

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 an Insurance Affordability Program that started in 2016 that offers 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, HDHP, Plus, Secure and MVP HMO plans will have access to the CIGNA 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 *and Plus*

The VT and 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. In 2018, we have added Telemedicine to this portfolio of plans; these plans feature a wide variety of deductibles, copayments and/or coinsurance at the various metal levels (Bronze, Silver, Gold & Platinum). All Vermont 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 HDHP and Plus HDHP*

The VT 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 three metal levels (Bronze, Silver & Gold). 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 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). The 2019 portfolio will include new HMO+Cigna Network plans at the Gold, Silver and Bronze levels both On Exchange and Off Exchange. These plans are identified with "National" in the plan name.

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 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. The 2019 portfolio will continue to include HMO+Cigna Network HDHP plans at the Gold level On Exchange and at the Gold, Silver and Bronze level Off Exchange. These plans are identified with "National" in the plan name.

MVP EPO, MVP PPO, MVP HMO

These 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) or HMO (Health Maintenance Organization). Members who receive covered services from non-participating providers will pay 100 percent of the actual costs. MVP EPO/ MVP PPO plans do not require PCP selection. MVP HMO plans are required to select a PCP who is responsible for providing or coordinating and overseeing the member's covered medical services. **MVP HMO PLANS HAVE NO OUT-OF-NETWORK BENEFITS.**

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). New for 2019, these plans have added Preferred Provider Facilities for Therapeutic Radiology and Out-Patient Hospital Surgery. Also, the HMO plans now include the addition of integrated ACA Required Pediatric Dental benefits.

MVP EPO, MVP PPO, MVP HMO HDHP

The HDHP plans are High-Deductible EPO/PPO and HMO 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). The EPO or PPO HDHP products do not require PCP selection or referrals for specialty care. The HMO plans are required to select a PCP who is responsible for providing or coordinating and overseeing the member's covered medical services. These HDHP plans cover preventive care services not subject to the deductible; these services are covered in full. New for 2019, these plans have added Preferred Provider Facilities for Therapeutic Radiology and Out-Patient Hospital Surgery. Also, the HMO plans now include the addition of integrated ACA Required Pediatric Dental benefits.

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.

MVP HMO (VT)

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 Healthy NY

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 EPO – Large Group

Available in New York Only. The MVP 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 EPO plans include MVP's WellBeing Rewards, 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 High-Deductible EPO – Large Group

Available in New York Only. MVP's High-Deductible EPO plans are qualified according to federal regulations to be offered alongside a HSA. The MVP HDHP EPO 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 HDHP EPO includes MVP's WellBeing Rewards (described under MVP EPO).

MVP PPO – Large Group

Available in New York Only. PPO means "Preferred Provider Organization/Plan." The MVP 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 PPO includes WellBeing Rewards (described under MVP EPO).

MVP High-Deductible PPO

Available in New York Only. MVP's High-Deductible Health Plan (HDHP) PPO plans are qualified according to Federal regulations to be offered alongside an HSA. The MVP 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 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 HDHP PPO includes WellBeing Rewards (described under MVP EPO).

MVP Student Health Plan

MVP's Student Health Plans (SHPs) are health insurance plans that are offered to college students in MVP's service area through their college. Members do not select a PCP nor obtain referrals for specialty care. These plans are regulated by the New York State Department of Financial Services, and run on a plan year basis (not calendar year basis). These plans are Individual PPO plans that meet ACA guidelines. Pediatric dental and vision coverage are embedded into MVP's SHPs. MVP's SHPs cover students only and do not offer dependent coverage. Enrolled students will have access to MVP's regional network in New York and Vermont, as well as access to the Cigna national network of 500,000+ providers. myVisitNowSM—24/7 Online Doctor Visits is also included as a SHP benefit.

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, GoldSecure HMO-POS and GoldValue HMO-POS

Preferred Gold, GoldSecure, 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, Routine Dental (if covered by the plan), Hearing Aid Benefit and Acupuncture services do not apply to the out-of-pocket maximum.

Gold PPO, GoldAnywhere PPO, and WellSelect PPO

GoldPPO, GoldAnywhere, and WellSelect are Medicare Advantage PPO plans specifically designed for Medicare-eligible individuals. They offer members the option of using out-of-network providers for a higher cost sharing. These plans are only offered with Part D prescription drug coverage. PPO members have separate

in network and catastrophic out-of-network 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 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 participate with this product because 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 benefit coverage 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

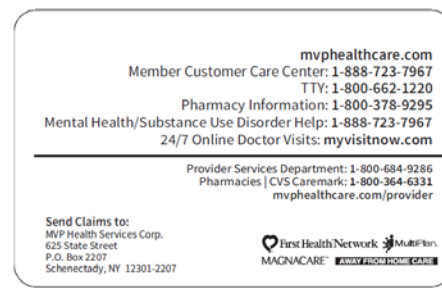
Child Health Plus is a plan for children under 19 years of age who do not have insurance, are Medicaid-ineligible and reside in counties within MVP's licensed Child Health Plus service area. Members are required to select a PCP upon enrollment. Members must use MVP providers who have contracted to provide 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.

