

A simple guide to your MVP plan.



Five easy steps for getting the most from your health plan.

MVP Health Care® is working to make health insurance simpler, smarter, and more personal. Just follow these five simple steps to get your plan up and running right away...and take advantage of all that MVP has to offer.

1

Carry the Card

This is the key to your coverage.

Place your enclosed MVP Member ID card(s) in your wallet. You can also access a digital version of your MVP Member ID card on the **myMVP** mobile app.



2

Register Online

Manage your plan at mvphealthcare.com.

This is the easiest way for you to manage your plan in one convenient place:

- View information about your benefits
- Look up claims
- Order new or additional MVP Member ID cards
- Track deductibles
- Access wellness tools and activities
- And more!

Sign up for Paperless EOBs

By signing up to go paperless, you will receive an email notification when your Explanation of Benefits (EOB) is posted online. To sign up for paperless EOBs, *Sign In/Register* at mvphealthcare.com and select *Claims Status & History*.

3

Get the Answers You Need

MVP's Customer Care Center



4

Find a Doctor or Other Provider

Sign In at mvphealthcare.com and select **Find a Doctor**.

- Locate participating doctors, hospitals, labs, and other facilities near you
- Search by provider name, specialty, and location



Before you choose, get informed!

Use the MVP Treatment Cost Calculator to compare cost estimates of various health care services at different provider offices and/or facilities. Sign In at mvphealthcare.com and select *Treatment Cost & Provider Quality* in the left sidebar.

5

Use Your MVP Wellness Features

Sign In at mvphealthcare.com and select **Your Wellness Starts Here** to access online wellness tools and activities.

MVP is committed to making a positive impact on the health and wellness of those we serve. We have many online resources available to help you set, track, and reach health improvement goals.



Preventive Health Services

Preventive health services can help you avoid illness and improve your health. The following services, per recommended age and gender guidelines, may be covered as part of your health plan. Refer to your plan documents for specific preventive health services coverage information.

Preventive Services for Kids

- Well-Baby Care
- Well-Child Care
- Immunizations

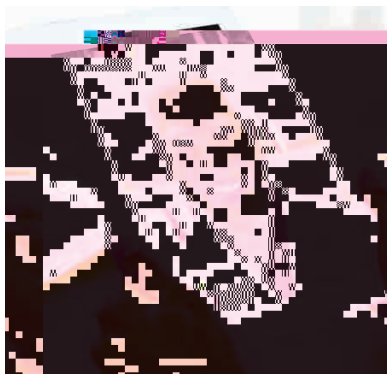
Preventive Services for Women

- Adult Annual Physical
- Mammography Screening
- Annual Pap Test
- Ob/Gyn Exam
- Immunizations
- Colonoscopy/Sigmoidoscopy Screening
- Bone Density Tests

Preventive Services for Men

- Adult Annual Physical
- Immunizations
- Colonoscopy/Sigmoidoscopy Screening
- Bone Density Tests

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Key Health Insurance Terms

Aggregate – For any policy with two or more members, the deductible and/or out-of-pocket maximum (OOPM) must be met by any one or any combination of members before the plan will make payments.

Co-insurance – This is your share of the costs for a covered service after the deductible has been met. For example, if your plan calls for a 20% co-insurance on a \$1,000 surgery, you would pay \$200 once the deductible is satisfied.

Co-pay – A co-pay or co-payment is a fixed dollar amount that you pay out-of-pocket when you receive a covered service or prescription. For example, a doctor visit might require a \$5 co-pay for that service.

Deductible – An annual deductible is how much you have to pay out-of-pocket each year before your health plan fully pays for eligible expenses. You may also have a deductible that applies to a specific covered service (such as a prescription drug deductible) that you owe before we begin to pay for a particular covered service.

Embedded – Each member will pay toward, but never exceed, their individual deductible and/or OOPM until the larger family deductible and/or OOPM is met. Once the family deductible and/or OOPM has been met, the plan will begin payment of services for all members on the contract, regardless of the status of any remaining individual deductible and/or OOPM levels.

Out-of-Pocket (OOP) Costs – These are expenses not covered by your plan that you have to pay for, such as annual deductibles and



We value your opinion.

Please fill out a brief, anonymous survey at mvplistsens.com. We will use this information to create a better experience for all of our members.



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