New York
Plan Name: HMO
Plan Form: NY1HMO016XL
Plan Status: Active

HMO	COVERAGE INFORMATION
Plan Cost-Sharing Highlights	
Annual Deductible	$0 Person/$0 Family
Coinsurance	As Noted Below
Annual Out-of-Pocket Maximum	$6,600 Person/$13,200 Family
Primary Care Physician Office Visits	$20 copay
Specialist Office Visits	$20 copay
Preventive & Well Care Services	
Well Child Care & Immunizations	Covered in Full For a full list of covered preventive care services, visit www.mvphealthcare.com
Adult Annual Physical	
Mammography	
Annual Pap Test & Ob/Gyn Exam	
Immunizations for Adults	
Colonoscopy/Sigmoidoscopy Screening	
Bone Density Tests	
Physician Office Services	
Diagnostic Laboratory Services	Covered in Full
Diagnostic X-ray	PCP: $20 copay/Spec: $20 copay
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: $20 copay/Free-Stnd: $20 copay
Rehabilitative Services (PT/OT/ST)	$20 copay
Allergy Services	$20 copay
Chemotherapy	$20 copay
Inpatient Services - Hospital	
Medical/Surgical Admissions	$240 copay
Surgical Services	Covered in Full
Inpatient Physical Rehabilitation	$240 copay
Outpatient Hospital Services	
Hospital Rehab Services (PT/OT/ST)	$20 copay
Diagnostic Laboratory Services	Covered in Full
Diagnostic X-ray	$20 copay
Advanced Imaging Services (CT/PET scans, MRIs)	$20 copay
Ambulatory/Outpatient Surgery	$75 copay
Emergency Care	
Emergency Room (ER) Visit	$50 copay
Urgent Care Centers	$20 copay
Ambulance (Emergency Medical Transportation)	Covered in Full
Behavioral Health Services	
Mental Health Inpatient Hospital	$240 copay
Mental Health Outpatient	$20 copay
Substance Abuse Inpatient Hospital	$240 copay
Substance Abuse Outpatient	$20 copay
Residential Treatment	Covered in Full
Psychiatry Office Visits	$20 copay

*** Denotes that a deductible applies to this benefit**

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HMO	COVERAGE INFORMATION
Maternity Services	
Prenatal Office Visit	Covered in Full
Physician Delivery	Covered in Full
Inpatient Hospital Services	$240 copay
Other Services	
Skilled Nursing Facility	Covered in Full
Home Health Care	$20 copay
Hospice	Inpt: $0 copay / Outpt: $20 copay
Durable Medical Equipment	50% coinsurance
Diabetic Supplies & Equipment	$20 copay
Chiropractic Benefit	$20 copay
Prescription Coverage	
Tier 1	Pharm: $10 copay/Mail: $25 copay
Tier 2	Pharm: $25 copay/Mail: $62.50 copay
Tier 3	Pharm: $40 copay/Mail: $100 copay
Prescription Drug Deductible	None
Vision Care	
Adult Vision Care	$20 copay
Pediatric Vision Care	$20 copay
Other Plan Features	
Wellness Benefits	Not covered
Plan Highlights	Telemedicine, $2,500 out of area for dependent students, 20% discount at CVS on health related items

*** Denotes that a deductible applies to this benefit**

As an MVP member, you can be sure you'll always get the care, support, tools, and information you need. You'll have access to top-rated customer service representatives, **myVisitNow**SM – 24/7 online doctor visits, online wellness tools & activities, free Care Management programs, a 24/7 Nurse Advice Line, and more. Call us today at **1-800-TALK-MVP (825-5687)** for more information. Already an MVP member? You can call our Customer Care Center at the phone number listed on the back of your member ID card. MVP is making health insurance more convenient. More supportive. More personal.

Research Foundation for SUNY
NY1HMO016XLAN

Your employer has chosen the following rider(s) to modify the Plan under which you would be covered as an MVP member:

GNHMB003L
Domestic Partner - Same & Opposite Sex - Includes Dep - This rider covers same and opposite sex domestic partners of Subscribers as Spouses. If You selected family coverage, Children covered under the Contract also include the Children of Your domestic partner.

DNHMB001L
External Prosthetic Devices, Ostomy Supplies & Durable Medical Equipment 20% - The member payment for the DME, External Prosthetic Devices & Ostomy Supplies Coinsurance amount is 20% of cost. (Base plan is 50%)

MNHMB004L
Preventative Dental Exclusion - No benefits shall be provided for preventive dental care for children under the age of 19.