



5 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 5 simple steps to get your plan up and running right away...and take advantage of all that MVP has to offer.

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Sign up for Paperless EOBs

Every time you access a doctor, hospital, or other service, you will receive an Explanation of Benefits (EOB). Your EOB details what MVP pays for and what you may have to pay. By signing up to go paperless, you will receive an email notification when your EOB is posted online. To sign up for paperless EOBs, In/Register at mvphealthcare.com and select Claims Status & History.

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Get the Answers You Need

MVP's Customer Care Center

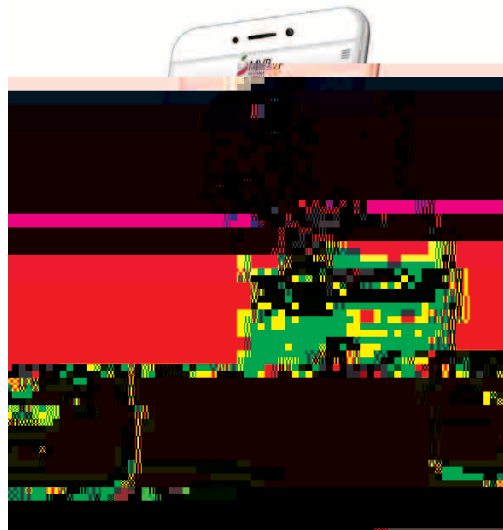
If you have any questions about your benefits, call the MVP Customer Care Center at the phone number listed on the back of your MVP Member ID card.

24/7 Nurse Advice Line

Expert advice is just a phone call away, even on weekends, when you call our *24/7 Nurse Advice Line* with any non-emergency questions. You can connect with a Registered Nurse by calling the MVP Customer Care Center at the phone number listed on the back of your MVP Member ID card.

myMVP Mobile App

- Access a digital version of your ID card
- Search claims
- Track deductibles
- Find providers near you



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



We value your opinion.

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

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 (e.g., a prescription drug deductible) that you owe before we begin to pay for a particular covered service.

Embedded – Each member will pay towards, 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.



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