



# MVP Direct Access HMO 20+

*No Referrals Needed*

SERVICE CATEGORY	COVERAGE INFORMATION
<b>Physician Services</b>	
<b>Office Visits</b>	
PCP/Specialist Visit	
Periodic Physicals, Gynecological Exams	
Office Surgery	\$20 Copay/Office Visit
Vision Exams Every 2 Years	
Second Surgical Opinions (Not Required)	
Pap Tests, X-Ray Services	
Well Baby and Child Care	No Charge
Laboratory Services	
<b>Hospital Services</b>	
Surgery	
Anesthesiology	No Charge
Radiology	
Visits/Consultations	
<b>Hospital</b>	
Hospital Inpatient	No Charge
Hospital Outpatient-Lab	
Hospital Outpatient-Surgery	
Hospital Outpatient-X-Ray	\$20 Copay/Visit
Hospital Outpatient-Therapeutic Services	
<b>Maternity</b>	
Physician Services	No Copay after initial \$20 Copay/Visit
Hospital Services	
Nursery Care	No Charge
<b>Emergency Hospital Care</b>	
In-Area (Copay Waived when Followed by Hospitalization)	\$50 Copay/Visit
<b>Ambulance</b>	
	No Charge
<b>Prescription Coverage</b> (For Eligible Subscribers)	
Pharmacy-30-Day Supply	\$10 Copay-Generic/\$30 Copay-Formulary/\$50 Copay-Non-Formulary
Mail Order-90-Day Supply	\$20 Copay-Generic/\$60 Copay-Formulary/\$100 Copay-Non-Formulary
<b>Preventive Dental Care For Kids</b>	
Periodic Exams and X-Rays to Age 19	\$25 Copay/Office Visit
<b>Chiropractic Benefit</b>	
	\$20 Copay/Office Visit
<b>Durable Medical Equipment Prosthetic Devices &amp; Orthotics</b>	
	50% Copay
<b>Mental Health<sup>1</sup></b>	
Inpatient-30-Day Maximum	
Inpatient Physician-20 Visit Maximum	No Charge
Outpatient-20 Visit Maximum	\$20 Copay/Visit
<b>Substance Abuse Diagnosis &amp; Treatment</b>	
Detoxification	
Rehabilitation Inpatient-30-Day Maximum	No Charge
Rehabilitation Outpatient-60 Visit Maximum	\$20 Copay/Visit
<b>Physical/Occupational/Speech Therapy</b>	
	\$20 Copay/Visit (Up to 30 visits per member, per calendar year; combined benefit for PT/OT/ST for outpatient and office settings.)
<b>Home Health Care</b>	
	\$20 Copay/Visit
<b>Diabetic Supplies</b>	
	\$20 Copay for a 31-day supply
<b>Lifetime Maximum Coverage</b>	
	No Maximums

<sup>1</sup>FOR LARGE GROUPS (51+ employees): Benefits include extended coverage for certain biologically based Mental Health conditions and for children with specific emotional disturbances. Exclusions: Services by non-participating providers (unless emergency or authorized by MVP), custodial care, employment or insurance physicals, personal comfort items, experimental procedures, cosmetic surgery, reversal of voluntary sterilization, eye glasses/contact lenses, routine foot care, dental care for adults and TMJ. Services provided by non-participating physicians are not covered unless determined to be medically necessary by, and arranged by, an MVP physician and the Medical Director. This chart is intended to provide a general outline of MVP coverage. In the event of any conflict between this document and your Group or Subscriber Contract and any pertinent rider(s), your contract and riders will be controlling. Benefits may vary by state. For details, call 1-800-TALK-MVP.

## Here's How It Works

### You choose a Primary Care Physician

You must choose a Primary Care Physician from our extensive network for you and each covered member of your family. Your current doctor is probably on our list of thousands of participating physicians. To try a doctor search now, go to [joinMVP.com](http://joinMVP.com) or call **1-888-MVP-MBRS (1-888-687-6277)**.

### You do not need a referral to see a participating specialist\*

*\*Certain services require a prescription or pre-authorization such as mental health and substance abuse services, speech, occupational and physical therapies, and laboratory, X-ray or nonemergency hospital services.*

## Features and Benefits

### Basics

- Thousands of doctors to choose from
- No claim forms or deductibles – just a low, fixed copay
- The highest rating for quality from the National Committee for Quality Assurance

### Benefits

- Comprehensive preventive and sick care for adults
- Worldwide emergency coverage
- Free preventive care including free routine immunizations, for children to age 19
- Preventive Dental Care for Kids to Age 19 – Covered check-ups, X-rays, cleanings, fluoride treatments and sealants
- Covered eye exams every two years for all members
- Complete hospital coverage – no day or dollar limits

## Additional Features

- *MVP After Hours* – reach our Member Services Department every day from 8 a.m. to 10 p.m., **1-888-MVP-MBRS (1-888-687-6277)**
- Our innovative Web site offers many convenient features – **[mvphealthcare.com](http://mvphealthcare.com)**:
  - Ask a question about coverage
  - Check claim status, eligibility and benefits
  - Find answers to commonly asked questions
  - Order ID Cards
- Exclusive member discounts on health and safety items, health clubs, optical programs, etc.
- A variety of special education programs for expectant mothers and families.
- ...and more!

## Web Tools and Services

To help your employees make informed health care decisions – find these tools in the Health Central section at **[www.mvphealthcare.com](http://www.mvphealthcare.com)**

- Online health library – powered by Healthwise® Knowledgebase
- Hospital quality comparison tool
- Hospital quality profile
- Prescription drug cost comparison tool
- Wide range of disease and care management programs.