

Health Plan Change or Termination Request

For New York State Individual/Family Plans



Instructions for Completing this Request

If you would like to keep your current MVP Health Care® health plan, you do not need to do anything except pay your new plan premium—your current plan will automatically renew on January 1.

If you want to make a plan change, complete Option 1, and sign and return this form to MVP.

If you want to terminate your MVP health plan, complete Option 2, and sign and return this form to MVP.

Return the completed and signed form to MVP via email to EASeligibility@mvphealthcare.com or in the enclosed, postage-paid envelope to: Attn: Enrollment Plan Change Form, MVP Health Care, PO Box 2207, Schenectady NY 12301-2207.

Need help choosing a new MVP health plan? Call the MVP Small Business & Individual Service Unit at 1-844-865-0250.

Option 1: Make a Change to Your Current MVP Health Plan

Your Name

MVP Group No.

MVP Member ID No.

Change my current MVP health plan to the MVP Premier Plus plan or MVP Premier plan indicated below.

MVP Premier Plus® Health Plans (Non-Standard)

Non-Standard plans contain unique features that enhance the value of the benchmark benefits.

Gold	Silver	Bronze
<input type="checkbox"/> Gold 1	<input type="checkbox"/> Silver 3 QHDHP	<input type="checkbox"/> Bronze 2
<input type="checkbox"/> Gold 2 QHDHP	<input type="checkbox"/> Silver 12	<input type="checkbox"/> Bronze 3 QHDHP
<input type="checkbox"/> Gold 4	<input type="checkbox"/> Silver 13	<input type="checkbox"/> Bronze 6 QHDHP
<input type="checkbox"/> Gold 13		<input type="checkbox"/> Bronze 7
<input type="checkbox"/> Gold 14 New		

MVP Premier® Health Plans (Standard)

Standard plans are based on what the State dictates must be included in benefit details.

Platinum	Gold	Silver	Bronze
<input type="checkbox"/> Platinum 1	<input type="checkbox"/> Gold 1	<input type="checkbox"/> Silver 1	<input type="checkbox"/> Bronze 1 QHDHP
			<input type="checkbox"/> Bronze 2

QHDHP: Qualified High-Deductible Health Plan

Add or change the following Plans and/or Riders.

Change or Add a Dental Plan

- ☐ Delta Dental Pediatric PPO®
- ☐ Remove my current Dental Plan

Change or Add an MVP Vision Plan

You must be enrolled in a Medical plan to add an MVP Vision plan.

- ☐ MVP Vision 1
- ☐ MVP Vision 2
- ☐ MVP Vision 3
- ☐ Remove my current Vision Plan

Dependent Care Through Age 29 Rider

- ☐ Add Rider to my plan
- ☐ Remove Rider from my current plan

Unlimited Skilled Nursing Facility Rider

- ☐ Add Rider to my plan
- ☐ Remove Rider from my current plan

Need a plan benefit summary? Visit mvphealthcare.com/nyhealthplanrenew.

You May Qualify for Lower Monthly Premiums

See if you qualify for tax credits to help lower your health insurance premiums. You must enroll in your MVP plan through NY State of Health, The Official Health Plan Marketplace, to be eligible for these savings. Visit nystateofhealth.ny.gov to learn more.

Option 2: Terminate Your MVP Health Plan

Your Name

MVP Group No.

MVP Member ID No.

☐ Terminate my MVP health plan as of (MM/DD/YYYY) _____.

Signature (Required for all plan changes and terminations)

Date