



625 State Street  
Schenectady, NY 12305-2111  
[mvphealthcare.com](http://mvphealthcare.com)

Start saving today!

Get a **no cost** Health Savings Account from MVP.

Dear

Thank you for choosing MVP Health Care® (MVP) for your health insurance needs. You are a valued customer and we want to make sure you get the most out of your high-deductible health plan (HDHP) from MVP.

Open a Health Savings Account (HSA) with MVP to save on out-of-pocket medical and pharmacy costs, **and MVP will cover your monthly HSA administration fees in full!**\*

### Benefits of owning an HSA:

- ✔ **Contribute up to \$4,150/\$8,300** (individual/family) to your HSA in 2024.\*\*
- ✔ **Double Tax Savings.** Funds grow tax free and are not taxed coming out of your account when used for qualified medical, dental, vision, and pharmacy expenses.
- ✔ **Funds rollover from year to year**, and you can contribute as long as you qualify.\*\*\*
- ✔ **Invest funds in an HSA investment account** after the minimum balance is reached.

### Getting started is easy!

Complete the enclosed Health Savings Account Authorization and send it back to MVP. Submission instructions are included on the form. After your HSA is activated, you can setup your online account to manage claims, choose your contribution amounts, and more!

If you have any further questions, please call the MVP Customer Care Center at the phone number listed on the back of your MVP Member ID card Monday through Friday, 8:30am – 5pm.

Sincerely,

Laurie Metheny  
Chief Customer Experience Officer  
MVP Health Plan, Inc.

### Enclosures

\*No cost HSA available from January 1, 2024 – December 31, 2024. Restrictions may apply. An HDHP must be qualified to be eligible to pair with an HSA. To be qualified, the HDHP must meet the yearly minimum deductible and out-of-pocket maximum (OOPM) requirements. In 2024, the deductible minimum requirement is \$1,600/\$3,200 (individual/family) and the OOPM maximum requirement is \$8,050/\$16,100 (individual/family).

\*\*You, your spouse, and any of your family members can make contributions to an HSA, up to the total maximum contribution amount. Individuals age 55 and over may make an additional \$1,000 for catch-up contributions.

\*\*\*To open and/or make contributions to an HSA, you must have a qualified HDHP, can't be covered under a secondary health insurance plan, have a cost-share reduction applied to your plan, be enrolled in Medicare, or be covered on another person's health insurance plan as a dependent.

# Health Savings Account Enrollment Request

## For MVP Health Care® Individual High-Deductible Health Plan Members



Complete and submit this form if you are an individual enrolled in a Qualified High Deductible Health Plan (HDHP) option through MVP Health Care and would like to open a WealthCare Saver Health Savings Account (HSA) through MVP.

Primary subscribers only are eligible to enroll in a WealthCare Saver HSA through MVP. Dependent members on this plan who wish to enroll in an HSA, and meet the criteria above, should contact their local banking institution.

### HSA Eligibility Requirements

To be eligible for an HSA, you must meet the following requirements as defined by the Internal Revenue Service (IRS):

- You must be covered by a qualified HDHP on the first day of the month in which the HSA is opened.
- You have no other health insurance coverage except what is permitted by the IRS, and are not enrolled in Medicare, TRICARE, or TRICARE for Life.
- You cannot be claimed as a dependent on someone else's income tax return. Domestic partners and dependents are not eligible to use HSA funds unless they are a tax dependent of the account holder.
- You have not received Veterans Affairs (VA) benefits within the past three months, except for preventive care, unless you have a disability rating from the VA.
- You do not have a medical Flexible Spending Account (FSA) or Health Reimbursement Arrangement (HRA). Alternative plan designs, such as a Limited Purpose FSA may be permitted.
- Only active members enrolled in a qualified HDHP can enroll in an HSA; spousal rules apply.

### What Happens After Submitting this Form

Once this form is completed and submitted, MVP will confirm your personal information through your MVP Member ID, as required by the USA Patriot Act. This process is called the Customer Identification Program (CIP).

