

Duaneburg CSD Benefit Comparison

Note: This is intended only as a summary of benefits. Please see contracts for full details.

Services	PPO		CDPHP	MVP
	In Network/ Par Provider	Out of Network/ Non Par Provider		
Type of Plan	Self Funded PPO - Preferred Provider Organization		Community Rated HMO - Health Maintenance Organization	Community Rated HMO - Health Maintenance Organization
Do deductibles and coinsurance apply?	No	Yes	No	No
Coverage out of the area and state?	Yes		No, Worldwide emergency room and urgent care only	No, Worldwide emergency room and urgent care only
Coverage for full time college students?	Yes, to age 25		Yes, to age 25	Yes, to age 25
Website	www.empirebcbs.com		www.cdphp.com	www.mvphhealthcare.com
HOME/OFFICE/OUTPATIENT CARE				
Home/Office Visits				
Primary Care	\$12 copay	Deductible & Coinsurance	\$10 copay	\$10 copay
Specialist	\$12 copay	Deductible & Coinsurance	\$10 copay	\$10 copay
Annual Physical Exam	\$12 copay	Covered In Network Only	Covered in Full	\$10 copay
Well Child Care (up to age 19, including covered immunizations)	Covered in Full	Deductible & Coinsurance	Covered in Full	Covered in Full
Well Women Care	\$12 copay	Deductible & Coinsurance	\$10 copay	\$10 copay
Annual Mammograms and Cervical Cancer Screenings	Covered in Full	Deductible & Coinsurance	Covered in Full	\$10 copay
Maternity Care	Covered in Full	Deductible & Coinsurance	Covered in Full after initial office visit copay	Covered in Full after initial office visit copay
Emergency Room	\$35 copay; waived if admitted	\$35 copay; waived if admitted	\$50 copay; waived if admitted	\$35 copay; waived if admitted
Outpatient Surgery	Covered in Full; subject to pre-certification	Deductible & Coinsurance; subject to pre-certification	\$10 copay	\$10 copay
Pre-Surgical Testing and Anesthesia	Covered in Full	Deductible & Coinsurance	Covered in Full	Covered in Full
Second Surgical Opinion	\$12 copay	Deductible & Coinsurance	\$10 copay	\$10 copay
Chemotherapy and Radiation	Covered in Full	Deductible & Coinsurance	\$10 copay	\$10 copay
Diagnostic Lab and X-Ray	Covered in Full	Deductible & Coinsurance	\$10 copay; copay waived if provider is a designated site	\$10 copay
MRI and MRA	Covered in Full; subject to pre-certification	Deductible & Coinsurance; subject to pre-certification	\$10 copay	\$10 copay
Allergy Testing & Treatment	\$12 copay; waived for treatments	Deductible & Coinsurance	\$10 copay for testing; \$0 copay for treatment	\$10 copay
Chiropractic Care	\$12 copay; Empire must approve clinical/medical necessity	Deductible & Coinsurance	\$10 copay	\$10 copay
Home Health Care	Covered in full; maximum of 200 visits/CY	Deductible & Coinsurance; maximum of 200 visits/CY	Covered in Full	\$10 copay; 60 visit maximum
Hospice Care	Covered in Full; maximum of 210 days/lifetime	Covered In Network Only	Covered in Full	Covered in Full
Physical Therapy	\$12 copay; maximum of 30 visits/CY combined (home/office/outpatient); subject to pre-certification	Covered In Network Only	\$10 copay; up to 120 days	\$10 copay; up to 30 visits, combined benefit
HOME/OFFICE/OUTPATIENT CARE (cont'd)				
Occupational, Speech and Vision Therapy	\$12 copay; maximum of 30 visits/CY combined (home/office/outpatient); subject to pre-certification	Covered In Network Only	OT, \$10 copay up to 120 days; ST, \$10 copay up to 60 days	\$10 copay; up to 30 visits, combined benefit
Mental Health	\$25 copay; maximum of 40 visits/CY; subject to pre-certification	Covered In Network Only	\$30 copay; up to 20 visits per benefit period	\$35 copay; up to 20 visits per benefit period
Alcohol and Substance Abuse	Covered in Full; maximum of 60 visits/CY; subject to pre-certification	Deductible & Coinsurance; subject to pre-certification	\$10 copay; up to 60 visits	\$10 copay; up to 60 visits

