

	Coverage Information		Limits and Exclusions
Plan Cost-Sharing Highlights	In-Network	Out-of-Network	
Annual Deductible per Contract Year	\$100 Person	\$500 Person	None
Co-insurance	20% coinsurance	30% coinsurance	None
Annual Out-of-Pocket Maximum	\$1,450 Person	\$10,000 Person	None
Primary Care Physician Office Visits	\$15 copay	30% coinsurance*	None
Specialist Office Visits	\$15 copay	30% coinsurance*	None
Preventive & Well Care Services	In-Network	Out-of-Network	
Well Child Care & Immunizations	Covered in Full. For a full list of covered preventive care services, visit <a href="http://mvphealthcare.com">mvphealthcare.com</a> .	Well Child Care & Immunizations Covered in Full; Subject to out-of-network cost share for all other services.	
Adult Annual Physical (One per Contract Year)			None
Mammography			
Annual Pap Test & Ob/Gyn Exam			
Immunizations for Adults			
Colonoscopy /Sigmoidoscopy Screening			
Bone Density Tests			
Physician Office Visits	In-Network	Out-of-Network	
Diagnostic Laboratory Services	Covered in full	PCP: 30% coinsurance* /Spec: 30% coinsurance*	None
Diagnostic X-ray	Covered in full	PCP: 30% coinsurance* /Spec: 30% coinsurance*	None
Advanced Imaging Services (CT/PET scans, MRIs)	Covered in full	Spec: 30% coinsurance*/Free-Stnd: 30% coinsurance*	None
Rehabilitative Services (PT/OT/ST)	\$15 copay	30% coinsurance*	60 visits per condition, per Plan Year combined therapies
Allergy Services	\$15 copay	30% coinsurance*	None
Chemotherapy	\$15 copay	30% coinsurance*	None
Inpatient Services - Hospital	In-Network	Out-of-Network	
Medical/Surgical Admissions	20% coinsurance*	30% coinsurance*	None
Surgical Services	20% coinsurance*	30% coinsurance*	None
Inpatient Physical Rehabilitation	20% coinsurance*	30% coinsurance*	60 days per Plan Year Combined Therapies

# New York

Plan Name: PPO

Plan Form: Ithaca College-NY8STUXAIC15(PNYSTU001A)

Plan Status: Active



	Coverage Information		Limits and Exclusions
Outpatient Hospital Services	In-Network	Out-of-Network	
Hospital Rehab Services (PT/OT/ST)	\$15 copay	30% coinsurance*	60 visits per condition, per Plan Year combined therapies
Diagnostic Laboratory Services	Covered in full	30% coinsurance*	None
Diagnostic X-ray	Covered in full	30% coinsurance*	None
Advanced Imaging Services (CT/PET, scans, MRIs)	Covered in full	30% coinsurance*	None
Ambulatory/Outpatient Surgery	20% coinsurance*	30% coinsurance*	None
Emergency Care	In-Network	Out-of-Network	
Emergency Room (ER) Visit	\$100 copay	\$100 copay	None
Urgent Care Centers	\$15 copay	\$15 copay	None
Ambulance (Emergency Medical Transportation)	\$100 copay	\$100 copay	None
Maternity Services	In-Network	Out-of-Network	
Maternity – Prenatal Care	Covered in Full	30% coinsurance*	None
Maternity – Physician Delivery	20% coinsurance*	30% coinsurance*	None
Maternity – Inpatient Hospital Services	20% coinsurance*	30% coinsurance*	None
Behavioral Health Services	In-Network	Out-of-Network	
Mental Health Inpatient Hospital	20% coinsurance*	30% coinsurance*	including residential treatment
Mental Health Outpatient	\$15 copay	30% coinsurance*	None
Substance Use Disorder Inpatient Hospital	20% coinsurance*	30% coinsurance*	including residential treatment
Substance Use Disorder Outpatient	\$15 copay	30% coinsurance*	Unlimited; Up to 20 visits per plan year may be used for family counseling
Residential Treatment	20% coinsurance*	30% coinsurance*	None
Other Services	In-Network	Out-of-Network	
Skilled Nursing Facility	20% coinsurance*	30% coinsurance*	200 days per plan year
Home Health Care	\$15 copay	30% coinsurance*	60 visits per plan year
Hospice	Int: 20% coinsurance* /Output: \$15 copay	Inpt: 30% coinsurance* /Output: 30% coinsurance*	210 days per plan year, 5 visits for family bereavement counseling
Durable Medical Equipment	20% coinsurance*	30% coinsurance*	None
Diabetic Supplies & Equipment	\$15 copay	30% coinsurance*	None
Chiropractic Benefit	\$15 copay	30% coinsurance*	None
Acupuncture	\$15 copay	Not covered	12 visits per plan year

\*Deductible applies to this benefit

New York

Plan Name: PPO

Plan Form: Ithaca College-NY8STUXAIC15(PNYSTU001A)

Plan Status: Active



	Coverage Information		Limits and Exclusions
Prescription Drug Coverage	In-Network	Out-of-Network	
Tier 1	Pharm: \$10 copay/Mail: \$25 copay	See available Riders	30 day retail/90 day mail order
Tier 2	Pharm: \$25 copay/Mail: \$62.50 copay	See available Riders	30 day retail/90 day mail order
Tier 3	Pharm: \$40 copay/Mail: \$100 copay	See available Riders	30 day retail/90 day mail order
Prescription Drug Deductible	None	None	None
Vision Care	In-Network	Out-of-Network	
Adult Vision Care	\$15 copay	30% coinsurance*	One exam per plan year
Pediatric Vision Care	\$15 copay	30% coinsurance*	One exam per plan year
Other Plan Features	In-Network	Out-of-Network	
myVisitNow® – 24/7 Online Doctor Visits	\$15 copay	Not covered	None
Wellness Benefits	\$125 allowance	Included in In-Network benefit	Reimbursement for gym, kids sports or weight management.
Plan Highlights	myVisitNow® (Telemedicine) – 24/7 Online Doctor Visits, myMVP Mobile App.		

As an MVP member, you can be sure you will always get the care, support, tools, and information you need. You will have access to top-rated customer care representatives, **myVisitNow®** – 24/7 online doctor visits, online wellness tools and 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.

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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 (COC), Schedule, and any applicable Rider(s), your COC, Schedule, and Rider(s) will be controlling. For plan details, please call **1-800-TALK-MVP** (825-5687), or visit [mvphealthcare.com](http://mvphealthcare.com).

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

None

\*Deductible applies to this benefit