

Comparing 2012 MVP Health Care Medicare Advantage Plans to Original Medicare

If your coverage is through an employer-sponsored plan, check with the former employer for your benefit information.

This is not a contract. This chart is for general reference only. All benefits are subject to federal Medicare program medical necessity guidelines.

Rochester Region	What you pay with Original Medicare Medicare (Parts A & B only)	What you pay with our plans (Medicare Parts C & D) You may pay a lower monthly premium if you qualify for EPIC or Low Income Subsidy - see other side.		
		GoldValue HMO-POS	Preferred Gold HMO-POS	GoldAnywhere PPO IN=In-Network OUT=Out-of-Network
Benefit Highlights	Original Medicare amounts may change for 2012			
★★★★ -star quality ratings (out of 5 stars)	Not rated.	★★★★ -star rated. (4.5 stars)	★★★★ -star rated. (4.5 stars)	★★★★ -star rated. (4.5 stars)
Monthly Plan Premium	Your Part B premium. Part D not available.	\$0 with Part D.	\$0 without Part D. \$102.50 with Part D.	\$254.90 with Part D.
Monthly Part B Premium	You continue to pay your Part B premium to Medicare.	You continue to pay your Part B premium to Medicare.	You continue to pay your Part B premium to Medicare.	You continue to pay your Part B premium to Medicare.
Out of Network Coverage	National coverage.	No deductible. MVP pays 70% up to \$5,000/year. You pay 30%.	No deductible. MVP pays 70% up to \$5,000/year. You pay 30%.	No deductible. \$35 for office visits. 25% for most other services.
HOSPITAL SERVICES				
Inpatient Hospital Stays	2011 amounts: Days 1-60: \$1,132 deductible. Days 61-90: \$283 per day. Days 91-150: \$566 per lifetime reserve day.	\$500 per admission up to 3 times per calendar year; you pay \$0 thereafter.	\$300 per admission up to 3 times per calendar year; you pay \$0 thereafter.	IN - \$150 per admission up to 3 times per calendar year; you pay \$0 thereafter. OUT - 25% coinsurance for non-emergency admissions.
Mental Health Inpatient Hospital Stays - 190-day max *	2011 amounts: Days 1-60: \$1,132 deductible. Days 61-90: \$283 per day. Days 91-150: \$566 per lifetime reserve day. 190-day lifetime limits for a psychiatric hospital stay.	\$500 per admission up to 3 times per calendar year; you pay \$0 thereafter.	\$300 per admission up to 3 times per calendar year; you pay \$0 thereafter.	IN - \$150 per admission up to 3 times per calendar year; you pay \$0 thereafter. OUT - 25% coinsurance.
Same Day (Outpatient) Surgery	20% coinsurance for the doctor's services. Specified copayment for outpatient hospital facility services. 20% coinsurance for ambulatory surgical center facility services.	Ambulatory Surgical Center - \$150. Outpatient Hospital - \$250.	Ambulatory Surgical Center - \$75. Outpatient Hospital - \$150.	IN - covered in full. OUT - 25% coinsurance.
DIAGNOSTIC SERVICES				
X-ray (Radiology)	20% coinsurance.	\$40	\$25	IN - \$15; OUT - \$35
High-tech Radiology Services (such as CT scan, PET scan, MRI, nuclear medicine)	20% coinsurance.	\$60	\$40	IN - \$15; OUT - 25%
Lab	Covered in full.	\$0 - preventive. \$10 - maintenance.	\$0 - preventive. \$10 - maintenance.	IN - covered in full. OUT - 25% coinsurance.
EMERGENCY CARE				
Emergency Room Care	20% coinsurance for the doctor's services. NOT covered outside U.S. except under limited circumstances.	Worldwide coverage. \$65	Worldwide coverage. \$65	Worldwide coverage. \$65
Urgently Needed Care - NOT covered outside U.S. except under limited circumstances	20% coinsurance, or a set copay	\$40	\$25	\$15
Ambulance	20% coinsurance.	\$125	\$75	\$75
REHABILITATION				
Home Health Care	Covered in full.	Covered in full.	Covered in full.	IN - covered in full. OUT - 25% coinsurance.
Skilled Nursing Facility * - 3-day hospital stay required	2011 amounts: Days 1-20: \$0 per day. Days 21-100: \$141.50 per day.	Days 1-20 covered in full. \$135 per day for days 21-100	Days 1-20 covered in full. \$135 per day for days 21-100	IN - Days 1-20 covered in full. \$135 per day for days 21-100 OUT - 25% coinsurance.
Physical, Speech and Occupational Therapy (therapy caps apply)	20% coinsurance.	\$40	\$25	IN - \$15; OUT - \$35
