

# SECTION 3: MVP PLAN TYPE INFORMATION

These products will be administered according to their respective MVP Certificates/Contracts of Coverage, including the MVP medical management requirements and the MVP claims adjudication processes. Members of these products will have MVP ID cards and member materials including our self-funded groups (who may have customized materials). Members receive member services via the MVP Customer Care Center in either the Schenectady or Rochester, New York call centers and on the MVP website. Similarly, the majority of network physicians and facilities will receive services and claims payment from the Schenectady office and the MVP website. Please note – below are brief overviews of the plans offered by MVP. For additional benefit details please refer to Benefits Display.

### **Essential Plan**

In New York, The Essential Plan (Basic Health Program) is a new Insurance Affordability Program starting in 2016 that will offer qualified individuals and families a choice of plans through the New York State of Health Marketplace. Eligibility requirements include individuals ages 19-64 who reside in New York State, are not eligible for Medicaid or Child Health Plus and have income above 138%-200% of the FPL or at or below 138% of the FPL and ineligible for Medicaid due to immigration status. These plans were built based on an HMO model (Health Maintenance Organization) where members are required to use participating MVP physicians, hospitals and other providers for all covered services.

***\* All MVP VT Vitality, Vitality HDHP, Vitality Plus, Secure and MVP HMO plans will have access to the PHCS national provider network outside the MVP service area for in-network benefits. Members are still required to use participating MVP physicians, hospitals and other providers for all covered services.***

### **MVP VT Vitality\* and Vitality Plus\***

The VT Vitality and Vitality Plus plans, which are available through Vermont Health Connect, were built based on an HMO model (Health Maintenance Organization) where members are required to use participating MVP physicians, hospitals and other providers for all covered services. Upon enrollment, members are required to select a Primary Care Physician (PCP) who is responsible for providing or coordinating and overseeing the member's covered medical services. If specialty care is required, this plan does not require the PCP to submit a referral to MVP. These plans feature a wide variety of deductibles, copayments and/or coinsurance at the various metal levels (Bronze, Silver, Gold & Platinum). All Vermont Vitality Plus Plans include \$50 in wellness rewards for completing a biometric screening. **THESE PLANS HAVE NO OUT-OF-NETWORK BENEFITS.** Members who receive covered services from non-participating providers will pay 100 percent of the actual costs.

### **MVP VT Vitality HDHP\***

The VT Vitality HDHP plans are High-Deductible HMO plans available through Vermont Health Connect and qualified according to federal regulations. These plans can be offered alongside an optional Health Savings Account (HSA). The plans are designed with deductibles, coinsurance and annual out-of-pocket maximums that apply to all benefits, including prescription drugs, consistent with federal guidelines and are available at two metal levels (Bronze & Silver). These HDHP plans also cover preventive care services in full. As an HMO product, these HDHPs require a PCP selection; however, referrals are not necessary for specialty care. **THESE PLANS HAVE NO OUT-OF-NETWORK BENEFITS.** Members who receive covered services from non-participating providers will pay 100 percent of the actual costs.

### **MVP Premier and Premier Plus**

The NY Premier plans, which are available for Individuals directly from MVP and on the New York State of Health Marketplace or to Small Groups on the New York State of Health Marketplace, were built based on an HMO model where members are required to use participating MVP physicians, hospitals and other providers for all covered services. Upon enrollment, members are required to select a PCP who is responsible for providing or coordinating and overseeing the member's covered medical services. If specialty care is required,

these plans do not require the PCP to submit a referral to MVP. These plans feature a wide variety of deductibles, copayments and/or coinsurance at the various metal levels (Bronze, Silver, Gold & Platinum).

**THESE PLANS HAVE NO OUT-OF-NETWORK BENEFITS.** Members who receive covered services from non-participating providers will pay 100 percent of the actual costs. MVP Premier Plus plans include a dependent child(ren) \$1,000 out-of-area (outside MVP's network of providers) benefit, subject to preauthorization (except for emergency care). Services received out-of-area are subject to the applicable in-network member cost-share.

### **MVP Premier Plus HDHP**

The MVP Premier Plus HDHP plans are High-Deductible HMO plans available for Individuals directly from MVP and on the New York State of Health Marketplace and to Small Groups on the New York State of Health Marketplace, and are qualified according to federal regulations. These plans can be offered alongside an optional HSA. The plans are designed with deductibles, coinsurance and annual out-of-pocket maximums that apply to all benefits, including prescription drugs, consistent with federal guidelines and are available at three metal levels (Bronze, Silver & Gold). These HDHP plans also cover preventive care services not subject to the deductible; these services are covered in full. As an HMO product, these HDHPs require a PCP selection; however, referrals are not necessary for specialty care. **THESE PLANS HAVE NO OUT-OF-NETWORK BENEFITS.** Members who receive covered services from non-participating providers will pay 100 percent of the actual costs. MVP Premier Plus HDHP plans include a dependent child(ren) \$1,000 out-of-area (outside MVP's network of providers) benefit, subject to preauthorization (except for emergency care). Services received out-of-area are subject to the applicable in-network member cost-share.

### **MVP Liberty**

The Liberty plans are available to Small Groups directly from MVP and are available as either an EPO (Exclusive Provider Organization/Plan) or PPO (Preferred Provider Organization/Plan). These plans do not require PCP selection or referrals for specialty care. Members are required to use participating MVP physicians, hospitals and other providers for all covered services as well as the Cigna national provider network outside the MVP network area for in-network benefits. These plans feature a wide variety of deductibles (some of which are high), copayments and/or coinsurance at the various metal levels (Bronze, Silver, Gold & Platinum).