MVP Harmonious Health Care Plan

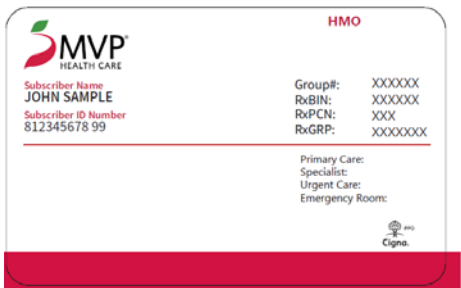
The MVP Harmonious Health Care Plan is available to existing MMC members aged 21 and over. These members have been identified by New York State as suffering from serious mental illness and/or substance use disorders, and may benefit from additional treatment and community-based support.

The MVP Harmonious Health Care Plan includes traditional MMC benefit coverage in addition to comprehensive Home and Community Based Services (HCBS) for additional, specialized and integrated physical and behavioral health support and treatment. These services must be prior authorized by MVP following an assessment of the member as well as the submission and review of a member's plan of care that detail the provision of HCBS and goals of the member.

Essential Plan

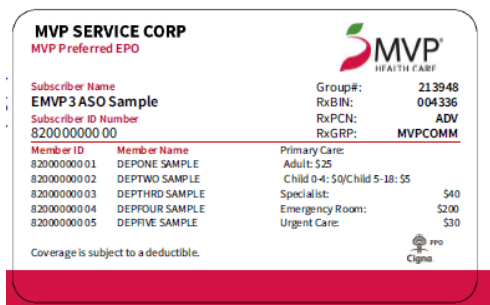


HMO



- 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



Point of Service (POS)




		POS	
Subscriber Name JOHN SAMPLE		Group#:	XXXXXX
Subscriber ID Number XXXXXXXXXXX XX		RxBIN:	XXXXXXXX
		RxPCN:	XXX
		RxGRP:	XXXXXXXX
		Primary Care:	
		Specialist:	
		Urgent Care:	
		Emergency Room:	
			

mvphealthcare.com Member Customer Care Center: 1-888-723-7967 TTY: 1-800-662-1220 Pharmacy Information: 1-800-378-9295 Mental Health/Substance Use Disorder Help: 1-888-723-7967 24/7 Online Doctor Visits: myvisitnow.com	
Provider Services Department: 1-800-684-9286 Pharmacies CVS Caremark: 1-800-364-6331 mvphealthcare.com/provider	
Send Claims to: MVP Health Services Corp. 625 State Street P.O. Box 2207 Schenectady, NY 12301-2207	  MAGNACARE 

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

MVP Secure HMO


		MVP Secure	
Subscriber Name JOHN SAMPLE		Group#:	XXXXXX
Subscriber ID Number 812345678 99		RxBIN:	XXXXXXXX
		RxPCN:	XXX
		RxGRP:	XXXXXXXX
		Coverage is subject to a deductible	
			

mvphealthcare.com Member Customer Care Center: 1-877-742-4181 TTY: 1-800-662-1220 Pharmacy Information: 1-800-378-9295 Mental Health/Substance Use Disorder Help: 1-877-742-4181 24/7 Online Doctor Visits: myvisitnow.com CIGNA networks available outside of MVP NY & VT Service Area only for covered urgent/emergency or prior authorized out of network care	
Provider Services Department: 1-800-684-9286 Pharmacies CVS Caremark: 1-800-364-6331 mvphealthcare.com/provider	
Send Claims to: MVP Health Plan, Inc. 625 State Street P.O. Box 2207 Schenectady, NY 12301-2207	  MAGNACARE 

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

Individual versus Small Group Identification


MVP EPO



Subscriber Name
JOHN SAMPLE
Subscriber ID Number
812345678 99

Group#: XXXXXX
RxBIN: XXXXXX
RxPCN: XXX
RxGRP: XXXXXXX



Primary Care:
Specialist:
Urgent Care:
Emergency Room:



mvphealthcare.com
Member Customer Care Center: 1-877-742-4181
TTY: 1-800-662-1220
Pharmacy Information: 1-800-378-9295
Mental Health/Substance Use Disorder Help: 1-877-742-4181
24/7 Online Doctor Visits: myvisitnow.com
CIGNA networks available outside of MVP NY & VT Service Area only for covered urgent/emergency or prior authorized out of network care


