



New York
Annual Deductible: In network - \$0 person/\$0 family

HMO

SERVICE CATEGORY	COVERAGE INFORMATION
Annual Deductible	\$0 person/\$0 family
Coinsurance	As noted below
Annual Out-of-Pocket Maximum	None
Lifetime Maximum Benefit Payable	None
Preventive & Well Care Services Well Baby, Child Care & Immunizations Adult Annual Physical Mammography & Prostate Cancer Screening Annual Pap Test & Ob/Gyn Exam Immunizations for Adults Colonoscopy/Sigmoidoscopy Screening Bone Density Tests	\$0 copay
Physician Inpatient Care (Medical/Surgical)	\$0 copay
Laboratory Services (Outpatient Diagnostic Test, e.g. blood work)	Office - \$0 copay Facility - \$0 copay
Skilled Nursing Facility	\$0 copay
Hospital (Facility Fee, e.g. hospital room)	\$500 copay
Ambulance (Emergency Medical Transportation)	\$0 copay
Emergency Room (ER) Visit	\$50 copay
Urgent Care Center	\$20 copay
Physician Office Visits (PCP, Specialist)	\$20 copay, \$20 copay
Outpatient Surgery (Facility, Physician)	\$75 copay, \$0 copay
Diagnostic X-ray	Office - \$20 copay Facility - \$20 copay
Physical/Occupational/Speech Therapy	\$20 copay
Chiropractic Benefit	\$20 copay for chiropractic visits
Home Health Care	\$20 copay
High Tech Imaging Services (CT/PET scans, MRIs)	\$20 copay
Maternity Pre/Postnatal Care Initial Newborn Exam Inpatient Care/Delivery	\$0 copay \$0 copay \$500 copay
Mental Health Inpatient Outpatient	\$500 copay \$20 copay
Substance Abuse Inpatient Outpatient	\$500 copay \$20 copay
Durable Medical Equipment	20% coinsurance
Diabetic Supplies & Equipment	50% coinsurance

***Deductible applies to this benefit**

This plan overview is intended to provide a general outline of coverage. In the event of any conflict between this document and your Certificate of Coverage, Schedule and any applicable Rider(s), your Certificate of Coverage, Schedule and Rider(s) will be controlling. For details, please call 1-800-TALK-MVP (825-5687), option #2.

Here's how it works

Choose Your Physician

Some health plans, such as HMO plans, require you to choose a Primary Care Physician (PCP) from our network for you and each covered member of your family. Your current doctor is probably on our list of thousands of participating physicians. Even if your health plan does not have a PCP requirement, it is important to have a primary doctor that you can see for regular check-ups and basic health screening services. To search for a doctor now, go to mvphealthcare.com and click on the *Find a Doctor* link at the top of the page, or call **1-888-MVP-MBRS (687-6277)**.

Take advantage of our health management programs

Condition Health and Case Management Programs

Working in partnership with doctors, we help participating members get the care they need, understand their full range of treatment options, and make the most of their benefits when they are living with:

- Asthma
- Cancer (Oncology)
- Chronic Obstructive Pulmonary Disorder (COPD)
- Diabetes
- Dialysis
- Depression (managed by ValueOptions®)
- Heart Events (heart attack or blockages)
- Heart Failure
- Low Back Pain

We also offer services to help members whose needs require different resources than those provided through our condition-specific programs.

- Acute Case Management for members who have complications or other serious health concerns
- Little Footprints™ for high-risk pregnancies
- Social work services that help connect members to community resources and services

Answers and Advice *24/7 Nurse Advice Line*

Expert advice is just a phone call away, even on weekends, when you call our 24/7 Nurse Advice Line with any non-emergency questions at **1-888-MVP-MBRS**.

Online Wellness Tools and Activities

MVP Health Care's online wellness tools and activities can help you set, track and succeed at reaching the health improvement goals that are important to you.

- Improve your diet
- Manage stress
- Manage your emotional health, or track important aspects of physical health, like your blood sugar
- Include more physical activity in your busy life
- Quit tobacco

Exclusive Member Discounts *From Massage Therapy to Gym Memberships*

Enjoy savings on a wide range of health and wellness products and services.

