



ID Cards

Samples of MVP member ID cards and plan descriptions appear below. To check member eligibility, logon to MVP's Web site (www.mvphealthcare.com) or call Member Services at 1-888-MVP-MBRS (1-888-687-6277). For MVP Select Care (ASO) members, call 1-800-229-5851.

	Subscriber ID: 81234567800	New York
	JOSEPH SAMPLE	
Member #:	Member Name	
81234567801	EDIE SAMPLE	
81234567802	JULIAN SAMPLE	
81234567803	VICTOR SAMPLE	
81234567804	ANTHONY SAMPLE	
Plan Type:		
HMO		
Group #: 210723	Effective Date: 01/01/2006	
PCP Office Visit: \$25	Specialist Office Visit: \$40	
Hospital Inpatient: \$500	Referral Required	
Rx Group #: MVRPX	Emergency Room: \$100	
	Bin #: 610527	Processor #: VL

HMO

- Primary Care Physician required
- Referral required
- Copayments for PCP and Specialist listed
- No out-of-network benefits

	Subscriber ID: 81234567800	New York
	JOSEPH SAMPLE	
Member #:	Member Name	
81234567801	EDIE SAMPLE	
81234567802	JULIAN SAMPLE	
81234567803	VICTOR SAMPLE	
81234567804	ANTHONY SAMPLE	
Plan Type:		
Direct Access HMO		
Group #: 240034	Effective Date: 04/01/2006	
PCP Office Visit: \$15	Specialist Office Visit: \$15	
Hospital Inpatient: \$240	No Referral Required	
Rx Group #: MVRPX	Emergency Room: \$50	
	Bin #: 610527	Processor #: VL

Direct Access HMO

- Primary Care Physician required
- No referral required (Direct Access)
- Copayment for PCP and Specialist listed
- No out-of-network benefits

	VERIZON MVP SELECT CARE MEDICAL PLAN		Group #: 123456
	Administered by MVP Select Care, Inc. Plan Type: HMO		Effective Date: 01/01/2006
Subscriber ID:	82013216500 Sandra Sample		
	82013216501 Samuel Sample		
Plan Type:			
HMO			
Office Visit: \$10	Emergency Room: \$50		
Hospital Inpatient: \$0	Referral Required		
Rx Group #: MVRPX	Bin #: 610527	Processor #: VL	

ASO

- MVP Administrative Services Only (ASO) for self-funded employer groups
- Benefits unique to each employer group
- Employer name appears on the card

	Subscriber ID: 81234567800	New York
	JOSEPH SAMPLE	
Member #:	Member Name	
81234567801	EDIE SAMPLE	
81234567802	JULIAN SAMPLE	
81234567803	VICTOR SAMPLE	
81234567804	ANTHONY SAMPLE	
Plan Type:		
POS		
Group #: 213972	Effective Date: 04/01/2006	
PCP Office Visit: \$25	Specialist Office Visit: \$40	
Out of Network Coverage: 50%	Referral Required (In-Network)	
Hospital Inpatient: \$500	Emergency Room: \$100	
Rx Group #: MVRPIAB	Bin #: 610527	Processor #: VL

POS

- Point of Service (POS) plan
- Copayments for PCP and Specialist listed
- Primary Care Physician required
- Referral required
- Out-of-network benefits available, at greater cost

	Subscriber ID: 81234567800	New York
	JOSEPH SAMPLE	
Member #:	Member Name	
81234567801	EDIE SAMPLE	
81234567802	JULIAN SAMPLE	
81234567803	VICTOR SAMPLE	
81234567804	ANTHONY SAMPLE	
Plan Type:		
Direct Access POS		
Group #: 240034	Effective Date: 04/01/2006	
PCP Office Visit: \$15	Specialist Office Visit: \$15	
Hospital Inpatient: \$240	No Referral Required	
Rx Group #: MVRPX	Emergency Room: \$50	
	Out of Network Coverage: 20%	
	Bin #: 610527	Processor #: VL

Direct Access POS

- Point of Service (POS) plan
- Copayments for PCP and Specialist listed
- Primary Care Physician required
- No referral required (Direct Access)
- Out-of-network benefits available, at greater cost to member

	Subscriber ID: 81234567800	New York
	JOSEPH SAMPLE	
Member #:	Member Name	
81234567801	EDIE SAMPLE	
81234567802	JULIAN SAMPLE	
Plan Type:		
PPO		
Group #: 245834	Effective Date: 04/01/2006	
Office Visit: \$10	No Referral Required	
Out of Network Coverage: 30%	ER Coinsurance: 20%	
Hospital Inpatient Coverage: 20%		
Rx Group #: MVRPX	Bin #: 610527	Processor #: VL

PPO

- Preferred Provider Organization (PPO) plan
- No Primary Care Physician required
- No referral required
- Out-of-network benefits available, at greater cost
- Access to national provider network
- Reduction of benefits if patient fails to notify MVP of admission or same day surgery

	Subscriber ID: 81234567800	New York
	JOSEPH SAMPLE	
Member #:	Member Name	
81234567801	EDIE SAMPLE	
81234567802	JULIAN SAMPLE	
Plan Type:		
Indemnity		
Group #: 245803	Effective Date: 04/01/2006	
Coinurance: 20%	No Referral Required	
Rx Group #: MVRPX	Bin #: 610527	Processor #: VL

Indemnity

- Traditional Indemnity plan
- No Primary Care Physician required
- No referral required
- No network restrictions
- Deductible and coinsurance apply