### **MVP Liberty HDHP**

The Liberty HDHP plans are High-Deductible EPO and PPO plans which are available to Small Groups directly from MVP and are qualified according to federal regulations. These plans can be offered alongside an optional HSA. The plans are designed with deductibles, coinsurance and annual out-of-pocket maximums that apply to all benefits, including prescription drugs, consistent with federal guidelines and are available at three metal levels (Bronze, Silver & Gold). As an EPO or PPO product, these HDHPs do not require PCP selection or referrals for specialty care. These HDHP plans cover preventive care services not subject to the deductible; these services are covered in full..

### **MVP Secure NY & VT\***

The Secure plans are catastrophic policies which are available on the New York State of Health Marketplace (formerly known as NY Exchange) and Vermont Health Connect (formerly known as VT Exchange). They were built based on an HMO. Members are required to use participating MVP physicians, hospitals and other providers for all covered services. Upon enrollment, members are required to select a PCP who is responsible for providing or coordinating and overseeing the member's covered medical services. If specialty care is required, this plan does not require the PCP to submit a referral to MVP. These plans feature three PCP visits and preventive care services covered in full; all other covered benefits are subject to deductible and/or applicable cost-share (copay/coinsurance). **THESE PLANS HAVE NO OUT-OF-NETWORK BENEFITS.** Members who receive covered services from non-participating providers will pay 100 percent of the actual costs.

### HQNet

The HQNet plans are available directly from MVP or offered via the New York State of Health Marketplace in three counties: Dutchess, Putnam and Ulster. They are HMO plans. These plans do not require PCP selection or referrals for specialty care. Members are required to use participating MVP physicians, hospitals and other providers for all covered services. These plans feature deductibles, copayments and/or coinsurance at the Gold and Platinum metal levels. **THESE PLANS HAVE NO OUT-OF-NETWORK BENEFITS.** Members who receive covered services from non-participating providers will pay 100 percent of the actual costs.

### MVP HMO

Available in New York and Vermont\*. This is MVP's traditional HMO plan. Members are required to use participating MVP physicians, hospitals and other providers for all covered services. Upon enrollment, members are required to select a PCP who is responsible for providing or coordinating and overseeing the member's covered medical services. If specialty care is required, this plan does not require the PCP to submit a referral to MVP. **THIS PLAN HAS NO OUT-OF-NETWORK BENEFITS.** Members who receive covered services from non-participating providers will pay 100 percent of the actual costs.

### MVP HealthyNY

MVP continues to offer a comparable "off exchange" Commercial HMO metal level plan (Gold Plan), directly from MVP to small groups. Individuals and sole proprietors are able to choose from several plans both "on" and "off" of the exchange.

### MVP POS

Available in New York. The MVP POS adds an "out-of-system" benefit to the traditional MVP HMO plan. "Out-of-system" means the member can receive covered services from a non-participating provider. Out-of-system benefits are subject to deductible and coinsurance payments by the members instead of copayments (as in the HMO). For "in-system" coverage MVP POS with an MVP POS plan, the member must access services in accordance with the traditional HMO plan described above. If specialty care is required, this plan does not require the PCP to submit a referral to MVP.

### MVP Preferred EPO

Available in New York and Vermont. The MVP Preferred EPO plan does not require PCP selection or referrals for specialty care. Members have access to the entire MVP network, as well as to the Cigna national provider network outside the MVP network area for in-network benefits. This plan type features a wide variety of deductibles (some of which are high), copayments and/or coinsurance. **THIS PLAN HAS NO OUT-OF-NETWORK BENEFITS.** Members who receive covered services from non-participating providers will pay 100 percent of the actual costs. Most of the MVP Preferred plans include MVP's WellStyle Extras, which provides members with access to an online personal health assessment and other tools and services that promote wellness, healthy behaviors and lifestyles, including a Health Risk Screening Form that members may bring to an office visit. Members can earn rewards for getting health screenings and having optimal or borderline results (detailed on the form).

### MVP Preferred High-Deductible EPO

Available in New York and Vermont. MVP's High-Deductible EPO plans are qualified according to federal regulations to be offered alongside a HSA. The MVP Preferred HDHP plans are designed with coinsurance and/or copays after deductibles and annual out-of-pocket maximums that apply to all benefits, including prescription drugs, consistent with federal guidelines. These HDHP plans also cover certain preventive care services not subject to the deductible, and in some plans are covered in full. As an EPO product, these HDHP EPOs do not require PCP selection or referrals for specialty care. Members have access to the entire MVP network, as well as to the Cigna national provider network outside the MVP network area for In Network benefits. **THIS PLAN HAS NO OUT-OF-NETWORK BENEFITS.** Members who receive covered services from non-participating providers will pay 100 percent of the actual costs. The MVP Preferred HDHP EPO includes MVP's WellStyle Extras (described under MVP Preferred EPO).

### **TriVantage EPO**

Available in New York and Vermont. The MVP TriVantage plan is a unique EPO that offers employees three specially designed plan options under one umbrella MVP Preferred EPO plan. The options are: Active Lifestyles, Family Focus and Healthy Alternatives. Each of these options has a customized copayment schedule that meets the needs of the lifestyle noted. Other features include the Cigna national network and WellStyle Extras (described under MVP Preferred EPO). The standard rules and attributes of an EPO product as described above also apply. **THIS PLAN HAS NO OUT-OF-NETWORK BENEFITS.**

### **MVP Preferred PPO**

Available in New York and Vermont. PPO means “Preferred Provider Organization/Plan.” The MVP Preferred PPO plan is an insurance plan offering members in-network and out-of-network benefits. In-network providers (preferred providers) are participating MVP physicians, hospitals and other health care providers and include the Cigna national network. Members do not select a PCP nor obtain referrals for specialty care. Members can self-refer to a preferred or non-preferred provider for covered services. Members who receive covered services from non-preferred providers will pay higher out-of-pocket costs. Some services may be limited with non-preferred providers, or covered through preferred providers only. The MVP Preferred PPO includes WellStyle Extras (described under MVP Preferred EPO).