Services	PPO		CDPHP	MVP
	In Network/ Par Provider	Out of Network/ Non Par Provider		
INPATIENT HOSPITAL CARE				
General Hospital Services	Unlimited days; subject to a \$100 copay/admission, up to \$250/CY/contract	Unlimited days; subject to deductible and coinsurance	Covered in Full	Covered in Full
Surgery, Surgical Assistant, Anesthesia	Covered in Full; subject to pre-certification	Deductible & Coinsurance; subject to pre-certification	Covered in Full	Covered in Full
Physical Therapy, Physical Medicine and Physical Rehabilitation	Up to 30 days/CY; subject to a \$100 copay/admission, up to \$250/CY/contract; subject to pre-certification	Deductible & Coinsurance; up to 30 days/CY; subject to pre-certification	Covered in Full	Covered in Full
Mental Health Services	Up to 30 days per CY; subject to a \$100 copay/admission, up to \$250/CY/contract; subject to pre-certification	Covered in network only	Covered in Full; up to 30 days	Covered in Full; up to 30 days
Alcohol & Substance Abuse Services	Up to 7 days detox per CY; subject to a \$100 copay/admission, up to \$250/CY/contract; subject to pre-certification	Covered in network only	Covered in Full; detox	Covered in Full; detox
OTHER SERVICES & CARE				
Skilled Nursing Facility	Covered in Full; up to 60 days/CY; subject to pre-certification	Covered in network only	Covered in Full; up to 90 days	Covered in Full; up to 60 days
Durable Medical Equipment	Covered in Full; subject to pre-certification	Covered in network only	20% coinsurance	50% copay
Ambulance	Covered in Full	Covered in network only	\$50 copay	No Charge
OTHER SERVICES & CARE (cont'd)				
Prescription Drug	Retail (30 day supply limit): \$10 Generic \$20 Preferred Brand \$30 Non-Preferred Brand Mail Order (90 day supply): \$20 Generic \$40 Preferred Brand \$60 Non-Preferred Brand	Covered in network only	Retail (30 day supply): \$10 Generic/\$20 Preferred Brand/\$35 Non Preferred Brand Mail Order (90 day supply): 2.5 copays	Retail (30 day supply): \$5 Generic/\$20 Preferred Brand/\$40 Non Preferred Brand Mail Order (90 day supply): \$10 Generic/\$40 Preferred Brand/\$80 Non Preferred Brand
Vision Care	\$10 copay for 1 exam every 2 years; \$10 copay for frames/contacts; \$0 additional copay on designer frames; \$35 allowance for non-plan purchases	Covered in network only	\$10 copay; routine eye exam once every 24 months	\$10 copay; routine eye exam once every 24 months
MAJOR MEDICAL				
Deductible				
Individual	None	\$500	None	None
Family	None	\$1,250	None	None
Coinsurance	None	30%	None	None
Coinsurance Maximum	N/A	\$1,500/individual and \$3,750/family <i>per CY</i> (Empire pays 70% of \$5,000/ \$12,500 then 100% thereafter)	N/A	N/A
Lifetime Maximum	Unlimited	\$1,000,000	Unlimited	Unlimited
DEPENDENT COVERAGE				
Dependent Children				