DOCTOR VISITS				
Primary Care Doctor Visit	20% coinsurance.	\$20	\$15	IN - \$10; OUT - \$35
Specialist Doctor Visit	20% coinsurance.	\$40	\$25	IN - \$15; OUT - \$35
Professionally Administered Drugs - including chemotherapy	20% coinsurance.	\$40 Office visit copay may also apply.	\$25 Office visit copay may also apply.	IN - \$15; OUT - \$35 Office visit copay may also apply.
Chiropractic Visits	20% coinsurance.	\$20	\$20	IN - \$15; OUT - \$20
Hearing Exam	20% coinsurance.	\$40	\$25	IN - \$15; OUT - \$35
Vision Exam	20% coinsurance.	\$40	\$25	IN - \$15; OUT - \$35
PREVENTIVE CARE				
Welcome to Medicare Physical (does not include lab tests)	Covered in full.	Covered in full.	Covered in full.	Covered in full.
Annual Physical	Covered in full.	Covered in full.	Covered in full.	IN - Covered in full. OUT - \$35
Screenings - mammogram, prostate, Pap tests, bone mass measurement	Covered in full except Pap tests, which are covered in full every 1-2 years.	Covered in full.	Covered in full.	Covered in full.
Allergy, pneumonia and flu shots	Pneumonia and flu shots covered in full. Office visit coinsurance may apply.	Covered in full. Office visit copay may apply.	Covered in full. Office visit copay may apply.	Covered in full. Office visit copay may apply.
Other Vaccinations & Administration Fees	No coverage.	Part D Tier copay. Vaccine administration fee covered up to \$20.	Part D Tier copay. Vaccine administration fee covered up to \$20.	Part D Tier copay. Vaccine administration fee covered up to \$20.
PLUS MORE!				
Radiation Therapy	20% coinsurance.	Covered in full. Office visit copay may apply.	Covered in full. Office visit copay may apply.	IN - covered in full. OUT - 25% coinsurance. Office visit copay may apply.
Durable Medical Equipment (DME) - such as artificial limbs, walkers, wheelchairs, oxygen	20% coinsurance.	20% coinsurance.	20% coinsurance.	IN - 20% coinsurance. OUT - 25% coinsurance.
MEDICARE PART D DRUG COVERAGE				
Part D Drug Benefit (works with EPIC and VA)	Not offered.	\$8/\$35/\$90/33%/\$0 copay for 30-day supply. No deductible!	For Preferred Gold with Part D only: \$8/\$35/\$90/33%/\$0 copay for 30-day supply. No deductible!	\$5/\$35/\$90/33%/\$0 copay for 30-day supply. No deductible!
MVP BENEFITS THAT GO ABOVE AND BEYOND ORIGINAL MEDICARE FOR YOUR HEALTH AND WELL-BEING				
Maximum Out-of-Pocket (MOOP) protection (excluding monthly premium, acupuncture and Part D costs)	No OOP protection.	\$4,600 maximum out-of-pocket for your protection. Once met, MVP pays 100% of covered services.	\$3,800 maximum out-of-pocket for your protection. Once met, MVP pays 100% of covered services.	IN and OUT - \$5,000 IN ONLY - \$2,000 Once met, MVP pays 100% of covered services.
Dental allowance ♦	No coverage.	N/A	For Preferred Gold with Part D only: \$300 per year for preventive dental services.	\$300 per year for any dental service.
Hearing aid allowance	No coverage.	N/A	N/A	\$600 hearing aid allowance every 3 years.
Eye wear allowance ♦	No coverage.	N/A	\$100 allowance per year.	\$100 allowance per year.
Acupuncture	No coverage.	50%, 10-visit max per year.	50%, 10-visit max per year.	50%, 10-visit max per year.
Care Management programs - confidential support for diabetes, heart failure, cancer, kidney disease, lung diseases, and mental health issues	No coverage.	Covered in full.	Covered in full.	Covered in full.
SilverSneakers® Fitness Program	Not offered	Basic fitness center membership and SilverSneakers classes.	Basic fitness center membership and SilverSneakers classes.	Basic fitness center membership and SilverSneakers classes.
MVP health, nutrition and wellness resources	Not offered.	Covered in full.	Covered in full.	Covered in full.
\$100 HealthDollars SM per member per year for healthy activities - safe driving classes, fall prevention classes, Zumba® dancing, and more ♦	Not offered.	Yes!	Yes!	Yes!
24/7 Nurse Advice Line for around the clock help 365 days a year	Not offered.	Yes!	Yes!	Yes!

* A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins.

♦ Any unused portion of these benefits cannot carry over to the next calendar year.