### **MVP Preferred High-Deductible PPO**

Available in New York and Vermont. MVP’s High-Deductible Health Plan (HDHP) PPO plans are qualified according to Federal regulations to be offered alongside an HSA. The MVP Preferred HDHP PPO plans are designed with coinsurance and/or copays after deductible and annual out-of-pocket maximums that apply to all benefits, including prescription drugs, consistent with federal guidelines. These HDHP PPO plans also cover certain preventive care services which are not subject to the deductible, and in some plans are covered in full. As a PPO plan, the MVP Preferred HDHP PPO plan is an insurance plan offering members in-network and out-of-network benefits. In-network providers are participating MVP physicians, hospitals and other health care providers and the Cigna national network. Members do not select a PCP nor must they obtain referrals for specialty care. Members can self-refer to a preferred or non-preferred provider for covered services. Members who receive covered services from non-preferred providers will pay higher out-of-pocket costs. Some services may be limited with non-preferred providers, or covered through preferred providers only. The MVP Preferred HDHP PPO includes WellStyle Extras (described under MVP Preferred EPO).

### **MVP Select Care**

Available in New York and Vermont. MVP Select Care is the MVP company that provides fee-based administrative services to companies who self-insure their employee health benefits. Employers have the flexibility of choosing and customizing the standard plan types including PPO, EPO, HDHPs and Indemnity plans. Members may be responsible for copayments, deductibles and coinsurance based on the plan type chosen.

### **Riders**

Riders are available for the commercial group plans described above to enhance or alter the standard core plan benefits. Some common riders include:

- Changing visit/day limits on certain benefits
- Dental or vision benefits
- Copayment changes for inpatient/outpatient hospital surgery/emergency room services
- Prescription drug coverage options

### **Preferred Gold HMO-POS and GoldValue HMO-POS**

Preferred Gold and GoldValue are Medicare Advantage HMO-POS plans specifically designed for Medicare-eligible individuals. Members are required to select a PCP. These plans' options are offered with Part D prescription drug coverage. These members have a limit to how much they must pay out-of-pocket each year for medical services that are covered under Medicare Part A and Part B. When a member reaches the maximum out-of-pocket payment amount, they will not have to pay any out-of-pocket costs for the remainder of the calendar year for covered Part A and Part B services. Eyewear and Acupuncture services do not apply to the out-of-pocket maximum.

### **GoldAnywhere PPO and BasiCare PPO**

GoldPPO is a Medicare Advantage PPO plan specifically designed for Medicare-eligible individuals. GoldPPO and BasiCare offer members the option of using out of network providers for a higher cost sharing. This plan's options are only offered with Part D prescription drug coverage. PPO members have separate in network and catastrophic limits to how much they must pay out-of-pocket each year for medical services that are covered under Medicare Part A and Part B. The catastrophic out-of-pocket maximum is the maximum amount a member must pay during the calendar year for covered Part A and Part B services received from both in-network and out-of-network providers. Once they have reached the maximum for covered services, they will have 100 percent coverage and will not have any out-of-pocket costs for the remainder of the year for covered Part A and Part B services. Eyewear and acupuncture services do not apply to the out-of-pocket maximum.

### **USA Care PPO**

USA Care is a Medicare Advantage PPO plan specifically designed for Medicare-eligible individuals. USA Care offers members the option of using out-of-network providers anywhere in the United States. This plan's options are only offered with Part D prescription drug coverage. Members may also reside permanently outside the MVP service area. PPO members have separate in network and catastrophic limits to how much they must pay out-of-pocket each year for medical services that are covered under Medicare Part A and part B. The catastrophic out-of-pocket maximum is the maximum amount a member must pay during the calendar year for covered Part A and Part B services received from both in-network and out-of-network providers. Once they have reached the maximum for covered services, they will have 100 percent coverage and will not have any out-of-pocket costs for the remainder of the year for covered Part A and Part B services. Eyewear and acupuncture services do not apply to the out-of-pocket maximum.

### **MVP SmartFund MSA**

MVP's Smartfund, introduced on 1/1/16, is a High-Deductible Health Plan paired with a Medical Savings Account. It is offered to both Individuals and Employer Group Medicare Eligibles. The plan covers only Medicare Part A and Part B services. The MSA product does not cover Part D prescription drugs. Members must purchase a separate PDP for Rx coverage. MVP Medicare-participating providers par with this product as it is a Medicare Advantage product, yet members may utilize any Medicare-approved provider that agrees to see the member. For Medicare A/B services, the member pays 100% of the costs until they reach the deductible, then MVP pays 100% of the A/B services. MVP makes an annual contribution to the member's MSA account upon enrollment.

### **MVP RxCare PDP**

The MVP RxCare PDP is a standalone prescription drug plan (PDP) for employer group members with Medicare Parts A and B. PDP members enrolled in MVP RxCare may or may not have Commercial medical coverage through their employer group. This plan covers Medicare Part D drugs only. Any medications or supplies that are considered Part B must be billed to Original Medicare. PDP members with a Commercial medical product through MVP will have limited coverage for Diabetic Testing and Insulin Pump Supplies, as mandated by the state.