Benefits

SUMMARY



Duanesburg Central School

Benefit	In-Network ¹	Out-of-Network ^{2,3}
Deductible	N/A	\$500/\$1,250
Coinsurance	N/A	30%
Coinsurance Stop Loss	N/A	\$5,000/\$12,500 / (\$1,500/\$3,750 out-of-pocket)
Lifetime Maximum	Unlimited	\$1,000,000
Dependent Children	To age 19; full-time students to age 25	To age 19; full-time students to age 25
Home/Office/Outpatient Care	Member Pays	Member Pays
Home/Office Visits	\$12 copay	Deductible and Coinsurance
Annual Physical Exam	\$12 copay	Covered in-network only
Well-Child Care (Up to age 19; including covered immunizations)	\$0	Deductible and Coinsurance
Well-Woman Care	\$12 copay	Deductible and Coinsurance
Emergency Room/Facility (initial visit per occurrence)	\$35 copay (Waived if admitted within 24 hours)	\$35 copay (Waived if admitted within 24 hours)
Surgery ⁴ , Presurgical Testing, Anesthesia	\$0	Deductible and Coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and Coinsurance
Maternity Care	\$0	Deductible and Coinsurance
Mammograms	\$0	Deductible and Coinsurance
Cervical Cancer Screenings	\$0	Deductible and Coinsurance
Laboratory Tests, X-rays	\$0	Deductible and Coinsurance
MRI ⁵ /MRA ⁵ , CAT Scan ⁶ , PET ⁶ & Nuclear Cardiology ⁶	\$0	Deductible and Coinsurance
Allergy Testing & Treatment	\$12 copay (Waived for treatment)	Deductible and Coinsurance
Chiropractic Care ⁸	\$12 copay	Deductible and Coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Covered in-network only
Hospice Care (Up to 210 days per lifetime)	\$0	Covered in-network only
Physical Therapy ⁴ (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$12 copay	Covered in-network only
Other Short-Term Rehabilitative Therapies— Speech/Language ⁴ , Occupational ⁴ , Vision (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$12 copay	Covered in-network only

(1) Network provider delivers care.
 (2) Out-of-network services (except Mental Health and Alcohol/Substance Abuse) are those from a provider that does not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. (This does not apply to emergency benefits.) See (7) for Mental Health and Alcohol/Substance Abuse Services.
 (3) Out-of-network (O-O-N) providers – those who do not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. Out-of-network providers who do not participate with Empire or with another Blue Cross and Blue Shield Plan, may balance bill over Empire's allowed amount.
 (4) You are responsible for obtaining precertification from Empire's Medical Management Program for these services provided in-area and out-of-area, in-network and out-of-network. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. For ambulatory surgery, precertification is required for reconstructive surgery, outpatient transplants and ophthalmological or eye-related procedures. Precertification is also required for cosmetic surgery, an excluded benefit except when medically necessary.
 (5) For services received from an Empire PPO provider, the provider must precertify in-network services; Empire PPO providers cannot bill members beyond the copayment for covered services. Outside Empire's network area, you must obtain precertification from Empire's Medical Management Program for services from in-network BlueCard® PPO providers. You are responsible for obtaining precertification from Empire's Medical Management Program for in-area and out-of-area out-of-network services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.
 (6) Empire's network provider must precertify in-network services; Empire network providers cannot bill members beyond the co-payment for covered services. Precertification is not required for out-of-network services, nor for out-of-area in-network BlueCard® PPO provider services.
 (7) You are responsible for obtaining precertification from the Behavioral Healthcare Manager for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.
 (8) Empire's network provider must obtain authorization for clinical/medical necessity for in-network services; Empire network providers cannot bill members beyond the in-network deductible and coinsurance for covered services. Authorization is not required for out-of-network services or for services rendered from in-network BlueCard® PPO providers outside of Empire's network area.

References continued on next page



Benefit	In-Network ¹	Out-of-Network ^{2,3}
Cardiac Rehabilitation	\$12 copay	Deductible and Coinsurance
Second Surgical Opinion ⁹	\$12 copay	Deductible and Coinsurance
Kidney Dialysis	\$0	Deductible and Coinsurance
Inpatient Care⁴	Member Pays	Member Pays
Inpatient Care⁴		
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$100/\$250 per admission/maximum per calendar year per contract	Deductible and Coinsurance
Surgery, Surgical Assistant, Anesthesia	\$0	Deductible and Coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 30 inpatient days per calendar year)	\$100/\$250 per admission/maximum per calendar year per contract	Deductible and Coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Covered in-network only
Mental Health⁷		
Outpatient Visits in Office or Facility (Up to 40 outpatient visits per calendar year)	\$25 copay per visit ⁷	Covered in-network only
Inpatient Care ⁷ (Up to 30 inpatient days per calendar year)	\$100/\$250 per admission/maximum per calendar year per contract	Covered in-network only
Alcohol/Substance Abuse⁵		
Outpatient Visits (Up to 60 outpatient visits which include 20 family counseling visits per calendar year)	\$0	Deductible and Coinsurance
Inpatient Detoxification (Up to 7 days detox per calendar year)	\$100/\$250 per admission/maximum per calendar year per contract	Covered in-network only
Other		
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	Covered in-network only
Durable Medical Equipment ⁵	\$0	Covered in-network only
Prosthetics & Orthotics ⁵	\$0	Covered in-network only
Ambulance (air ambulance)	\$0	Covered in-network only
Prescription Drugs ¹⁰		Covered in-network only
Retail Program – One copay required for up to a 30-day supply	\$0 Deductible \$10 copay for generic \$20 copay for brand \$30 copay for non-formulary Includes Contraceptives (Retail & Mail-Order)	
Mail-Order Program ¹¹ – Only two copays required for a 90-day supply	\$0 Deductible The Mail-Order Program has the same copayments as the Retail Program listed above.	
Routine Vision Care (Through Davis Vision network of providers at 1-800-999-5431)	\$10 copay for 1 exam every 24 months \$10 copay for frames/contacts \$0 additional copay on designer frames \$35 allowance for nonplan eyewear purchases	Covered in-network only