Provider Services Department: 1-800-684-9286
Pharmacies | CVS Caremark: 1-800-364-6331
mvphealthcare.com/provider
Type: **Small Group**

Send Claims to:
MVP Health Plan, Inc.
625 State Street
P.O. Box 2207
Schenectady, NY 12301-2207

MAGNACARE **AWAY FROM HOME CARE**


MVP Premier Plus



Subscriber Name
JOHN SAMPLE
Subscriber ID Number
812345678 99

Group#: XXXXXX
RxBIN: XXXXXX
RxPCN: XXX
RxGRP: XXXXXXX



Coverage is subject to a deductible.



mvphealthcare.com
Member Customer Care Center: 1-877-742-4181
TTY: 1-800-662-1220
Pharmacy Information: 1-800-378-9295
Mental Health/Substance Use Disorder Help: 1-877-742-4181
24/7 Online Doctor Visits: myvisitnow.com
CIGNA networks available outside of MVP NY & VT Service Area only for covered urgent/emergency or prior authorized out of network care


Provider Services Department: 1-800-684-9286
Pharmacies | CVS Caremark: 1-800-364-6331
mvphealthcare.com/provider
Type: **Individual**


Send Claims to:
MVP Health Plan, Inc.
625 State Street
P.O. Box 2207
Schenectady, NY 12301-2207

MAGNACARE **AWAY FROM HOME CARE**

MVP Student Health Plans (SHPs)

 Sample U
PPO



Subscriber Name
JOHN SAMPLE
Subscriber ID Number
820000000 00

Member ID Member Name
820000000 01 DEPONE SAMPLE



Group#: 123456
RxBIN: 004336
RxPCN: ADV
RxGRP: MVPMRKT

Primary Care: \$
Specialist: \$
Urgent Care: \$
Emergency Room: \$



mvphealthcare.com
Member Customer Care Center: 1-877-742-4181
TTY: 1-800-662-1220
Pharmacy Information: 1-800-378-9295
Dental Information: 1-800-480-5640
Mental Health/Substance Use Disorder Help: 1-877-742-4181
24/7 Online Doctor Visits: myvisitnow.com
Provider Services Department: 1-800-684-9286
Pharmacies | CVS Caremark: 1-800-364-6331
mvphealthcare.com/provider


Send Claims to:
MVP Health Services Corp.
625 State Street
P.O. Box 2207
Schenectady, NY 12301-2207
Dental Claims: use P.O. Box 763





MAGNACARE **AWAY FROM HOME CARE**

- 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
- Pediatric dental coverage included
- Vision coverage included



MVP EPO (Large Group)



		MVP EPO	
Subscriber Name JOHN SAMPLE Subscriber ID Number XXXXXXXXXXX XX	Group#: XXXXXX RxBIN: XXXXXXXX RxPCN: XXX RxGRP: XXXXXXXX	Primary Care: Specialist: Urgent Care: Emergency Room:	
			

mvphealthcare.com Member Customer Care Center: 1-888-723-7967 TTY: 1-800-662-1220 Pharmacy Information: 1-800-378-9295 Mental Health/Substance Use Disorder Help: 1-888-723-7967 24/7 Online Doctor Visits: myvisitnow.com	
Provider Services Department: 1-800-684-9286 Pharmacies CVS Caremark: 1-800-364-6331 mvphealthcare.com/provider	
Send Claims to: MVP Health Services Corp. 625 State Street P.O. Box 2207 Schenectady, NY 12301-2207	  MAGNACARE [®] AWAY FROM HOME CARE [®]

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

MVP PPO (Large Group)

		MVP PPO	
Subscriber Name JOHN SAMPLE Subscriber ID Number XXXXXXXXXXX XX	Group#: XXXXXX RxBIN: XXXXXXXX RxPCN: XXX RxGRP: XXXXXXXX	Primary Care: Specialist: Urgent Care: Emergency Room:	
			

mvphealthcare.com Member Customer Care Center: 1-888-723-7967 TTY: 1-800-662-1220 Pharmacy Information: 1-800-378-9295 Mental Health/Substance Use Disorder Help: 1-888-723-7967 24/7 Online Doctor Visits: myvisitnow.com	
Provider Services Department: 1-800-684-9286 Pharmacies CVS Caremark: 1-800-364-6331 mvphealthcare.com/provider	
Send Claims to: MVP Health Services Corp. 625 State Street P.O. Box 2207 Schenectady, NY 12301-2207	  MAGNACARE [®] AWAY FROM HOME CARE [®]

