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 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). The 2018 portfolio will include a new HMO+Cigna Network plan at the Platinum level 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 nonparticipating 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. The 2018 portfolio will include new 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** 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). In 2018, these plans will also include the addition of integrated ACA Required Pediatric Dental benefits and Preferred Provider Facilities for Lab, Radiology and Ambulatory Surgery.

# **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. In 2018, these plans will also include the addition of integrated ACA Required Pediatric Dental benefits and Preferred Provider Facilities for Lab, Radiology and Ambulatory Surgery.

# 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. "Outof-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).

## **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 nonpreferred 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, 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, BasiCare PPO, and WellSelect PPO

GoldPPO, GoldAnywhere, BasiCare and WellSellect 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 Smartfundis 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 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 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.

# **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. myVisitNow<sup>SM</sup>—24/7 Online Doctor Visits is also included as a SHP benefit.

#### **Essential Plan**



525 State Street P.O. Box 2207 Schenectady, NY 12301-2207	MultiPlan.
Send Claims to: MVP Health Services Corp. 525 State Street	
	Provider Services Department: 1-800-684-9286 Pharmacies   CVS/caremark: 1-800-364-6331 mvphealthcare.com/provider
24/	7 Online Doctor Visits: myvisitnow.com
Mental Health/Substa	ance Use Disorder Help: 1-888-723-7967
	Pharmacy Information: 1-800-378-9295
	TTY: 1-800-662-1220
Member	Customer Care Center: 1-888-723-7967
	mvphealthcare.com

#### HMO





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

#### ASO

MVP Service Corp. MVP Preferred EPO		2	MVP <sup>®</sup>
Subscriber Name John EMVP3 Sample Subscriber ID Number 123456789 00		Group#: RxBIN: RxPCN: RxGRP:	213948 004336 AD\ MVPCOMM
Member ID 123456789 01 123456789 02 123456789 03	Member Name	Primary Care: Adult: \$25 Child 0-4: \$0/Child 5 Specialist: Emergency Room:	
Coverage is sub	ject to a deductible.	Urgent Care:	\$30 Cigna



- 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)**



$\sim$	
	mvphealthcare.com
	Member Customer Care Center: 1-888-687-6277
	TTY: 1-800-662-1220
	Pharmacy Information: 1-866-284-7134
	Mental Health/Substance Use Disorder help: 1-800-568-0458
	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
	AWAY FROM HOME CARE

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

## **MVP Preferred PPO**

Subscriber ID Number Subscriber ID Number RXERNE Subscriber ID Number RXERNE RXERNE RXERNE RXERNE RXERNE	xxxxxxx xxxxxxx xxxxxxx xxxxxxx	Pharmacy Inf Mental Health/Substance Use Diso	or Visits: myvisitnow.con VP NY & VT Service Area only fo	
	Primary Care: Specialist: Urgent Care: Emergency Room:	Pro Cigna	Provider Servic	es Department: 1-800-684-928 (VS/caremark: 1-800-364-633 mvphealthcare.com/provide

- 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 Student Health Plans (SHPs)**





- 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 Preferred EPO**

<b>MVP</b>	MVP Pref	erred EPO
Subscriber Name John Doe Subscriber ID Number XXXXXXXXX XX	Group#: RxBIN: RxPCN: RxGRP:	000000 XXXXX XXX XXX XXXXXXX
	Primary Care: Specialist: Urgent Care: Emergency Roor	n:
		Cigna

	mvphealthcare.com
Membe	r Customer Care Center: 1-888-687-6277
	TTY: 1-800-662-1220
	Pharmacy Information: 1-866-284-7134
Mental Health/Subst	tance Use Disorder help: 1-800-568-0458
CIGNA networks avail	/7 Online Doctor Visits: myvisitnow.com able outside of MVP NY & VT Service Area only for mergency or prior authorized out of network care
	Provider Services Department: 1-800-684-9286 Pharmacies   CVS/caremark: 1-800-364-6331 myphealthcare.com/provider
Send Claims to: MVP Health Plan, Inc. 625 State Street	
P.O. Box 2207 Schenectady, NY 12301-2207	MultiPlan.
	AWAY FROM HOME CARE