(9) In-network office visit copay applies to Second Surgical Opinion visit unless waived by Medical Management.

(10) This prescription drug coverage meets the CMS standard for Creditable Coverage under the Medicare Modernization Act of 2003.

(11) To receive a 90-day supply of prescription drugs through Empire's Mail-Order Program, the prescription must be written specifically for a 90-day supply.

NOTE: This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in the contract. Failure to comply with Empire's Medical Management or Behavioral Healthcare Management Program requirements could result in benefit reductions.

Duanesburg CSD Empire BCBS Vision Plan Comparison

Empire PPO -- Blue Vision Plan Benefits

Vision Care will be changed to a new offering, Blue View Vision. Members will receive new ID cards and should verify that their current vision provider is in the Blue View Vision network because the two vision networks are not identical. They can visit empireblue.com (Select Find a Doctor and click on Blue View Vision to search) or call Blue View Vision Member Services at 866-723-0515.

- o **Enhanced Benefits with Blue View Vision**
 - Current Davis annual benefit maximum is \$80 versus \$130 under BlueView Vision
 - Improved Network coverage including retail locations
 - No Tower restrictions on frames providing greater choice
 - 44,000 providers and provider locations
 - Independent providers and retailers such as LensCrafters, Target Optical, JC Penney Optical, Sears Optical, Pearle Vision, NY based Empire Vision and Davis Vision centers.
 - Discounts are still available from in-network providers after benefits have been exhausted.

Blue View Vision PPO Benefit Summary

Copayment	In Network	Out of Network
Examination	\$10 Copay	Not Applicable
Eyeglass Lens	\$0 Copay	Not Applicable
Frequency of Service		
Exam	24 months	24 months
Lenses	24 months	24 months
Frames	24 months	24 months
Contact Lenses	24 months	24 months
Professional Services		
Comprehensive vision exam	Covered in full after copay	Up to \$40 allowance
Basic Lenses (Pair)		
Single Vision	Covered in full after copay	Up to \$25 allowance
Bifocal	Covered in full after copay	Up to \$40 allowance
Trifocal	Covered in full after copay	Up to \$55 allowance
Frame		
Eyeglasses frame allowance	\$130 allowance, then 20% off remaining balance	Up to \$45 allowance
Contact Lenses		
Elective Conventional	\$130 allowance, then 15% off remaining balance	Up to \$105 allowance
Elective Disposable	\$130 allowance only	Up to \$105 allowance
Non Elective Contact Lenses	Covered in full	Up to \$210 allowance