### **MVP Medicaid Managed Care**

MVP's (Medicaid Managed Care (MMC) plan is offered through New York State for Medicaid-eligible members residing in counties within MVP's Medicaid licensed service area. Members are required to select a PCP upon enrollment. Members must use MVP providers who have contracted to provide services to Government Program (Medicaid and Child Health Plus) enrollees unless MVP gives prior authorization for the service. MVP providers not contracted for Government Programs must obtain prior authorization before treating an MVP MMC member. This plan has benefits and carve-outs established by the New York State Medicaid Managed Care program. There are no deductibles or coinsurance associated with this plan. There are minimal copayments for prescription drugs and supplies.

### **MVP Child Health Plus**

Child Health Plus is a plan for children ages 18 and younger who do not have insurance, are Medicaid-ineligible and reside in counties within MVP's licensed Child Health Plus service area. Members are required to select a PCP upon enrollment. Members must use MVP providers who have contracted to provide services to Government Program (Medicaid and Child Health Plus) enrollees unless MVP gives prior authorization for the service. MVP providers not contracted for government programs must obtain prior authorization before treating an MVP Child Health Plus member. This plan has no copayments, deductibles, or coinsurance. There are some visit limits for select benefits.

**Sample ID Cards**

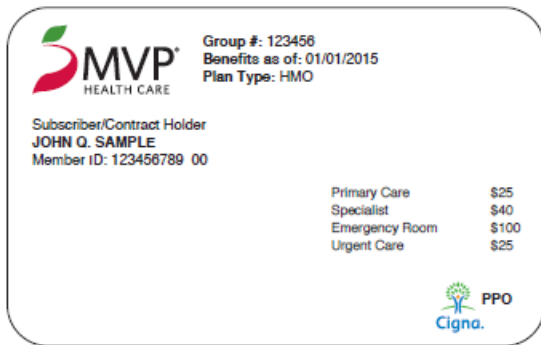
Samples of MVP member ID cards appear below. Please ask to see a member’s ID card if one is not presented.

**Essential Plan**



**HMO**

- Primary Care Physician required
- No referral required
- Copayments for PCP and Specialist listed
- No out-of-network benefits






**ASO**

- MVP Administrative Services Only (ASO) for self-funded employer groups
- No referrals required
- Benefits unique to each employer group
- Employer name appears on the card


**ABC Company**  
Sample Plan Name



Group#: XXXXXX  
Benefits as of: 10/01/2011  
Plan Type: EPO


**Subscriber/Contract Holder**  
JOHN SMITH  
Member ID XXXXXXXXXX 00

Member ID	Member Name	Primary Care	Specialist	Emergency Room	Urgent Care
XXXXXXXXXX 01	Sample Dependent 1	XXX	XXX	XXX	XXX
XXXXXXXXXX 02	Sample Dependent 2	XXX	XXX	XXX	XXX
XXXXXXXXXX 03	Sample Dependent 3	XXX	XXX	XXX	XXX
XXXXXXXXXX 04	Sample Dependent 4	XXX	XXX	XXX	XXX



**Point of Service (POS)**


- Point of Service (POS) plan
- Copayments for PCP and Specialist listed
- Primary Care Physician required



Group#: XXXXXX  
Benefits as of: 02/01/2011  
Plan Type: HMO/Point of Service


**Subscriber/Contract Holder**  
JOHN SMITH  
Member ID XXXXXXXXXX 00

Member ID	Member Name	Primary Care	Specialist	Emergency Room	Urgent Care
XXXXXXXXXX 01	Sample Dependent 1	XXX	XXX	XXX	XXX
XXXXXXXXXX 02	Sample Dependent 2	XXX	XXX	XXX	XXX
XXXXXXXXXX 03	Sample Dependent 3	XXX	XXX	XXX	XXX
XXXXXXXXXX 04	Sample Dependent 4	XXX	XXX	XXX	XXX



**TriVantage EPO**


- Exclusive Provider Organization (EPO)
- No referrals required
- No Primary Care Physician required
- Access to Cigna HealthCare’s PPO national network



Group#: XXXXXX  
Benefits as of: 02/01/2011  
Plan Type: TriVantage EPO  
VT04B Family Focus

**Subscriber/Contract Holder**  
JOHN SMITH  
Member ID XXXXXXXXXX 00

Member ID	Member Name	Primary Care	Specialist	Emergency Room	Urgent Care
XXXXXXXXXX 01	Sample Dependent 1	Age 0-4 XXX	Age 5-18 XXX	Age 19+ XXX	XXX
XXXXXXXXXX 02	Sample Dependent 2	XXX	XXX	XXX	XXX
XXXXXXXXXX 03	Sample Dependent 3	XXX	XXX	XXX	XXX
XXXXXXXXXX 04	Sample Dependent 4	XXX	XXX	XXX	XXX



**BENEFITS PROVIDED BY:** MVP Health Plan, Inc., 625 State Street, P.O. Box 2207 Schenectady, NY 12301-2207

**HEALTH CARE PROVIDERS:** 1-800-684-9286  
**PHARMACISTS:** CVS/loaremark (RxBIN 004336 / Rx Group MVPCOMM / PCN ADV)



Questions: Call CVS/loaremark at 1-800-364-6331

**MENTAL HEALTH/SUBSTANCE ABUSE HELP:** NY/NH: 1-800-568-0458

**MEMBERS:** Office Visit copays may vary by type of service provided. Refer to your Contract or Certificate of Coverage or an explanation of benefits. CIGNA network available only outside MVP NY, VT, NH Service Area. We encourage you to use a PCP as a valuable resource and personal health advocate.