- 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

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

	mvphealthcare.com
0	ustomer Care Center: 1-800-852-7826
C	
	TTY: 1-800-662-1220
	Pharmacy Info: 1-866-832-8077
Montal Health/Substan	ce Use Disorder Help: 1-800-852-7826
24/7 Or	line Doctor Visits: myvisitnow.com
24/7 Or For medical advice, call your P	
24/7 Or For medical advice, call your f number). Emergency: call 911 or Send claims to:	Iline Doctor Visits: myvisitnow.com Primary Care Provider (see front of card for name and r go directly to the nearest hospital emergency room.
24/7 Or For medical advice, call your f number). Emergency: call 911 or Send claims to: MVP Health Plan, Inc.	Iline Doctor Visits: myvisitnow.com Primary Care Provider (see front of card for name and go directly to the nearest hospital emergency room For Providers: Provider Services Department: 1-800-684-9286
24/7 Or For medical advice, call your f number). Emergency: call 911 or Send claims to:	Iline Doctor Visits: myvisitnow.com Primary Care Provider (see front of card for name and rgo directly to the nearest hospital emergency room For 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**

DOB: XX/XX/XXXX HEALTH CARE DOB: XX/XXXXX	Plan Type: MVPM	For Member mvphalthcare.cor Customer Care Center: 1-800-852-782
Member Name	Group#: XXXXX	TTY: 1-800-662-122
JOHN DOE	RxBIN: XXXXX	Pharmacy Info: 1-866-832-807
Member ID Number	RxPCN: XXX	Mental Health/Substance Use Disorder Help: 1-800-852-782
XXXXXXX XX	RxGRP: XXXXX	24/7 Online Doctor Visits: myvisitnow.cor
PCP Name: <b>Dr. PCP</b>	Primary Care: \$0	For medical advice, call your Primary Care Provider (see front of card for name an
PCP Phone: <b>123-456-7890</b>	Specialist: \$0	number). Emergency: call 911 or go directly to the nearest hospital emergency roor
PCP Office: Primary Medical Care of Anywhere	Emergency Room: \$0 Urgent Care: \$0	Send claims to: For Provider MVP Health Plan, Inc. Provider Services Department: 1=80-634-03 G25 State Street Pharmacles [ CVS/caremark: 1=80-346-43 P.O. Box 2207 mvphealthcare.com/provide

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.

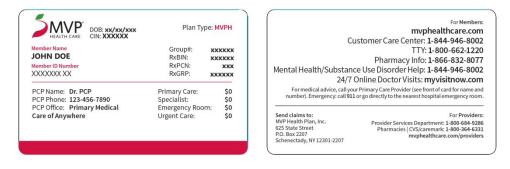
## **MVP Child Health Plus**

<b>MVP</b>	Plan T	pe: MVPC
Member Name JOHN DOE Member ID Number XXXXXXXXXXX XX	Group#: RxBIN: RxPCN: RxGRP:	
PCP Name: XXXXXXXXXXX	Primary Care:	
PCP Phone: xxx-xxx-xxxx	Specialist:	
PCP Office: XXXXXXXXXXX	Emergency Room: Urgent Care:	

	For Members:
	mvphealthcare.com
C	Customer Care Center: 1-800-852-7826
	TTY: 1-800-662-1220
	Pharmacy Info: 1-866-284-7134
Mental Health/Substar	nce Use Disorder Help: 1-800-852-7826
24/7 For medical advice, call your	Online Doctor Visits: myvisitnow.com Primary Care Provider (see front of card for name and or go directly to the nearest hospital emergency room.
24/7 For medical advice, call your	Online Doctor Visits: myvisitnow.com Primary Care Provider (see front of card for name and
24/7 For medical advice, call your number). Emergency: call 911 of	Online Doctor Visits: myvisitnow.com Primary Care Provider (see front of card for name and or go directly to the nearest hospital emergency room.
24/7 For medical advice, call your number). Emergency: call 911 o Send Claims to:	Online Doctor Visits: myvisitnow.com Primary Care Provider (see front of card for name and or go directly to the nearest hospital emergency room. For Providers:
24/7 For medical advice, call your number). Emergency: call 911 of Send Claims to: MVP Health Plan, Inc.	Online Doctor Visits: myvisitnow.com Primary Care Provider (see front of card for name and or go directly to the nearest hospital emergency room. For Providers: Provider Services Department: 1-800-684-9286

- 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**

	High Dec	ductible PPC
Subscriber Name	Group#:	ххххх
John Doe	RxBIN:	XXXXXX
Subscriber ID Number	RxPCN:	XXX
XXXXXXXXX XX	RxGRP:	XXXXXX
Member ID Member Name	Coverage is s a deductible.	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	0.00000000	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		ADD. OPEN
		Cigna
		cignu



