New York

Plan Name: MVP Premier Bronze 1 HDHP

Plan Form: NY-HMOH-DB-001-S

Plan Status: Active

Plan Cost-Sharing Highlights	Coverage Information	Limits and Exclusions
Annual Deductible per Contract Year	$5,500 Person/$11,000 Family - Embedded	None
Co-insurance	50% Person/50% Family	None
Annual Out-of-Pocket Maximum	$8,050 Person/$16,100 Family - Embedded	None
Primary Care Physician Office Visits	50% coinsurance*	None
Specialist Office Visits	50% coinsurance*	None
Preventive & Well Care Services		
Well Child Care & Immunizations Adult Annual Physical (One per Contract Year) Mammography Annual Pap Test & Ob/Gyn Exam Immunizations for Adults Colonoscopy /Sigmoidoscopy Screening Bone Density Tests	Covered in Full. For a full list of covered preventive care services, visit **mvphealthcare.com**.	None
Physician Office Visits		
Diagnostic Laboratory Services	PCP: 50% coinsurance*/Spec: 50% coinsurance	None
Diagnostic X-ray	PCP: 50% coinsurance*/Spec: 50% coinsurance	None
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: 50% coinsurance*/Free-Stnd: 50% coinsu	None
Rehabilitative Services (PT/OT/ST)	50% coinsurance*	60 visits per condition, per Plan Year combined thera
Allergy Services	50% coinsurance*	Cost share dependent on location of services
Chemotherapy Visit	50% coinsurance*	None
Inpatient Services - Hospital		
Medical/Surgical Admissions	50% coinsurance*	Per continuous confinement
Surgical Services	50% coinsurance*	None
Inpatient Physical Rehabilitation	50% coinsurance*	60 days per Plan Year Combined Therapies
Outpatient Hospital Services		
Hospital Rehab Services (PT/OT/ST)	50% coinsurance*	60 visits per condition/year combined therapies
Diagnostic Laboratory Services	50% coinsurance*	None
Diagnostic X-ray	50% coinsurance*	None
Advanced Imaging Services (CT/PET, scans, MRIs)	50% coinsurance*	None
Ambulatory/Outpatient Surgery	50% coinsurance*	None
Emergency Care		
Emergency Room (ER) Visit	50% coinsurance*	None
Urgent Care Centers	50% coinsurance*	None
Ambulance (Emergency Medical Transportation)	50% coinsurance*	None
Maternity Services		
Maternity – Prenatal Care	Covered in Full	None
Maternity – Physician Delivery	50% coinsurance*	50% coinsurance*
Maternity – Inpatient Hospital Services	50% coinsurance*	None

***Deductible applies to this benefit**

New York

Plan Name: MVP Premier Bronze 1 HDHP

Plan Form: NY-HMOH-DB-001-S (2025)

Plan Status: Active

	Coverage Information	Limits and Exclusions
Behavioral Health Services		
Mental Health Inpatient Hospital	50% coinsurance*	Including residential treatment
Mental Health Outpatient	50% coinsurance*	None
Substance Use Disorder Inpatient Hospital	50% coinsurance*	Including residential treatment
Substance Use Disorder Outpatient	50% coinsurance*	Unlimited; Up to 20 visits per plan year may be used for family counseling
Residential Treatment	50% coinsurance*	None
Other Services		
Physician Administered Drugs	50% coinsurance*	None
Skilled Nursing Facility	50% coinsurance*	200 days per plan year
Home Health Care	50% coinsurance*	40 visits per year
Hospice	50% coinsurance*	210 days per plan year, 5 visits for family bereavement counseling
Durable Medical Equipment	50% coinsurance*	Standard equipment covered
Diabetic Supplies & Equipment	50% coinsurance*	Diabetic Insulin Covered in full In Network
Chiropractic Benefit	50% coinsurance*	None
Acupuncture	Not covered	None
Prescription Drug Coverage		
Tier 1	Pharm: $10 copay*/Mail: $25 copay*	30 day retail/90 day mail order
Tier 2	Pharm: $35 copay*/Mail: $87.50 copay*	30 day retail/90 day mail order
Tier 3	Pharm: $70 copay*/Mail: $175 copay*	30 day retail/90 day mail order
Prescription Drug Deductible	Subject to annual deductible	None
Vision Care		
Adult Vision Care	Not covered	None
Pediatric Vision Care	50% coinsurance*	One exam per 12-month period
Other Plan Features		
Gia® Virtual Care	0% coinsurance*	None
Wellness Benefits	$600 allowance	Get reimbursed up to $600 per contract, per calendar year with MVP's Well-Being Reimbursement
Plan Highlights	Visit mvphealthcare.com for more information. View a complete Glossary of Terms and Member FAQs to better understand your MVP plan benefits.	

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**.

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.

***Deductible applies to this benefit**