**Pharmacy Information - Contact CVS/loaremark:** 1-866-284-7134

Questions? Contact the Customer Care Center at 1-888-687-6277; TTY 1-800-662-1220; www.mvphealthcare.com

**MVP Preferred PPO**


- Preferred Provider Organization (PPO) plan
- No Primary Care Physician or referral required
- Out-of-network benefits available, at greater cost
- Access to Cigna HealthCare’s PPO national provider network



Group#: XXXXXX  
Benefits as of: 02/01/2011  
Plan Type: MVP Preferred PPO

**Insured/Subscriber**  
JOHN SMITH  
Insured/Member ID XXXXXXXX 00

Insured/Member ID	Insured/Member Name	Primary Care	Specialist	Emergency Room	Urgent Care
XXXXXXXX 01	Sample Dependent 1	XXX	XXX	XXX	XXX
XXXXXXXX 02	Sample Dependent 2	XXX	XXX	XXX	XXX
XXXXXXXX 03	Sample Dependent 3	XXX	XXX	XXX	XXX
XXXXXXXX 04	Sample Dependent 4	XXX	XXX	XXX	XXX



**BENEFITS PROVIDED BY:** MVP Health Insurance Co., Inc., 625 State Street, P.O. Box 2207 Schenectady, NY 12301-2207



**HEALTH CARE PROVIDERS:** 1-800-684-9286

**PHARMACISTS:** CVS/loaremark (RxBIN 004336 / Rx Group MVPCOMM / PCN ADV)  
Questions: Call CVS/caremark at 1-800-364-6331

**MENTAL HEALTH/SUBSTANCE ABUSE HELP:** NY/NH: 1-800-568-0458  
VT: 1-800-320-5895


**MEMBERS:** Refer to your Contract or Certificate of Coverage for an explanation of benefits.  
CIGNA network available only outside MVP NY, VT, NH Service Area.

**Pharmacy Information - Contact CVS/loaremark:** 1-866-284-7134  
**Questions? Contact the Customer Care Center at:** 1-888-687-6277;  
TTY 1-800-662-1220  
www.mvphealthcare.com

**MVP Preferred EPO**


- Exclusive Provider Organization (EPO) plan
- No referral required
- No out-of-network benefits
- No Primary Care Physician required



Group#: XXXXXX  
Benefits as of: 02/01/2011  
Plan Type: MVP Preferred EPO

**Subscriber/Contract Holder**  
JOHN SMITH  
Member ID XXXXXXXX 00

Member ID	Member Name	Primary Care	Specialist	Emergency Room	Urgent Care
XXXXXXXX 01	Sample Dependent 1	XXX	XXX	XXX	XXX
XXXXXXXX 02	Sample Dependent 2	XXX	XXX	XXX	XXX
XXXXXXXX 03	Sample Dependent 3	XXX	XXX	XXX	XXX
XXXXXXXX 04	Sample Dependent 4	XXX	XXX	XXX	XXX



**BENEFITS PROVIDED BY:** MVP Health Insurance Co., Inc., 625 State Street, P.O. Box 2207 Schenectady, NY 12301-2207

**HEALTH CARE PROVIDERS:** 1-800-684-9286

**PHARMACISTS:** CVS/loaremark (RxBIN 004336 / Rx Group MVPCOMM / PCN ADV)  
Questions: Call CVS/caremark at 1-800-364-6331

**MENTAL HEALTH/SUBSTANCE ABUSE HELP:** NY/NH: 1-800-568-0458  
VT: 1-800-320-5895


**MEMBERS:** Refer to your Contract or Certificate of Coverage for an explanation of benefits.  
CIGNA network available only outside MVP NY, VT, NH Service Area.

**Pharmacy Information - Contact CVS/loaremark:** 1-866-284-7134  
**Questions? Contact the Customer Care Center at:** 1-888-687-6277;  
TTY 1-800-662-1220  
www.mvphealthcare.com




**MVP Medicaid Managed Care**

- Primary Care Physician required
- Pre-authorization required
- Minimal copayments may apply for pharmacy and medical supplies  
Care must be rendered by a participating MVP Government Programs provider
- Pharmacy services through MVP Health Plan, Inc. - special formulary exists
- Outpatient imaging pre-authorization required through MVP
- Dental Care through Healthplex



Group #: 241160  
Benefits as of: 01/01/2016  
Plan Type: MVPPM

Member Name  
JOHN Q. SAMPLE

Member ID: 812345678 00	Primary Care	\$0
Date of Birth: MM/DD/YYYY	Specialist	\$0
CIN: AB12345C	Emergency Room	\$0
	Urgent Care	\$0

PCP Name: PCP, SAMPLE  
PCP Phone Number: 123-456-7890  
PCP Office: PCP, SAMPLE PC

BENEFITS PROVIDED BY: MVP Health Plan, Inc., 625 State Street, P.O. Box 2207, Schenectady, NY 12301-2207

HEALTH CARE PROVIDERS: For provider inquiries, please call 1-800-247-6550 or visit the MVP website at [www.mvphealthcare.com](http://www.mvphealthcare.com).


PHARMACISTS: CVS/caremark (RoBIN 004336 / Rx Group MVP625 / PCN ADV). Questions? Call CVS/caremark at 1-800-364-6331. Copays do not apply to members under the age of 21.

MEMBERS: For questions or assistance, call the MVP Customer Care Center at 1-800-852-7826. For medical advice, call your Primary Care Professional (see front of card for name and number). In an emergency, call 911 or go directly to the nearest hospital emergency room. Refer to your Handbook for an explanation of benefits. Pharmacy Information: Call CVS/caremark at 1-866-832-8077.

