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 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 * 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. 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*

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 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.

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 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 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, BasiCare PPO, and WellSelect PPO

GoldPPO is a Medicare Advantage PPO plan specifically designed for Medicare-eligible individuals. GoldPPO,BasiCare, and WellSelect 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, 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.

MVP HEALTH PLAN, INC. PROVIDER RESOURCE MANUAL SECTION 3

MVP Harmonious Health Care Plan

The MVP Harmonious Health Care Plan is available to existing Medicaid members aged 21 and over who have been identified by New York State as suffering from serious mental illnesses and/or substance use disorders.

The MVP Harmonious Health Care Plan includes traditional Medicaid benefit as well as provides comprehensive health services and providing or arranging for specialized and integrated physical and behavioral health benefits from Home and Community-Based Services (HCBS) as defined in Appendix K of the Medicaid Managed Care/Family Health Plus/HIV SNP Model Contract and provided by a HCBS Provider when specified in the Member's plan of care.

Essential Plan





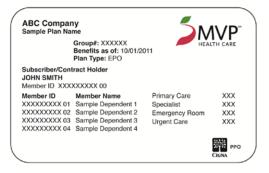
НМО





- 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)





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

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

MVP Preferred EPO





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

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

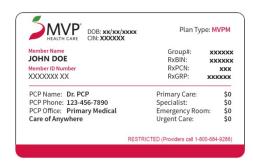
Medicaid Managed Care SSI





- 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

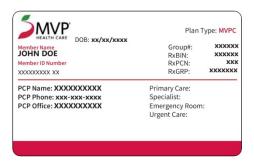
Medicaid Restricted Member





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.

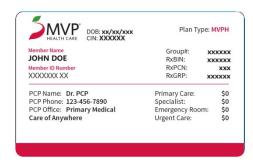
MVP Child Health Plus





- 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

High-Deductible Health Plans

MVP NY/VT High-Deductible Health Plan – PPO





MVP Secure HMO, MVP





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

MVP Premier and MVP Premier Plus Plans









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

MVP Liberty HDHP





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

Medicare ID cards - also have different versions:

Medicare Products with Part D





Medicare Products without Part D



mvphealthcare.com

Medicare Customer Care Center: 1-800-665-7924
TTY: 1-800-665-7924
TTY: 1-800-662-1220
Pharmacy Info: 1-866-808-7084 | TTY 711
24/7 Online Doctor Visits: myvisitnow.com

Provider Services Department: 1-800-684-9286
Pharmacists | CVS/caremark: 1-800-364-6331
mvphealthcare.com/providers

Send Claims to:
MVP Health Plan, Inc.
625 State Street
P.O. Box 2207
Phoenix, AZ 85072-2136
Schenectady, NY 12301-2207
Phoenix, AZ 85072-2136
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.