



Introducing Your New Association Member

Health Insurance Plan

Exclusively for NYSSO Members!

MVP Health Insurance Plan

Your New York State Society of Opticians membership provides access to:

- Innovative Plans & Benefits
- Top Ratings for Customer Satisfaction
- Extensive Nationwide Provider Network
- Competitive Rates
- Dedicated Customer Care Team



NYSSO
NEW YORK STATE SOCIETY OF OPTICIANS, INC.



Your NYSSO membership provides you with access to:

Innovative Plans and Benefits

Choose from three new EPO medical plans with extensive prescription drug coverage. Select the plan that's best for you and your employees.

Extensive Provider Network

Access to CIGNA HealthCare's extensive network of nearly 500,000 doctors and specialists, and 5,000 hospitals and healthcare facilities; and MVP Health Care's strong regional network of more than 19,000 providers and 150 hospitals and facilities.

Flexibility

Each EPO plan offers the option to seek care from any nationwide network provider, and you'll never need a referral!

Competitive Rates

Access the same plan designs as larger groups with rates that fit your budget. Groups of 2 or more are eligible for lower pricing.

High Quality

MVP is designated as one of America's Best Health Plans by U.S. News and World Report, and has an 'Excellent' accreditation from the National Committee for Quality Assurance.*

Dedicated Customer Care

Take advantage of extended call center hours and 24/7 online access to provider listings, mail order prescription refills and more.



We've Got You Covered...

You work hard to prepare for the unexpected, but it can be difficult to plan for future health care needs. That's why you deserve a comprehensive medical and prescription drug plan that's competitively priced, provides easy access to physicians nationwide, and gives you the flexibility to seek care from any in-network provider —with no referrals!

Choose from three NYSSO options designed with you and your employees' overall health in mind. All three plans include such value-added benefits as:

- **Award-winning disease management programs** to help you manage chronic conditions, such as diabetes, asthma, back pain, heart conditions and more.
- **Incentives and wellness tools to help you achieve your personal health goals.** Earn up to \$300 per subscriber per year for designated healthy activities.
- **Exclusive, members-only discounts** on gym memberships, home fitness equipment, LASIK eye surgery, car seats, bike helmets and countless other wellness products and services.
- **Answers to your health questions 24 hours a day, 7 days a week** with MVP Health Care's online library covering thousands of health care topics.
- **Innovative tools** such as hospital quality profiles and prescription drug cost comparisons to help you make informed health care decisions.

* MVP Health Plan, Inc.

MVP Plan Highlights*

In – Network Cost Sharing	NYSSO Premier EPO \$25 (EA015)	NYSSO Plus EPO \$30 (EA001)	NYSSO Comprehensive EPO \$40 (EA007)
Office Visit Copay	\$25 per visit	\$30 per visit	\$40 per visit
Annual Deductible <i>(per contract year)</i>	\$500 per individual/ \$1,000 per family	\$750 per individual/ \$1,500 per family	\$1,500 per individual/ \$3,000 per family
Coinsurance	Covered 100%	MVP covers 80% after deductible	
Lifetime Maximum	Unlimited		
Annual Out of Pocket Maximum <i>(per contract year)</i>	\$2,000 per individual/ \$4,000 per family	\$2,500 per individual/ \$5,000 per family	\$5,000 per individual/ \$10,000 per family
Prescription Drugs	NYSSO Premier EPO \$25 (EA015)	NYSSO Plus EPO \$30 (EA001)	NYSSO Comprehensive EPO \$40 (EA007)
Generic Drugs	\$10	\$10	\$10
Brand Formulary Drugs	\$30	\$25	MVP Discount Only
Non-formulary Drugs	\$50	\$40	MVP Discount Only
Annual Maximum	Unlimited	\$2,500 then Covered 50%	Unlimited
Mail Order Program	2 copays for a 3 month supply		