#### **MVP Secure HMO, MVP**





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

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



mvphealthcare.com	
Customer Care Center: 1-888-687-6277	Member
TTY: 1-800-662-1220	
Pharmacy Information: 1-866-284-7134	
ance Use Disorder Help: <b>1-800-568-0458</b> 7 Online Doctor Visits: <b>myvisitnow.com</b>	
Provider Services Department: 1-800-684-9286	
Pharmacies   CVS/caremark: 1-800-364-6331 mvphealthcare.com/provide	
	Send Claims to: MVP Health Services Corp.
	625 State Street
MultiPlan.	P.O. Box 2207 Schenectady, NY 12301-2207
	Scheneeday, 111 12501-2201

	Premie	er Plus HMC
Subscriber Name John Doe Subscriber ID Number XXXXXXX XX	Group#: RxBIN: RxPCN: RxGRP:	XXXXXXX XXXXXXX XXX XXXXXXXX XXXXXXXX
	Primary Care:	XX
	Specialist:	XX
	Urgent Care:	XX
	Emergency Room:	XX
		Cigna

mvphealthcare.com		
Customer Care Center: 1-877-742-4181	Member	
TTY: 1-800-662-1220		
Pharmacy Information: 1-800-378-9295	F	
nce Use Disorder Help: 1-877-742-4181	Mental Health/Substance Use Disorder Help: 1-877-742-4 24/7 Online Doctor Visits: myvisitnow.c	
ble outside of MVP NY & VT Service Area only for		
ergency 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.	
MultiPlan.	625 State Street	
MultiPlan.		

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

#### **MVP Liberty HDHP, HQNet HDHP**



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

# Individual versus Small Group Identification

		MVP Premier	Plus HMO
Subscriber Nar John Doe Subscriber ID N XXXXXXX >	lumber	Group#: RxBIN: RxPCN: RxGRP:	
Member ID XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXX	Member Name ΧΟΟΟΟΟΟΟΟΟΟΟΟ ΧΟΟΟΟΟΟΟΟΟΟΟΟ ΧΟΟΟΟΟΟΟΟΟ	Specialist: x Urgent Care: x Emergency Room: X	XXXX XXXX XXXX XXXX Cigna

^				
		mv	phealthcare.com	)
	Member	Customer Care Cente	r: 1-877-742-4181	
			Y: 1-800-662-1220	
	F	Pharmacy Information	n: 1-800-378-9295	
	Mental Health/Substa			
		7 Online Doctor Visits:		
		ble outside of MVP NY & V ergency or prior authorize		
1		Provider Services Depart		-
		Pharmacies   CVS/care		
		mvpheal	thcare.com/provider	
	Send Claims to:		Type: Individual	
	MVP Health Plan, Inc.			
	625 State Street P.O. Box 2207		MultiPlan.	
	Schenectady, NY 12301-2207		AWAY FROM HOME CARE	J

	mvphealthcare.com
Member	Customer Care Center: 1-877-742-418
	TTY: 1-800-662-1220
P	Pharmacy Information: 1-800-378-9295
Mental Health/Substa	nce Use Disorder Help: 1-877-742-418:
	7 Online Doctor Visits: myvisitnow.com
	Provider Services Department: 1-800-684-9280
	Pharmacies   CVS/caremark: 1-800-364-633
Send Claims to:	Pharmacies   CVS/caremark: 1-800-364-633 mvphealthcare.com/provide
Send Claims to: MVP Health Plan, Inc.	Pharmacies   CVS/caremark: 1-800-364-633 mvphealthcare.com/provide
Send Claims to:	Pharmacies   CVS/caremark: 1-800-364-633 mvphealthcare.com/provide

		м	VP Liberty
Subscriber Nar John Doe Subscriber ID N XXXXXXX X	ne lumber	Group#: RxBIN: RxPCN: RxGRP:	XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
Member ID XXXXXXXXX XXXXXXXXX XXXXXXXXX XXXXXXXX	Member Name ΧΟΧΟΟΧΟΟΟΟΟΧΧ ΧΟΟΟΧΟΟΟΟΟΧΧ ΧΟΧΟΟΧΟΟΟΟΟΟ	Primary Care: Specialist: Urgent Care: Emergency Room:	XXXXX XXXXX XXXXX XXXXX Clana

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

• Medicare Products with Part D

HXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Gold Value HMO-POS
Member Name JOHN DOE Member ID Number 000000000 00	RxBIN: XXXXXX RxPCN: XXXXXXX RxGRP: XXXXXXX
Primary Care: Specialist: Emergency Room: Urgent Care:	Medicare R



• Medicare Products without Part D

HEALTH CARE X0000X XX	Preferred Gold HMO-POS
JOHN DOE	RxBIN:
Member ID Number	RxPCN:
00 00000000 00	RxGRP:
Primary Care:	
Specialist:	
Emergency Room:	
Urgent Care:	