Duanesburg CSD

HMO Plan Benefit Summary
HA11L10

	In -Network
Annual Deductible (Single/Family)	Not Applicable/Not Applicable
Coinsurance	Not Applicable
Office Visits	
PCP	\$10 Copayment
Specialist	\$10 Copayment
Coinsurance Maximum (Single/Family)	Not Applicable/Not Applicable
Annual Benefit Maximum	Unlimited
Physician Services	
PCP Office Visits for illness, injury or second opinion	\$10 Copayment
Specialist Office Visits for illness, injury or second opinion	\$10 Copayment
Physician Visits during inpatient stay when billed separately from the facility	Covered In Full
Well Baby and Child Care including immunizations and inoculations	Covered In Full
Annual Adult Exam	Covered In Full
Annual Gynecological Exam	Covered In Full
Hospitals Services	
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	Covered in Full
Outpatient Surgery	\$10 Copayment
Diagnostic Testing*	
Outpatient Hospital Laboratory Services: Copayment waived if provider is a designated laboratory	\$10 Copayment
Outpatient Hospital Radiology Services: Copayment waived if provider is a preferred center	\$10 Copayment
Office Based Laboratory Services: Copayment waived if provider is a designated laboratory	\$10 Copayment
Office Based Radiology Services: Copayment waived if provider is a preferred center	\$10 Copayment
Mammogram	Covered in Full
Cytology Screening	Covered in Full
Prostate Cancer Screening	Covered in Full
Maternity	
Physician Services when billed separately from the facility	Covered In Full
Inpatient Hospital Services	Covered in Full
Newborn Nursery	Covered In Full
Emergency Care	
Worldwide Emergency Room Care	\$50 Copayment
Ambulance	\$50 Copayment
Urgent Care	
Nonparticipating Urgent Care facility services within the CDPHP UBI service area are not covered	\$20 Copayment
Physical Therapy	
Physical therapy services are limited to one course of 120 days or less of short term therapy for each diagnosis per benefit period	\$10 Copayment
Speech Therapy	
Speech therapy services are limited to one course of 60 days or less of short term therapy for each specific diagnosis and related condition per benefit period.	\$10 Copayment
Occupational Therapy	
Occupational therapy services are limited to one course of 120 days or less of short term therapy for each diagnosis per benefit period.	\$10 Copayment
Chiropractic Benefits	\$10 Copayment
Home Health Care	Covered In Full
Skilled Nursing Facility - Up to 90 days per benefit period	Covered in Full



Prosthetic Appliances and Durable Medical Equipment20% Coinsurance

Diabetic Services

Insulin and oral Medication - up to a 30 day supply	
Diabetic Supplies (needles and syringes) - up to a 30 day supply	\$10 Copayment
Glucometers	\$10 Copayment
Diabetic DME	\$10 Copayment

Mental Health Services

Outpatient Services - Unlimited visits as required by Federal Mental Health Parity.	\$10 Copayment
Inpatient Services - Unlimited days as required by Federal Mental Health Parity.	Covered in Full

Chemical Abuse and Dependency Services

Outpatient Services - Unlimited visits as required by Federal Mental Health Parity.	\$10 Copayment
Inpatient Services - Unlimited days as required by Federal Mental Health Parity.	Covered in Full
Inpatient Rehabilitation Services - Unlimited days as required by Federal Mental Health Parity.	Covered in Full

Dependent CoverageExtends eligibility to full time student until age 25, including out-of area coverage of prior approved, non routine covered services

This Summary of Benefits is intended to provide a general outline of coverage that is pending approval with the New York State Department of Insurance. It is not binding on CDPHP in the event the proposed product is not approved by the DOI. In the event of any conflict between this document, the member's Certificate and any applicable Rider(s) issued by CDPHP, the Certificate and Rider(s) will be the controlling documents.

CDPHP gives you access to more than 9,000 participating practitioners and providers, many of the major hospitals, and a variety of value-added services to help you and your family stay healthy. If you have a question or wish to receive additional information, please contact the CDPHP Marketing department at (518) 641-5000 or 1-800-993-7299 or visit our website at www.cdphp.com.

*Please visit our website at www.cdphp.com or contact CDPHP HMO Member Services at (518) 641-3700 or 1-800-777-2273 to identify designated laboratories and preferred radiology sites.

All benefits of this plan are subject to coordination of benefits. This summary is designed to highlight benefits of the plan being offered and does not detail all benefits, limitations, or exclusions. It is not a contract and may be subject to change. For more detailed information, a membership certificate is available for your review upon request.

Federal Mental Health Parity Mandate: The visit and inpatient day limitations of mental health and substance abuse are no more restrictive than the visit and inpatient day limitations of the medical and surgical benefits covered under this plan.

Please Note: All non-emergency services must be provided by a Capital District Physician's Health Plan, Inc. (CDPHP) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP.