If your information did not pass CIP, WealthCare Saver will contact you to request additional information to confirm your identity. If you do not submit the documentation within the time frame allowed, your HSA will not be processed.

Please be sure to respond promptly if more information is requested.

Once your HSA is activated, you will receive your **MVP CareFund Debit Card** to use for qualified expenses.

### Questions? We're here to help.

Call the MVP Customer Care Center at the phone number listed on the back of your MVP Member ID card.

# Health Savings Account Enrollment Request

For MVP Health Care® Individual High-Deductible Health Plan Members



## Submitting a Completed Form

If you enrolled in your HDHP directly through MVP:

- Scan and email this form to **easeligibility@mvphealthcare.com** or select the Submit button below.
- Fax: **1-800-683-5089**

Submit

If you enrolled in your HDHP through the NY State of Health or Vermont Health Connect:

- Scan and email this form to **easexchangegroup@mvphealthcare.com** or select the Submit button below.
- Fax: **1-800-683-5089**

Submit

## Section 1: MVP Member Information *(please print)*

Member Name *(first, middle, last)*

MVP Member ID No.

Phone No.

Email

## Section 2: Authorization

By completing and signing this Enrollment form, I acknowledge that I have enrolled in an Individual High-Deductible health plan and hereby grant permission to MVP Health Care, its affiliates, and its subsidiaries (collectively, the “MVP”) to provide certain information that can personally identify me as a member to MVP’s banking partner(s) for the purpose of the banking partner(s) to establish a Health Savings Account (HSA) in my name, or to provide me with information about HSA opportunities available at the bank(s). The personal information that will be shared consists of my name, date of birth, address, Social Security number, and email address.

Additionally, under penalties of perjury, I certify that: (1) the number shown above is my correct MVP Member ID number; (2) I am a United States resident (including U.S. resident alien); and (3) I am **not** subject to backup withholding because I am exempt from backup withholding, or because I have **not** been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified me that I am **no longer subject to backup withholding** (the IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding; you should consider contacting a tax advisor if you are unsure if you are subject to backup withholding).

I attest that the information I have provided on this form is true to the best of my knowledge.

**I have read and agree to this authorization.**

Member Name *(print)*

Signature

Date

## Questions? We’re here to help.

Call the MVP Customer Care Center at the number listed on the back of your MVP Member ID card.

You should confirm that you are sending this form and other required documentation to the correct email address. You are sharing Personal Health Information on this form.

MVP Health Care is not responsible for your compliance with the IRS rules and regulations regarding HSAs. You may consider consulting a tax or financial advisor before opening an HSA.

# Getting Started with Your MVP Health Care® Spending Account



Thank you for choosing MVP as your spending account administrator!

You can use your MVP CareFund Debit Card to pay for qualified out-of-pocket medical expenses. Plus, your online account gives you real-time access to account information, balances, and transactions.

## Set Up Your Online Account

Create your account at [mvphealthcare.wealthcareportal.com](http://mvphealthcare.wealthcareportal.com). Be sure to have your MVP Member ID card handy. You will need information from your ID card to enter your Employee ID and Employer ID to complete the registration process.

### What is my Employee ID?

Your Employee ID is a combination of the **Group#** and the first nine digits of your **Subscriber ID Number**, with a forward slash between the two numbers, i.e., 123456/123456789.

### What is my Employer ID?

Your Employer ID is the **Group#** preceded by "MVP", i.e., MVP123456.

If you do not have an MVP Member ID card, call the MVP Flexible Benefits Department at the phone number on the back of your MVP CareFund Debit Card.

## Download the myHealthSpend Mobile App



The myHealthSpend mobile app provides all the services of your online account and you can use the *Check Item Eligibility* feature to see if an item qualifies for reimbursement out of your spending account. Although your MVP WealthCare Portal and myHealthSpend login credentials are the same, you must set up your online account before using the mobile app.

Download the myHealthSpend mobile app on the App Store® or Google Play®. Msg&data rates may apply.

## Need more information?

Please contact the MVP Flexible Benefits Department at the phone number on the back of your MVP CareFund Debit Card.