- 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

MVP Medicaid Managed Care

 DOB: xx/xx/xxxx CIN: XXXXXXX		Plan Type: MVPM
Member Name JOHN DOE		
Member ID Number XXXXXXX XX		
PCP Name: Dr. PCP PCP Phone: 123-456-7890 PCP Office: Primary Medical Care of Anywhere	Group#: XXXXXX RxBIN: XXXXXX RxPCN: XXXX RxGRP: XXXXXXX	Primary Care: \$0 Specialist: \$0 Emergency Room: \$0 Urgent Care: \$0

For Member: mvphealthcare.com
 Member Services/Customer Care Center: 1-800-852-7826
 TTY: 1-800-662-1220
 Pharmacy Info: 1-866-832-8077
 Mental Health/Substance Use Disorder Help: 1-800-872-0727
 24/7 Online Doctor Visits: myvisitnow.com

For medical advice, call your Primary Care Provider (see front of card for name and number). Emergency: call 911 or go directly to the nearest hospital emergency room.

Send Call us to: MVP Health Plan, Inc. 625 State Street P.O. Box 2207 Schenectady, NY 12301-2207

For Provider: Provider Services Department: 1-800-684-9286 Pharmacies | CVS Caremark: 1-800-364-6331 mvphealthcare.com/providers

- 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

Medicaid Managed Care SSI

 DOB: xx/xx/xxxx CIN: XX12345X		Plan Type: MVPM
Member Name JOHN DOE		
Member ID Number XXXXXXX XX		
PCP Name: Dr. PCP PCP Phone: 123-456-7890 PCP Office: Primary Medical Care of Anywhere	Group#: XXXXXX RxBIN: XXXXXX RxPCN: XXXX RxGRP: XXXXXXX	Primary Care: \$0 Specialist: \$0 Emergency Room: \$0 Urgent Care: \$0

For Member: mvphealthcare.com
 Member Services/Customer Care Center: 1-800-852-7826
 TTY: 1-800-662-1220
 Pharmacy Info: 1-866-832-8077
 Mental Health/Substance Use Disorder Help: 1-800-872-0727
 24/7 Online Doctor Visits: myvisitnow.com

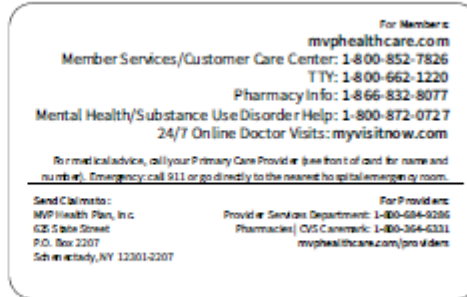
For medical advice, call your Primary Care Provider (see front of card for name and number). Emergency: call 911 or go directly to the nearest hospital emergency room.

Send Call us to: MVP Health Plan, Inc. 625 State Street P.O. Box 2207 Schenectady, NY 12301-2207

For Provider: Provider Services Department: 1-800-684-9286 Pharmacies | CVS Caremark: 1-800-364-6331 mvphealthcare.com/providers

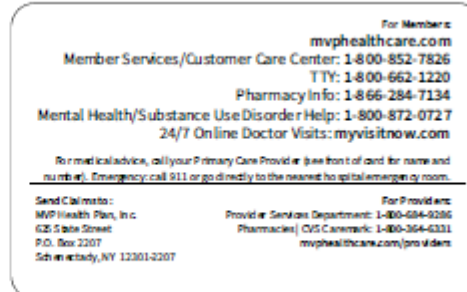
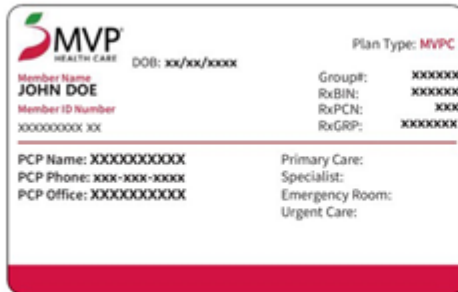
- Primary Care Physician required
- Pre-authorization required
- Minimal copayments may apply for pharmacy and medical supplies
 Care must be rendered by a participating Government Programs provider
- Dental Care through Healthplex
- Pharmacy services through MVP Health Plan, Inc. special formulary exists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

Medicaid Restricted Member



If the card says “Restricted” 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

MVP Harmonious Health Care Plan



- Managed Care Medicaid Program for members identified by NYS with behavioral health needs
- 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
- Home and Community Based benefits are available after assessment and prior authorization

Medicare ID cards – also have different versions:

- Medicare Products with Part D



- Medicare Products without Part D