HMO 10+

Summary of Benefits¹

New York

SERVICE CATEGORY	COVERAGE INFORMATION	
Physician Services	Office Visits	
	Well Baby and Child Care	No Charge
	Laboratory Services	
	Periodic Physicals, Gynecological Exams/Pap-tests	
	X-ray Services	
	Office Surgery	\$10 Copay
	Second Surgical Opinions (<i>not required</i>)	
	Vision Exams – every 2 years	
	Inpatient Hospital Services	
	Surgery	
Anesthesiology	No Charge	
Radiology		
Visits/Consultations		
Hospital (Facility)	Hospital Inpatient	No Charge
	Hospital Outpatient Surgery	\$10 Copay/Visit
	Hospital Outpatient Therapeutic Services/X-ray	\$10 Copay
	Hospital Outpatient Laboratory	No Charge
Maternity	Physician Services	Office Copay for first diagnostic visit only
	Hospital Services	No Charge
	Nursery Care	No Charge
Emergency Room (ER) Visit	If admitted, only hospital inpatient Copay applies	\$35 Copay/Visit
Ambulance		No Charge
Preventive Dental Care for Kids	Periodic Exams and X-rays to age 19	\$25 Copay/Office Visit
	<i>Please check with your employer to learn if your plan includes this benefit. This benefit is offered through MVP Health Plan, Inc. as part of a fully-insured, community rated HMO product only and thus may not be available to employees of companies that offer other MVP options or other dental plans and is not available to CompCare members.</i>	
Chiropractic Benefit		\$10 Copay/Office Visit
Durable Medical Equipment		50% Copay
Mental Health	Inpatient	No Charge
	Inpatient Physician	No Charge
	Outpatient	\$10 Copay/Visit
Substance Abuse Diagnosis & Treatment	Inpatient (covered services only)	No Charge
	Rehabilitation Outpatient	\$10 Copay/Visit
Physical/Occupational/Speech Therapy	Up to 30 visits per member, per calendar year; combined benefit for outpatient and office settings	\$10 Copay/Visit
Home Health Care	60 visit maximum	\$10 Copay/Visit
Lifetime Maximum Coverage		No Maximums

¹The Summary of Benefits chart is intended to provide a general outline of MVP coverage. In the event of any conflict between this document and your Certificate of Coverage, Schedule, and any applicable Rider(s), your Certificate of Coverage, Schedule and Rider (s) will be controlling. For details, please call 1-800-TALK-MVP (1-800-825-5687), option #2.

Here's how it works

You choose a Primary Care Physician

You must choose a Primary Care Physician (PCP) from our 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 mvphealthcare.com and click on the *Provider Search* link at the top of the page, or call **1-888-MVP-MBRS (1-888-687-6277)**.

Your Primary Care Physician and your health care

Your PCP plays a central role in your health care. For regular check-ups (routine well or preventive care) and basic health screening services, you should consult your Primary Care Physician. These services may not be covered under your contract unless your PCP performs them.

If you need to see a specialist

MVP's network includes physicians from nearly every medical specialty. If you require specialty care, you must use a participating specialist for coverage.

Take advantage of our Core Wellness

Our Core Wellness features include:

Personalized Support Care Management Programs

Working in partnership with your doctor, we provide guidance and support for:

- Asthma
- Cancer
- Cardiac Conditions
- Depression
- Diabetes
- Kidney Dialysis Support
- Low Back Pain
- Maternity
- Mental Health
- Prenatal Care
- Prenatal Care for High Risk Pregnancies
- Smoking Cessation
- Substance Abuse

Online Wellness Tools and Activities

This dynamic site features a Personal Health Assessment, which provides a customized health action plan to target your modifiable risk factors, as well as a variety of interactive tools, including meal planners and grocery lists, personalized cardio and resistance exercise routines, and online coaching classes that can be tailored to your unique interests and lifestyle goals.

Answers and Advice 24/7 Nurse Advice Line

Expert advice on non-emergency questions is just a phone call away, even on weekends, when you call our *24/7 Nurse Advice Line* at **1-888-MVP-MBRS**.

From Massage Therapy to Gym Memberships Exclusive Member Discounts

Enjoy savings on a wide range of health and wellness products and services.