MENTAL HEALTH/SUBSTANCE ABUSE HELP: Call 1-800-852-7826. Questions? Contact the Customer Care Center at 1-800-852-7826; TTY 1-800-662-1220. [www.mvphealthcare.com](http://www.mvphealthcare.com)

**Medicaid Managed Care SSI**

- Primary Care Physician required
- Pre-authorization required
- Minimal copayments may apply for pharmacy and medical supplies
- Care must be rendered by a participating Government Programs provider
- Dental Care through Healthplex
- Pharmacy services through MVP Health Plan, Inc. special formulary exists
- Outpatient imaging pre-authorization required through MVP
- Mental health and substance abuse services through NYS fee-for-service Medicaid program (1-800-541-2831)



Group #: 241160  
Benefits as of: 01/01/2016  
Plan Type: MVPMS

*Restricted (Providers call 1-800-247-6550)*

Member Name  
JOHN Q. SAMPLE

Member ID: 812345678 00	Primary Care	\$0
Date of Birth: MM/DD/YYYY	Specialist	\$0
CIN: AB12345C	Emergency Room	\$0
	Urgent Care	\$0

PCP Name: PCP, SAMPLE  
PCP Phone Number: 123-456-7890

BENEFITS PROVIDED BY: MVP Health Plan, Inc., 625 State Street, P.O. Box 2207, Schenectady, NY 12301-2207

HEALTH CARE PROVIDERS: For provider inquiries, please call 1-800-247-6550 or visit the MVP website at [www.mvphealthcare.com](http://www.mvphealthcare.com).

PHARMACISTS: CVS/caremark (RoBIN 004336 / Rx Group MVP COMM / PCN ADV). Questions? Call CVS/caremark at 1-800-364-6331. Copays do not apply to members under the age of 21.

MEMBERS: For questions or assistance, call the MVP Customer Care Center at 1-800-852-7826. For medical advice, call your Primary Care Professional (see front of card for name and number). In an emergency, call 911 or go directly to the nearest hospital emergency room. Refer to your Handbook for an explanation of benefits. Pharmacy Information: Call CVS/caremark at 1-866-832-8077.


Questions? Contact the Customer Care Center at 1-800-852-7826; TTY 1-800-662-1220. [www.mvphealthcare.com](http://www.mvphealthcare.com)

**Medicaid Restricted Member**

If the card says "Restricted Member" in red print, then the member is part of the NYS DOH Restricted Recipient Program. Please call MVP's Provider Services Department for additional information if you see this on an ID card. Restricted Recipients require a referral from their PCP to see a specialist.

**MVP Child Health Plus**

- Primary Care Physician required
- Pre-authorization required
- No copayments
- Care must be rendered by a participating Government Programs provider
- Dental Care through Healthplex
- MVP Commercial Formulary applies
- Outpatient imaging pre-authorization required through MVP



Group #: 241162  
Benefits as of: 01/01/2016  
Plan Type: MVPC

Member Name  
JOHN Q. SAMPLE

Member ID: 812345678 01	Primary Care	\$0
Date of Birth: MM/DD/YYYY	Specialist	\$0
	Emergency Room	\$0
	Urgent Care	\$0

PCP Name: PCP, SAMPLE  
PCP Phone Number: 123-456-7890  
PCP Office: PCP, SAMPLE PC

BENEFITS PROVIDED BY: MVP Health Plan, Inc., 625 State Street,  
P.O. Box 2207, Schenectady, NY 12301-2207

HEALTH CARE PROVIDERS: For provider inquiries, please call 1-800-247-6550  
or visit the MVP website at [www.mvphhealthcare.com](http://www.mvphhealthcare.com).

PHARMACISTS: CVS/caremark (8&BIN 004336 / Rx Group MVPCOMM / PCN ADV).  
Questions? Call CVS/caremark at 1-800-364-6331.  
Copays do not apply to members under the age of 21.


MEMBERS: For questions or assistance, call the MVP Customer Care Center  
at 1-800-852-7826. For medical advice, call your Primary Care Professional  
(see front of card for name and number). In an emergency, call 911 or go  
directly to the nearest hospital emergency room.  
Refer to your Contract for an explanation of benefits.  
Pharmacy Information: Call CVS/caremark at 1-866-832-8077.

MENTAL HEALTH/SUBSTANCE ABUSE HELP: Call 1-800-852-7826.

Questions? Contact the Customer Care Center at 1-800-852-7826;  
TTY 1-800-662-1220. [www.mvphhealthcare.com](http://www.mvphhealthcare.com)

High-Deductible Health Plans


MVP NY/VT High-Deductible Health Plan – PPO



Group #: XXXXXX  
Benefits as of: 02/01/2011  
Plan Type: MVP Preferred High Deductible PPO

Subscriber/Contract Holder  
**JOHN SMITH**  
Member ID: XXXXXXXXXX 00

Member ID	Member Name		
XXXXXXXXXX 01	Sample Dependent 1	In-Network Medical	
XXXXXXXXXX 02	Sample Dependent 2	Coinsurance	XXX
XXXXXXXXXX 03	Sample Dependent 3	Coverage is subject	
XXXXXXXXXX 04	Sample Dependent 4	to a deductible.	



**BENEFITS PROVIDED BY:** MVP Health Insurance Co., Inc., 625 State Street, P.O. Box 2207, Schenectady, NY 12301-2207

**HEALTH CARE PROVIDERS:** 1-800-684-9286

**PHARMACISTS:** CVS/caremark (RxBIN 004336 / Rx Group MVPCOMM / PCN ADV)  
Questions? Call CVS/caremark at 1-800-364-6331

**MENTAL HEALTH/SUBSTANCE ABUSE HELP:** NY/NH: 1-800-568-0458  
VT: 1-800-320-5895

**MEMBERS:** Refer to your Contract or Certificate of Coverage for an explanation of benefits.  
CIGNA network available only outside MVP NY, VT, NH Service Area.