MVP Health Care		MVP Premier	
<b>Subscriber Name</b>	JOHN Q. MVPMEMBER	<b>Group#:</b>	123456
<b>Subscriber ID Number</b>	12345678900	<b>RxBIN:</b>	004336
		<b>RxPCN:</b>	ADV
		<b>RxGRP:</b>	MVPMRKT
<b>Member ID</b>	<b>Member Name</b>	<b>Primary Care:</b>	\$15
123456789 01	HENRY'S MVPMEMBER	<b>Specialist:</b>	\$35
123456789 02	JANE E MVPMEMBER	<b>Urgent Care:</b>	\$55
123456789 03	BONNIE D MVPMEMBER	<b>Emergency Room:</b>	\$100



MVP CareFund Debit Mastercard is issued by The Bancorp Bank, Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated. The Bancorp Bank is not affiliated in any way with your Benefit Plan and or plan documents, and does not endorse, sponsor, or administer your Benefit Plan. This card cannot be used everywhere Debit Mastercard, Maestro, and NYCE cards are accepted. This card cannot be used at any ATM or to obtain cash. Refer to your Plan documentation for details on use. 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.

# Non-Discrimination Notice

## For MVP Commercial Plans



MVP Health Care® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sexual orientation and gender identity). MVP Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including sexual orientation and gender identity).

### What MVP Health Care Provides

Free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

### If You Need These Services

If you need these services, contact Elona Charles-Wilson at **1-844-946-8009** (TTY: 1-800-662-1220).

### How to File a Grievance or Complaint

If you believe that MVP has not given you these services or has treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with MVP by:

**Mail:** ATTN: ELONA CHARLES-WILSON  
CIVIL RIGHTS COORDINATOR  
MVP HEALTH CARE  
625 STATE ST  
SCHENECTADY NY 12305-2111

**Phone:** **1-844-946-8009**  
(TTY/TDD: 1-800-662-1220)

**In person:** 625 State Street, Schenectady, NY

**Email:** [civilrightscoordinator@mvphealthcare.com](mailto:civilrightscoordinator@mvphealthcare.com)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

**Online:** [ocrportal.hhs.gov](https://ocrportal.hhs.gov)

**Mail:** US DEPT OF HEALTH & HUMAN SRVS  
200 INDEPENDENCE AVE SW  
HHH BLDG ROOM 509F  
WASHINGTON DC 20201

**Phone:** **1-800-368-1019**  
(TTY/TTD: 1-800-537-7697)

Complaint forms are available by visiting [hhs.gov/regulations](https://hhs.gov/regulations) and selecting *Complaints & Appeals*, then *Civil Rights: How to file a complaint*.

### Multi-Language Interpreter Services

#### Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-844-946-8010** (TTY: 1-800-662-1220).

#### 繁體中文 (Chinese)

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-844-946-8010** (TTY: 1-800-662-1220)。

#### Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-844-946-8010** (телетайп: 1-800-662-1220).

#### Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-844-946-8010** (TTY: 1-800-662-1220).

#### 한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-844-946-8010** (TTY: 1-800-662-1220) 번으로 전화해 주십시오.

#### Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-844-946-8010** (TTY: 1-800-662-1220).

#### אידיש (Yiddish)

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט **1-844-946-8010** (TTY: 1-800-662-1220).

#### বাংলা (Bengali)

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **১-৮৪৪-৯৪৬-৮০১০** (TTY: ১-৮০০-৬৬২-১২২০)।

#### Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-844-946-8010** (TTY: 1-800-662-1220).

#### العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **0108-649-448-1** (رقم هاتف الصم والبكم: 1-0221-266-008).

#### Français (French)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-844-946-8010** (ATS: 1-800-662-1220).

#### اردو (Urdu)

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-844-946-8010** (TTY: 1-800-662-1220)۔

#### Tagalog (Tagalog-Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-844-946-8010** (TTY: 1-800-662-1220).

#### Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-844-946-8010** (TTY: 1-800-662-1220).

#### Shqip (Albanian)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-844-946-8010** (TTY: 1-800-662-1220).