We are here for you

- Reach our Member Services Department 7 days a week at **1-888-MVP-MBRS (1-888-687-6277)**.
- Access mvphealthcare.com to find doctors, compare drug costs, look up benefits, change your address, research hospitals and many other time-saving services.



Prescription Drug Coverage
\$5/\$20/\$40

New York
Vermont

Your MVP Prescription Benefits Rider

This valuable benefit entitles you (and your covered dependents) to coverage for thousands of medications on MVP's approved drug list (formulary) when written by a participating provider. MVP makes filling your prescriptions easy. Choose from hundreds of participating pharmacies - including one near you. For a complete listing of participating pharmacies, go to the *Members* section of our Web site at mvphealthcare.com, and click on *Find a Pharmacy* under the *Pharmacy* section. You may also learn about the MVP mail order program on our Web site.

Your Prescription rider gives you flexibility when considering your needs for medicine. Generally, benefits are available for Medically Necessary prescription drugs for up to a thirty (30) day supply at a participating retail pharmacy and up to a ninety (90) day supply for Mail Order Pharmacy.

With your plan, you get Tier 1 medications for just \$5. The majority of drugs in Tier 1 are generics. Brand name medications that have been determined to offer a clinical advantage are generally Tier 2 and will cost \$20. If you are prescribed a Tier 3 drug, one that does not offer an advantage over Tier 1 or Tier 2 drugs, your Copayment is \$40. Generally Tier 3 drugs are brand name drugs that have a generic equivalent or a Tier 2 alternative.

Prescription Coverage Frequently Asked Questions

To help you understand and get the most out of your drug coverage, we've provided answers to some frequently asked questions about prescription coverage.

What is a formulary?

MVP has in place a "drug formulary," which determines our approved list of covered medications - those proven safe and effective, in the best interests of our members.

New prescription drugs are reviewed on an ongoing basis for potential addition to our approved list to ensure you have access to the latest advances in medicine. The formulary also applies to mail order eligible prescriptions.

For an updated listing of covered drugs, go to the *Members* section of our Web site at mvphealthcare.com, choose *Pharmacy*, then under *Drug Coverage* select *Formulary*. You can also call 1-888-MVP-MBRS (1-888-627-6277).

Why are prescription drugs divided into "tiers"?

MVP divides prescription drugs into three tiers to make it easier for you and your doctor to choose the most appropriate, lowest cost drug to treat your condition. Medications are placed into different tiers based upon their overall value to treat conditions.

What is the difference between the tiers?

Each tier has a Copayment level for covered prescription drugs within that tier. Your health plan sets the Copay for the drugs covered under your pharmacy benefit.

- Tier 1 is your lowest Copay choice and usually includes generic drugs that meet the MVP guidelines for a Tier 1 drug.

Your Copay

\$5/Tier 1 Copay

\$20/Tier 2 Copay

\$40/Tier 3 Copay

- Tier 2 is your mid-range Copay choice and includes covered brand-name drugs that have been selected as Tier 2 drugs because of their overall value. Consider Tier 2 drugs if you and your doctor decide that no Tier 1 medication is right for you.
- Tier 3 is your highest Copay choice and includes all other covered prescription drugs — generic and brand name. It also includes those that are not on the prescription drug list, and new drugs that are being reviewed.

Who determines the tier a drug falls under?

Our Pharmacy & Therapeutics (P&T) Committee, consisting of doctors and pharmacists from our community, work together to create and review the MVP Health Care formulary (approved drug list). Drugs are selected based on the role they play in treating a given disease or condition. Only medications that have been approved by the U.S. Food and Drug Administration (FDA) are considered for coverage.

The P&T Committee reviews information from different sources for each medication. Each medicine is placed in a tier according to how it compares with other drugs that are used to treat the same disease or condition.

Some drugs, while covered in the formulary, may still require Prior Authorization, or be subject to step therapy or quantity limits. Policies specific to these restricted drugs are clearly written and made available to all practitioners. Certain drugs, including diabetic supplies, may not be covered under your prescription drug rider. Consult your plan documents for a complete list of covered benefits, limitations and exclusions.

All new drugs require Prior Authorization and are placed into Tier 3 until they are reviewed by the P&T Committee.

Why are generic drugs less expensive?