**Pharmacy Information - Contact CVS/caremark:** 1-866-284-7134  
Questions? Contact the Customer Care Center at 1-888-687-6277;  
TTY: 1-800-963-1220  
www.mvphealthcare.com





MVP Secure HMO, MVP Vitality

- Primary Care Physician coordinated care
- No referral required
- No out-of-network benefits

VT On-Exchange

FRONT



Group #: 123456  
Benefits as of: 01/01/2015  
Plan Type: VT Vitality HMO

Subscriber/Contract Holder  
**JOHN Q. SAMPLE**  
Member ID: 123456789 00

Member ID	Member Name
123456789 01	JANE R. SAMPLE
123456789 02	SALLY S. SAMPLE
123456789 03	TOM T. SAMPLE

Depending on the service provided, Copayments, Deductibles and/or Coinsurance may apply. Please refer to your Schedule of Benefits for all cost-sharing requirements.

BACK

**BENEFITS PROVIDED BY:** MVP Health Insurance Co., Inc., 625 State Street, P.O. Box 2207, Schenectady, NY 12301-2207

**HEALTH CARE PROVIDERS:** 1-800-684-9286  
Rate / Network: Individual / Non-standard

**PHARMACISTS:** CVS/caremark (RxBIN 004336 Rx Group MVPMRKT / PCN ADV).  
Questions? Call CVS/caremark at 1-800-364-6331.

**MENTAL HEALTH/SUBSTANCE ABUSE HELP:** NY/NH: 1-800-568-0458  
VT: 1-800-320-5895

**MEMBERS:** Refer to your Contract or Certificate of Coverage for an explanation of benefits.  
CIGNA network available only outside MVP NY, VT, NH Service Area.

**Pharmacy Information:** Call CVS/caremark at 1-800-378-9295.  
Questions? Contact the Customer Care Center at 1-800-348-6515;  
TTY: 1-800-662-1220  
www.mvphealthcare.com



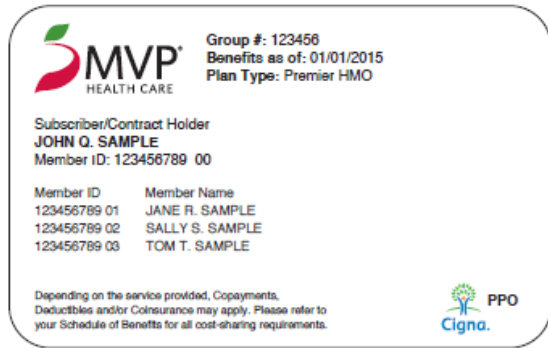


**MVP Premier and MVP Premier Plus Plans**

- Primary Care Physician coordinated care
- No referral required
- No out-of-network benefits
- Includes Rate/Network Indicator on back of card for determination of provider participation and reimbursement

NY On-Exchange

FRONT




**MVP**  
HEALTH CARE

Group #: 123456  
Benefits as of: 01/01/2015  
Plan Type: Premier HMO

Subscriber/Contract Holder  
**JOHN Q. SAMPLE**  
Member ID: 123456789 00

Member ID	Member Name
123456789 01	JANE R. SAMPLE
123456789 02	SALLY S. SAMPLE
123456789 03	TOM T. SAMPLE

Depending on the service provided, Copayments, Deductibles and/or Coinsurance may apply. Please refer to your Schedule of Benefits for all cost-sharing requirements.

 PPO

BACK



**BENEFITS PROVIDED BY:** MVP Health Insurance Co., Inc., 625 State Street, P.O. Box 2207, Schenectady, NY 12301-2207

**HEALTH CARE PROVIDERS:** 1-800-684-9286  
Rate / Network: Individual / Non-standard

**PHARMACISTS:** CVS/caremark (RxBIN 004336 Rx Group MVPMRKT / PCN ADV).  
Questions? Call CVS/caremark at 1-800-364-6331.

**MENTAL HEALTH/SUBSTANCE ABUSE HELP:** NY/NH: 1-800-568-0458  
VT: 1-800-320-5895

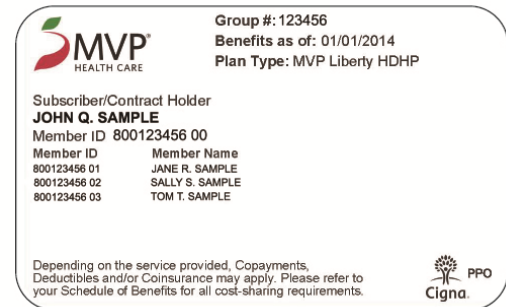
**MEMBERS:** Refer to your Contract or Certificate of Coverage for an explanation of benefits.  
CIGNA network available only outside MVP NY, VT, NH Service Area.

**Pharmacy Information:** Call CVS/caremark at 1-800-378-9295.  
Questions? Contact the Customer Care Center at 1-877-742-4181;  
TTY 1-800-662-1220  
www.mvphealthcare.com

 **AWAY FROM HOME CARE**

**MVP Liberty HDHP, HQNet HDHP**

- Exclusive Provider Organization (EPO) plan
- No referral required
- No out-of-network benefits
- No Primary Care Physician required




**MVP**  
HEALTH CARE

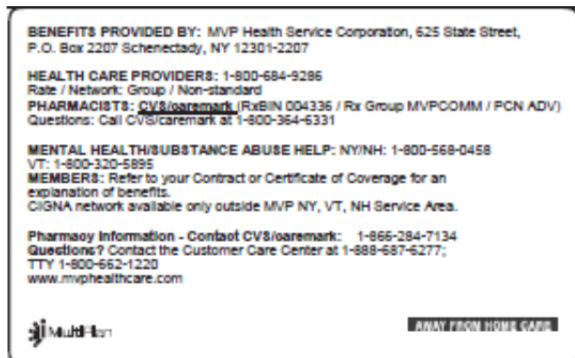
Group #: 123456  
Benefits as of: 01/01/2014  
Plan Type: MVP Liberty HDHP

Subscriber/Contract Holder  
**JOHN Q. SAMPLE**  
Member ID 800123456 00

Member ID	Member Name
800123456 01	JANE R. SAMPLE
800123456 02	SALLY S. SAMPLE
800123456 03	TOM T. SAMPLE

Depending on the service provided, Copayments, Deductibles and/or Coinsurance may apply. Please refer to your Schedule of Benefits for all cost-sharing requirements.

