



Annual Notices

MVP Health Plan, Inc., MVP Health Services Corp., MVP Health Insurance Company, MVP Health Plan of New Hampshire, Inc. and MVP Health Insurance Company of New Hampshire, Inc. (collectively "MVP")

MVP Nonpublic Personal Financial Information Policy

Your privacy is important to MVP

MVP is committed to safeguarding your information.

MVP's Nonpublic Personal Financial Information Policy

We want you to understand what information we may gather and how we may share it. This Nonpublic Personal Financial Information Policy (the "Policy") explains MVP's collection, use, retention and security of nonpublic personal financial information about you. Examples of nonpublic personal financial information are: your social security number, your payment history, your date of birth and your status as a MVP member.

How MVP collects information

We collect nonpublic personal financial information about you from the following sources:

- your applications and other forms;
- your transactions with us, our affiliates, and others; and
- consumer reporting agencies, in some cases.

Sharing your information

We do not disclose any nonpublic personal financial information about our members or former members to anyone, except as permitted by law. We may disclose the following information to companies that perform marketing services on our behalf or to other companies with which we have joint marketing agreements:

- information we receive from you on applications or other forms, such as your name, address or status as an MVP member;
- information about your transactions with us, our affiliates or others, such as your health plan coverage, premium, and payment history.

Our former members

Even if you are no longer an MVP member, our policy will continue to apply to you.

Our security practices and information accuracy

We also take steps to safeguard member information. We restrict access to the nonpublic personal financial information of our members to those MVP employees who need to know that information in the course of their job responsibilities. We maintain physical, electronic, and procedural safeguards that comply with federal and state standards to protect member information. We also have internal controls to keep member information as accurate and complete as we can. If you believe that any information about you is not accurate, please let us know.

Other information

This Policy applies to products or services that are purchased or obtained from MVP. We reserve the right to change this policy, and any of the policies described above, at any time. The examples contained within this policy are illustrations; they are not intended to be exclusive or exhaustive.

Members can obtain a copy of our Privacy Notice by visiting our Web site www.mvphealthcare.com and clicking on Privacy Notice link in the bottom right corner of the home page or by calling the Member Services department toll-free at **1-888-MVP-MBRS (1-888-687-6277)** to request a copy.

Women's Health and Cancer Rights Act of 1998, Annual Notice

As required by the Women's Health and Cancer Rights Act of 1998, MVP Health Insurance Company provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment of complications resulting from a mastectomy including lymphadema. To obtain a detailed description of the mastectomy-related benefits available through MVP, please refer to your Certificate of Coverage.

Formulary and Exceptions Policy

If your MVP Health Insurance Company benefits include prescription drug coverage, that coverage is subject to the MVP Prescription Drug Formulary, our list of covered drugs.

New prescription drugs are introduced all the time and drug companies advertise these new drugs heavily on television and in print. Before MVP will cover a newly-introduced prescription drug, a committee of MVP physicians and pharmacists review the available data concerning the effectiveness and safety of the new drug to determine if the drug represents a significant improvement over existing covered medications. If a drug meets the committee's criteria, MVP approves that drug for coverage.

If your doctor believes that a prescription drug that is not on MVP's Formulary is medically necessary for you and you do not have coverage for non-formulary drugs, your doctor can request an exception from MVP.

To find out if MVP covers a specific drug, or if MVP covers a drug with certain conditions such as Prior Approval or with Quantity Limits, log on to our Web site (www.mvphealthcare.com) or contact the MVP Member Services Department.

Now available!

The MVP Health Insurance Company

Participating Provider Directory

Send me the most recent NH Participating Provider Directory

To receive your Directory, fill out this and mail to:

MVP Health Insurance Company
Attn: Corporate Communications Dept./Art. 42 Directory
P.O. Box 1076
Schenectady, N.Y. 12301-1076

A Directory will be mailed to the address on this card.
Please allow 4 to 8 weeks for delivery. Your Directory
will arrive via return mail.

Name _____

Address _____

City _____ State _____ Zip _____

Member ID# _____



MVP HEALTH CARE

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