There are generic versions of many brand-name drugs that can save you money. Generic drugs have been approved by the FDA. They are as safe and effective as brand-name versions.

Generic drugs also contain the same active ingredients in the same amounts as the brand-name products.

How can I save money on prescriptions?

Consider the following options to help you save money on your prescription drugs:

- talk with your doctor or pharmacist about using generic drugs; and
- use your mail order benefit when possible.

Medco Health Solutions, Inc.

Medco is MVP's pharmacy benefit manager (PBM) for retail and mail order prescription drug coverage.

Medco can answer many of the questions you may have about your prescription coverage. Medco also makes it easy for you to order your prescriptions through the mail. For more information, call Medco Member Services toll-free at **1-800-716-3752**.

My Rx Choices® is a prescription savings program offered by Medco. To find out more about how this program can help save you money, go to *Members* at mvphealthcare.com, choose *Pharmacy*, then under *Medco Help*, select *Go to Medco Web site*.

Mail Order Pharmacy

This home-delivery service lets you buy MVP approved maintenance drugs (drugs taken on a daily or routine basis) in larger quantities. In addition, *Medco By Mail* saves you trips to the pharmacy because prescriptions are delivered right to your door. Go to *Members* at mvphealthcare.com, choose *Pharmacy*, then look under *Mail Order Benefit* for more information. You can also call **1-888-MVP-MBRS**.

A variety of online tools are available using Medco's Web site. After creating an online account, you can manage and obtain information about your prescriptions, such as:

- Ordering refills with a valid prescription, and e-mail refill reminders
- Transfer retail prescriptions to mail order online
- Order status with estimated delivery date of mail order prescriptions
- Real-time mail and retail drug pricing
- Online mail service and retail history
- Prescription expense summary for mail and retail claims
- Online "Ask the Pharmacist" with 24-hour turnaround.

Mail Order Pharmacy Q&A

What prescriptions can be filled through *Medco By Mail*?

You can order most medications that are taken on a regular basis, including contraceptives, thyroid medications, cholesterol and blood pressure medications, antihistamines, and many more.

Visit mvphealthcare.com or call **1-888-MVP-MBRS** to find out if you can get the medication you take from *Medco By Mail*.

What are the advantages of *Medco By Mail*?

When you order approved maintenance drugs through *Medco By Mail*, you save time (eliminating trips to the pharmacy) and money (generally giving you three months of medications for the cost of only two Copayments or 3-for-2 savings). For instance, with your Tier 2 Copay you could save \$20 every 90 days.

How do I use *Medco By Mail*?

For your initial order...

When your doctor prescribes a drug eligible for the mail order program, ask him or her to write two prescriptions - one for up to 30 days to be filled at your local pharmacy, and one to last up to 90 days which will be filled through *Medco By Mail*.

To obtain your prescription from *Medco By Mail*, just mail your prescription, along with a completed order form and applicable payment, to:

Medco
PO Box 30493
Tampa, FL 33630-3493

To obtain order forms, go to *Members* at mvphealthcare.com, choose *Pharmacy*, and look under *Mail Order Benefit*, or you can call **1-888-MVP-MBRS**.

You can also ask your doctor to fax your prescription by calling **1-888-327-9791** for instructions. Only your doctor can fax prescriptions.

For mail order refills...

You can refill mail order prescriptions by phone - call **1-800-4REFILL (1-800-473-3455)**, by mail (at the Medco address provided above), or online. For more information on how to order your prescriptions, go to *Members* at mvphealthcare.com. Choose *Pharmacy* and look under *Mail Order Benefit*.

How long will it take to receive my prescription?

When you order by mail, you will receive your first prescriptions generally within 14 days. Standard shipping is free, and expedited shipping is available for an additional fee. To ensure that you do not run out of medication, MVP recommends that you allow two to three weeks for your order to be processed and shipped.

How can I pay for my prescriptions?

Checks, money orders or major credit cards can be used to cover your payments. Credit cards are preferred to allow for variations in the prices of drugs and to expedite your order.

For questions regarding your
Prescription Benefits Rider, please contact the
MVP Member Services Department toll-free at
1-888-MVP-MBRS

7 days a week / 8:00 am to 10:00 pm (excluding holidays), Eastern Standard Time