 PPO



**BENEFITS PROVIDED BY:** MVP Health Service Corporation, 625 State Street, P.O. Box 2207 Schenectady, NY 12301-2207


**HEALTH CARE PROVIDERS:** 1-800-684-9286  
Rate / Network: Group / Non-standard

**PHARMACISTS:** CVS/caremark (RxBIN 004336 / Rx Group MVPCOMM / PCN ADV)  
Questions: Call CVS/caremark at 1-800-364-6331

**MENTAL HEALTH/SUBSTANCE ABUSE HELP:** NY/NH: 1-800-568-0458  
VT: 1-800-320-5895

**MEMBERS:** Refer to your Contract or Certificate of Coverage for an explanation of benefits.  
CIGNA network available only outside MVP NY, VT, NH Service Area.

**Pharmacy Information - Contact CVS/caremark:** 1-866-284-7134  
Questions? Contact the Customer Care Center at 1-888-687-6277;  
TTY 1-800-662-1220  
www.mvphealthcare.com

 **AWAY FROM HOME CARE**



**BENEFITS PROVIDED BY:** MVP Health Service Corporation, 625 State Street, P.O. Box 2207 Schenectady, NY 12301-2207

**HEALTH CARE PROVIDERS:** 1-800-684-9286  
Rate / Network: Group / Non-standard

**PHARMACISTS:** CVS/caremark (RxBIN 004336 / Rx Group MVPCOMM / PCN ADV)  
Questions: Call CVS/caremark at 1-800-364-6331

**MENTAL HEALTH/SUBSTANCE ABUSE HELP:** NY/NH: 1-800-568-0458  
VT: 1-800-320-5895


**MEMBERS:** Refer to your Contract or Certificate of Coverage for an explanation of benefits.  
CIGNA network available only outside MVP NY, VT, NH Service Area.

**Pharmacy Information - Contact CVS/caremark:** 1-866-284-7134  
Questions? Contact the Customer Care Center at 1-888-687-6277;  
TTY 1-800-662-1220  
www.mvphealthcare.com

 **AWAY FROM HOME CARE**

**Medicare ID cards – also have different versions:**

**Medicare Products with Part D:**



**Preferred Gold HMO-POS**  
Benefits as of: 01/01/2016

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Member Name: JOHN Q. SAMPLE  
MVP Member #: 812345678 00

<b>COPAYS:</b>		<b>PRESCRIPTION DRUG INFO:</b>
PRIMARY CARE	\$XX	RxBin 004336
SPECIALIST	\$XX	RxPcn MEDDADV
EMERGENCY RM	\$XX	RxGrp MVPMEDD
URGENT CARE	\$XX	

**Medicare Rx**  
Prescription Drug Coverage

**CONTACT INFORMATION:**

**Members:** Call the MVP Medicare Customer Care Center at **1-800-665-7924**; TTY 1-800-662-1220  
Visit [www.mvphealthcare.com](http://www.mvphealthcare.com)


For Pharmacy Info, call CVS/caremark: 1-866-494-8829; TTY: 711  
**Pharmacists:** For Questions, call CVS/caremark at 1-800-364-6331

**Submit prescription claims to:**  
CVS Caremark  
P.O. Box 52066  
Phoenix, AZ 85072-2066

**Providers:** Call 1-800-999-3920  
Submit Claims to MVP Health Care  
P.O. Box 2207 Schenectady, NY 12301

**MVP will pay Medicare providers according to Medicare fee schedule. Medicare Limiting Charges apply to non-contracted providers and out-of-network services. DO NOT bill Original Medicare.**

**Medicare Products without Part D:**



**Preferred Gold HMO-POS**  
Benefits as of: 01/01/2016

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Member Name: JOHN Q. SAMPLE  
MVP Member #: 812345678 00

<b>COPAYS:</b>		<b>PART B DRUG COVERAGE:</b>
PRIMARY CARE	\$XX	RxBin 004336
SPECIALIST	\$XX	RxPcn ADV
EMERGENCY RM	\$XX	RxGrp MVPCOMM
URGENT CARE	\$XX	

**CONTACT INFORMATION:**

**Members:** Call the MVP Medicare Customer Care Center at **1-800-665-7924**; TTY 1-800-662-1220  
Visit [www.mvphealthcare.com](http://www.mvphealthcare.com)

For Pharmacy Info, call CVS/caremark: 1-866-808-7084; TTY: 711  
**Pharmacists:** For Questions, call CVS/caremark at 1-800-364-6331

**Submit prescription claims to:**  
CVS Caremark  
P.O. Box 52136  
Phoenix, AZ 85072-2136

**Providers:** Call 1-800-999-3920  
Submit Claims to MVP Health Care  
P.O. Box 2207 Schenectady, NY 12301

**MVP will pay Medicare providers according to Medicare fee schedule. Medicare Limiting Charges apply to non-contracted providers and out-of-network services. DO NOT bill Original Medicare.**