We are here for you

- Reach our Customer Care Center at **1-888-MVP-MBRS**.
- Access mvphealthcare.com to find doctors, compare drug costs, look up benefits, change your address, research hospitals and many other time-saving services.



Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company of New Hampshire, Inc.; MVP Health Plan of New Hampshire, Inc.; MVP Select Care, Inc.; MVP Health Services Corp.; Preferred Administrative Services, Inc.; Preferred Assurance Company, Inc.; and Hudson Health Plan, Inc., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states.



NEW YORK LARGE GROUP ENROLLMENT/CHANGE FORM

ACTION REQUESTED: NEW YORK
625 State St. PO Box 2207
Schenectady, NY 12301-2207
518-370-4793 or 1-800-777-4793

TO BE COMPLETED BY EMPLOYER Group # Subgroup # Effective Date Product ID # Product ID #
Employee Class Employee Dept. (if applicable) Approved by

1. INFORMATION ABOUT YOURSELF INSTRUCTIONS TO EMPLOYEE: Please print or type and complete Sections 1 through 5.

Employee Name (First, Ml, Last) Marital Status Single Married
Address City State Zip County
Phone Email Address Employer
Do you or any other family members have health insurance? Yes If yes, by whom? Spouse's health insurance carrier (if other than yours) Spouse's health insurance ID#
Coverage level Subscriber Subscriber & Spouse Subscriber & Dependents Family
Eligible for Medicare? Yes No Member ID# Spouse/Dependent ID#
Member A Effective Date B Effective Date Spouse A Effective Date B Effective Date

2. ENROLLMENT/CHANGE

A. New Applicant Add Dependent REASON: Qualifying Event (describe)
 Name Change Plan Transfer New Hire
 COBRA Address Change Open Enrollment Other _____
 COBRA/State Continuation
Effective Date of Change _____

3. CHOOSE COVERAGE

HMO* PPO Dental POS* EPO High Deductible EPO High Deductible PPO
 Trivantage (Choose an option): Active Lifestyles Family Focus Healthy Alternatives Other _____
*You and each of your dependents must designate your choice of Primary Care Physician. For help, visit MVP's website www.nvhealthcare.com or contact the MVP Customer Care Center.

4. INFORMATION ABOUT ALL FAMILY MEMBERS YOU WANT ENROLLED UNDER YOUR PLAN For additional dependents, please list on a separate form.

1. Self
 Male Female Age _____ Date of Birth _____ / _____ / _____ Social Security No. (required) _____
Primary Care Physician (PCP) (First, Last) PCP Number _____
Relationship to Subscriber _____

2. Name (First, Ml, Last)
 Male Female Age _____ Date of Birth _____ / _____ / _____ Social Security No. (required) _____
Primary Care Physician (PCP) (First, Last) PCP Number _____
Relationship to Subscriber _____

3. Name (First, Ml, Last)
 Male Female Age _____ Date of Birth _____ / _____ / _____ Social Security No. (required) _____
Primary Care Physician (PCP) (First, Last) PCP Number _____
Relationship to Subscriber _____

4. Name (First, Ml, Last)
 Male Female Age _____ Date of Birth _____ / _____ / _____ Social Security No. (required) _____
Primary Care Physician (PCP) (First, Last) PCP Number _____
Relationship to Subscriber _____

5. SIGNATURE I have read and agree to the authorization of the reverse side of this form. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

DATE _____

6. AUTHORIZATION

On behalf of myself and any listed dependents, I (we) hereby apply for membership in MVP.

I hereby consent to the release of any medical, health and/or payment information (including without limitation pharmacy and claims information) about me and my minor eligible dependents by any licensed physician, hospital, other health care provider, or authorized federal, state or local agencies to MVP and any health care providers involved in caring for me or my minor eligible dependents, as reasonably necessary to allow MVP to administer my benefits or for MVP or my health care providers to carry out treatment, payment, or health care operations functions, to the extent permitted by law. I also agree that the information released for treatment, payment and health care operations may include HIV, STD, mental health or alcohol and substance abuse information about me and my minor eligible dependents to the extent permitted by law, until I revoke this consent.

I hereby certify that the statements made are true and complete to the best of my knowledge and belief.

By including an email address on this Enrollment/Change Form, you agree to accept electronic communication unless otherwise required by law.