

**New York**  
**Plan Name:** MVP Premier Platinum 1  
**Plan Form:** NY-HMO-DP-001-S (2025)  
**Plan Status:** Active



Plan Cost-Sharing Highlights	Coverage Information	Limits and Exclusions
Annual Deductible per Contract Year	\$0 Person/\$0 Family - Embedded	None
Co-insurance	As Noted Below	None
Annual Out-of-Pocket Maximum	\$2,000 Person/\$4,000 Family - Embedded	None
Primary Care Physician Office Visits	\$15 copay	None
Specialist Office Visits	\$35 copay	None
<b>Preventive &amp; Well Care Services</b>		
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 <a href="http://mvphealthcare.com">mvphealthcare.com</a> .	None
<b>Physician Office Visits</b>		
Diagnostic Laboratory Services	PCP: \$15 copay/Spec: \$35 copay	None
Diagnostic X-ray	PCP: \$35 copay/Spec: \$35 copay	None
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: \$35 copay/Free-Stnd: \$35 copay	None
Rehabilitative Services (PT/OT/ST)	\$25 copay	60 visits per condition, per Plan Year combined therapies
Allergy Services	\$35 copay	Cost share dependent on location of services
Chemotherapy Visit	\$15 copay	None
<b>Inpatient Services - Hospital</b>		
Medical/Surgical Admissions	\$500 copay	per continuous confinement
Surgical Services	\$100 copay	None
Inpatient Physical Rehabilitation	\$500 copay	60 days per Plan Year Combined Therapies
<b>Outpatient Hospital Services</b>		
Hospital Rehab Services (PT/OT/ST)	\$25 copay	60 visits per condition/year combined therapies
Diagnostic Laboratory Services	\$35 copay	None
Diagnostic X-ray	\$35 copay	None
Advanced Imaging Services (CT/PET, scans, MRIs)	\$35 copay	None
Ambulatory/Outpatient Surgery	\$100 copay	None
<b>Emergency Care</b>		
Emergency Room (ER) Visit	\$100 copay	None
Urgent Care Centers	\$55 copay	None
Ambulance (Emergency Medical Transportation)	\$100 copay	None
<b>Maternity Services</b>		
Maternity – Prenatal Care	Covered in Full	None
Maternity – Physician Delivery	\$100 copay	\$100 copay
Maternity – Inpatient Hospital Services	\$500 copay	None

\*Deductible applies to this benefit

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<b>Behavioral Health Services</b>		
<b>Mental Health Inpatient Hospital</b>	\$500 copay	Including residential treatment
<b>Mental Health Outpatient</b>	\$15 copay	None
<b>Substance Use Disorder Inpatient Hospital</b>	\$500 copay	Including residential treatment
<b>Substance Use Disorder Outpatient</b>	\$15 copay	Unlimited; Up to 20 visits per calendar year may be used for family counseling
<b>Residential Treatment</b>	\$500 copay	None
<b>Other Services</b>		
<b>Physician Administered Drugs</b>	\$15 copay	None
<b>Skilled Nursing Facility</b>	\$500 copay	200 days per plan year
<b>Home Health Care</b>	\$15 copay	40 visits per year
<b>Hospice</b>	Inpt: \$500 copay / Outpt: \$15 copay	210 days per plan year, 5 visits for family bereavement counseling
<b>Durable Medical Equipment</b>	10% coinsurance	standard equipment covered
<b>Diabetic Supplies &amp; Equipment</b>	\$15 copay	Diabetic Insulin Covered in full In Network
<b>Chiropractic Benefit</b>	\$35 copay	None
<b>Acupuncture</b>	Not covered	None
<b>Prescription Drug Coverage</b>		
<b>Tier 1</b>	Pharm: \$10 copay/Mail: \$25 copay	30 day retail/90 day mail order
<b>Tier 2</b>	Pharm: \$30 copay/Mail: \$75 copay	30 day retail/90 day mail order
<b>Tier 3</b>	Pharm: \$60 copay/Mail: \$150 copay	30 day retail/90 day mail order
<b>Prescription Drug Deductible</b>	None	None
<b>Vision Care</b>		
<b>Adult Vision Care</b>	Not covered	None
<b>Pediatric Vision Care</b>	\$15 copay	One exam per 12-month period
<b>Other Plan Features</b>		
<b>Gia® Virtual Care</b>	Covered in Full	None
<b>Wellness Benefits</b>	\$600 allowance	Get reimbursed up to \$600 per contract, per calendar year with MVP's Well-Being Reimbursement
<b>Plan Highlights</b>	Visit <a href="http://mvphealthcare.com">mvphealthcare.com</a> 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](http://mvphealthcare.com).

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