

Health Plan Change or Termination Request

for Individual/Family Plans



! If you would like to keep your current MVP health plan (and dental plan, if applicable) for 2019, simply pay your new premium when you receive your January 2019 invoice—your plan will automatically renew.

To make a plan change for 2019—complete this request form and return it to MVP in the enclosed postage-paid envelope.

If you need help choosing a new MVP health and/or dental plan, call the MVP Small Business & Individual Service Unit toll-free at 1-844-865-0250.

Your Name

Your MVP Member ID No.

Your MVP Group No.

Option 1: Change Your Plan (select only one option)

Change my MVP medical plan and/or dental plan to the plan indicated below for 2019.

Visit mvphealthcare.com to view 2019 plan benefit summaries beginning November 1, 2018.

MVP Premier PlusSM Plans (Non-Standard)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Gold 1 | <input type="checkbox"/> Silver 2 | <input type="checkbox"/> Bronze 1 | <input type="checkbox"/> Bronze 6 HDHP |
| <input type="checkbox"/> Gold 2 HDHP | <input type="checkbox"/> Silver 3 HDHP | <input type="checkbox"/> Bronze 2 | <input type="checkbox"/> Bronze 8 |
| <input type="checkbox"/> Gold 4 | <input type="checkbox"/> Silver 11 | <input type="checkbox"/> Bronze 3 HDHP | <input type="checkbox"/> Bronze National HDHP |
| <input type="checkbox"/> Gold 5 | <input type="checkbox"/> Silver National HDHP | | |
| <input type="checkbox"/> Gold National HDHP | | | |

MVP PremierSM Plans (Standard)

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Platinum 1 | <input type="checkbox"/> Silver |
| <input type="checkbox"/> Gold 1 | <input type="checkbox"/> Bronze 1 HDHP |
| <input type="checkbox"/> Gold 2 | <input type="checkbox"/> Bronze 2 |

Dental Plans

- MVP Dental PPO[®]—Adult Only
 MVP Dental PPO[®]—Family*
 MVP Dental for Kids[®]*
 Delta Dental Pediatric PPOSM*

*Includes pediatric dental coverage

Option 2: Add or Remove Dependent Care Rider Through Age 29

- Add dependent care coverage through age 29 to my current plan for 2019.
 Remove dependent care coverage through age 29 from my current plan for 2019.

Option 3: Add or Remove Skilled Nursing

- Add Unlimited Skilled Nursing Facility to my current plan for 2019.
 Remove Unlimited Skilled Nursing Facility from my current plan for 2019.

Option 4: Terminate Your MVP Plan

Terminate my MVP plan as of (MM/DD/YYYY) | | / | / | | | | .

Please sign and return this completed form in the enclosed postage-paid envelope to:

ATTN: ENROLLMENT PLAN CHANGE FORM
MVP HEALTH CARE
PO BOX 2207
SCHENECTADY NY 12301-2207

Signature

Date (MM/DD/YYYY)

