

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage Period:

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Coverage for:

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Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred Network Provider (You will pay the least)	In-Network Provider (You will pay more)	Out-of-Network Provider (You will pay)	

Common Medical Event	Services You May Need	What You Will Pay Preferred Network Provider	Limitations, Exceptions, & Other Important Information
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Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred Network Provider (You will pay the least)	In-Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	\$100 copay/visit			
	Emergency medical transportation				
	Urgent care				
If you have a hospital stay	Facility fee (e.g., hospital room)				
	Physician/surgeon fees				
If you need mental health, behavioral health, or substance abuse services	Outpatient services				
	Inpatient services	\$500 copay/stay	\$500 copay/stay	Not covered	

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred Network Provider (You will pay the least)	In-Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If your child needs					

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

MVP Health Care
P.O. Box 2207
Schenectady, NY 12301
Toll Free: 1-888-687-6277
www.mvphealthcare.com
members@mvphealthcare.com

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#).

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Peg is Having a Baby
 (9 months of in-network pre-natal care and a hospital delivery)

Managing Joe's type 2 Diabetes
 (a year of routine in-network care of a well-controlled condition)

Mia's Simple Fracture
 (in-network emergency room visit and follow up care)

The plan's overall deductible
Specialist
 Hospital (facility)
 Other

This EXAMPLE event includes services like:
 Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	
Copayments	
Coinsurance	
<i>What isn't covered</i>	
<u>deductible</u>	
Limits or exclusions	
The total Peg would pay is	

Non-Discrimination Notice

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