	Subscriber ID: 81234567800	New York
	JOSEPH SAMPLE	
Member #:	Member Name	
81234567801	EDIE SAMPLE	
81234567802	JULIAN SAMPLE	
81234567803	VICTOR SAMPLE	
81234567804	ANTHONY SAMPLE	
Plan Type:		
EPO		
Group #: 200450	Effective Date: 04/01/2006	
Office Visit: \$20	Specialist Office Visit: \$20	
Hospital Inpatient: \$500	No Referral Required	
Rx Group #: MVRPX	Emergency Room: \$50	
	Bin #: 610527	Processor #: VL

EPO

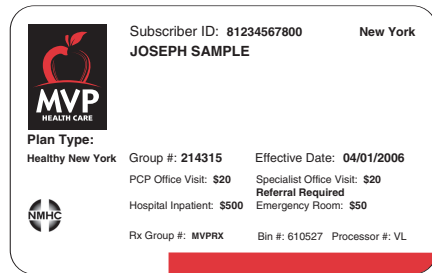
- Exclusive Provider Organization (EPO) plan
- No referral required
- No out-of-network benefits
- No Primary Care Physician required
- Office visit copayments apply

	Subscriber ID: 81234567800	New York
	JOSEPH SAMPLE	
Member #:	Member Name	
81234567801	EDIE SAMPLE	
Plan Type:		
EPO America		
Group #: 242004	Effective Date: 04/01/2006	
Office Visit: \$25	Specialist Office Visit: \$25	
Hospital Inpatient: \$500	No Referral Required	
Rx Group #: MVRPX	Emergency Room: \$50	
	Bin #: 610527	Processor #: VL

EPO America

- Exclusive Provider Organization (EPO) plan
- No referral required
- No out-of-network benefits
- No Primary Care Physician required
- Access to national provider network

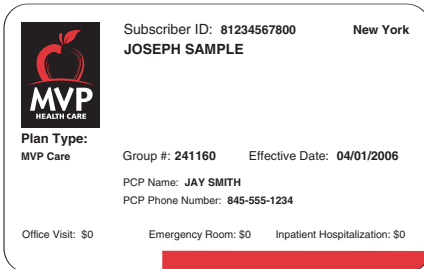
(over)



Healthy New York

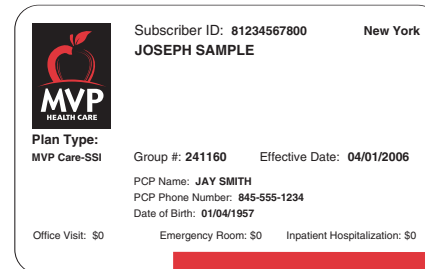
- Basic HMO plan with limited benefits
- Primary Care Physician required
- Referral required
- No out-of-network benefits
- Excludes physical therapy, inpatient/outpatient behavioral health services
- POS option available

Samples of Government Programs ID Cards – New York State Only



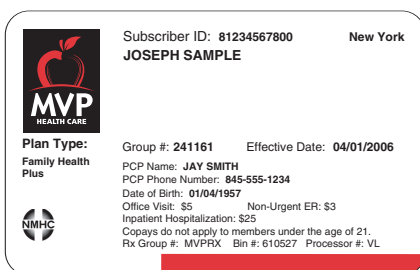
MVP Care

- Primary Care Physician required
- Pre-authorization required
- Referral required (direct access to limited services)
- No copayments
- Care must be rendered by a participating Government Programs provider
- Pharmacy services through NYS fee-for-service Medicaid program (1-877-309-9493)
- Outpatient imaging pre-authorization required through MVP
- Mental health authorizations through MVP Behavioral Health Access Center (1-800-568-0458)
- Substance abuse services through NYS fee-for-service Medicaid program (1-800-541-2831)
- Dental care through Healthplex (1-800-468-0608)
- Routine eye exams and eyeglasses from Davis Vision (1-800-328-4728)



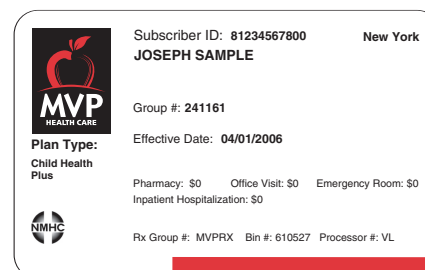
MVP Care-SSI

- Primary Care Physician required
- Pre-authorization required
- Referral required (direct access to limited services)
- No copayments
- Care must be rendered by a participating Government Programs provider
- Dental care through Healthplex (1-800-468-0608)
- Pharmacy services through NYS fee-for-service Medicaid program (1-877-309-9493)
- Outpatient imaging pre-authorization required through MVP
- Mental health and substance abuse services through NYS fee-for-service Medicaid program (1-800-541-2831)
- Routine eye exams and eyeglasses from Davis Vision (1-800-328-4728)



Family Health Plus

- Primary Care Physician required
- Pre-authorization required
- Referral required
- No copayments
- Care must be rendered by a participating Government Programs provider
- Dental care through Healthplex (1-800-468-0608)
- MVP Formulary applies
- Outpatient imaging pre-authorization required through MVP
- Mental health and substance abuse authorizations through MVP Behavioral Health Access Center (1-800-568-0458)
- Routine eye exams and eyeglasses from Davis Vision (1-800-328-4728)



Child Health Plus

- Primary Care Physician required
- Pre-authorization required
- Referral required
- No copayments
- Care must be rendered by a participating Government Programs provider
- Dental care through Healthplex (1-800-468-0608)
- MVP Formulary applies
- Outpatient imaging pre-authorization required through MVP
- Mental health and substance abuse authorizations through MVP Behavioral Health Access Center (1-800-568-0458)
- Routine eye exams and eyeglasses from Davis Vision (1-800-328-4728)