Benefit Highlights ¹	In-Network Cost Sharing	
	NYSSO Premier EPO \$25	NYSSO Plus EPO \$30 & Comprehensive EPO \$40
Well-Child Services <i>(Per MVP Preventive Care Guidelines)</i> Laboratory Services <i>(Outpatient Setting)</i> Colonoscopy	Covered in full	
Adult Physical <i>(One Routine Adult Physical/Contract Year)</i> Screening Mammography, Pap Tests	\$25 Copay	Covered in Full
Physician Office Visits Office Surgery Therapy Services (PT/OT/ST) <i>(Office Setting, 30 visits/Contract Year; Requires prescription)</i> Chiropractic Benefit	Office Visit Copay as noted above (Not Subject to Deductible)	
Diagnostic X-ray & Other Imaging Services <i>(Office Setting)</i>	Subject to Deductible then \$25 Copay	Office Visit Copay as noted above (Not Subject to Deductible)
High Tech Imaging (MRI, MRA, CT, etc.)	Subject to Deductible then \$25 Copay	\$150 Copay (No Deductible)
Hospital Hospital Inpatient Hospital Outpatient Surgery Physician Inpatient Care <i>(Medical/Surgical)</i> Diagnostic Lab & X-ray <i>(Hospital Setting)</i> Ambulance Emergency Hospital Care	\$500 Copay (first admission per contract year only) Subject to Deductible then Covered in Full Covered in Full Subject to Deductible then \$25 Copay Covered in Full \$100 Copay/Visit	MVP covers at 80% of allowable charges, after deductible
Maternity Care Physician Pre/Postnatal Care Office Visits Inpatient Services <i>(facility/physician)</i> Initial Newborn Exam	Covered in Full \$500 Copay (first admission per contract year only) Covered in Full	Covered in Full MVP covers 80% of allowable charges Covered in Full
Mental Health Inpatient <i>(30 Days/Contract Year)</i> Outpatient Office Visits <i>(20 visits/ Contract Year)</i>	\$500 Copay (first admission per contract year only) \$25 Copay/Visit (Not Subject to Deductible)	MVP covers 80% of allowable charges Office Visit Copay as noted above (Not Subject to Deductible)
Substance Abuse Inpatient Detoxification <i>(7 Days/Contract Year)</i> Outpatient Rehabilitation <i>(60 visits/Contract Year)</i>	\$500 Copay (first admission per contract year only) \$25 Copay/Visit (Not Subject to Deductible)	MVP covers 80% of allowable charges Office Visit Copay as noted above (Not Subject to Deductible)
Home Health Care <i>(60 visits/Contract Year)</i>	Covered in Full	MVP covers 80% of allowable charges, after deductible
Dependent Care Coverage	Unmarried dependent children to age 26	

*This summary of benefits is intended to provide a general outline of 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, Schedules and Rider(s) will be controlling.

¹ – Some services are subject to Notification or Prior Authorization requirements. See your Certificate of Coverage under “How This Policy Works” for details. *Coverage provided by MVP Health Insurance Company.

Easy to Use...

No matter which plan option you choose, enrollment in the NYSSO health plan includes:

- The ability to see any provider in-network (more than 500,000+ nationwide) with no referrals
- Comprehensive coverage – from preventive and sick care to emergency coverage
- Access to prescription drug coverage at a price that fits your budget
- Online provider directory - simply click on "Locate a Doctor or Hospital" at www.mvphhealthcare.com and select the MVP Preferred EPO Network
- Great service for you and your employees

Easy to Enroll... Call Today!

Simply call USI Affinity, NYSSO's professional insurance administrator, at (888) 834-3686 to speak to a counselor. They'll be happy to answer any questions you may have, provide a customized quote, and help select the best plan for you.

The New York State Society of Opticians health insurance program is administered by USI Affinity.



USI Affinity
One International Plaza
Suite 400
Philadelphia, PA 19113

For more information or to enroll, call USI Affinity at

888-834-3686

Or visit

www.MyAssociationHealthPlan.com/NYSSO



New York State Society of Opticians

NYSSO MVP Call Center: 888-834-3686

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