b>	\$125 allowance
<b>Plan Highlights</b>	Telemedicine, 3 PCP visits w/ no ded, \$125 in wellness benefits

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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 **DiscoverMVP.com**.

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