



## 2012 MVP Health Care Medicare Advantage Health Plans

Medicare Health Maintenance Organization - Point of Service (HMO-POS)  
and Preferred Provider Organization (PPO) health plans

GoldValue HMO-POS, Preferred Gold HMO-POS, and GoldAnywhere PPO Benefits and Services





# Table of Contents

- MVP health plans: Medicare plus more, now with \$0 for select generics! ..... 2
- MVP: At your service, with coverage to fit your style. .... 3
- Your MVP coverage travels with you ..... 4
- MVP also offers Medicare Part D drug coverage. .... 5
- You want more for your money ..... 6
- Let MVP help you navigate Medicare. .... 7
  - Step 1: Eligibility for joining an MVP Medicare Advantage plan ..... 7
  - Step 2: Ready to join MVP now? It’s easy! ..... 8
  - Step 3: Once you join an MVP Medicare Advantage plan ..... 8
- To learn more and enroll by phone ..... 9
- About MVP’s network of doctors and hospitals. .... 10

MVP Health Plan, Inc. is a Federally-qualified not-for-profit HMO-POS/PPO with a Medicare contract. Plan availability and premium rates may vary by county.

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information, contact MVP. You must have both Part A and Part B to enroll, and continue to pay your Part B premium. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048, 24 hours a day/7 days a week; the Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users may call 1-800-325-0778; or your State Medicaid Office.

HMO-POS and PPO members may see doctors within and outside of the MVP network. However, with the exception of emergencies or urgent care, it will cost more to get care from out-of-network providers. You must use network pharmacies to access your prescription drug benefit, except under non-routine circumstances, and quantity limitations and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013. This document is available in other formats or languages. Call MVP at the phone numbers on the following page for more information.

# MVP health plans: Medicare plus more, now with \$0 for select generics!

Here's an easy health care pill to swallow: MVP's Medicare Part D drug coverage now features \$0 copays on select generic drugs!

That's right. When you choose an MVP Medicare Advantage plan with Part D, you pay nothing for some commonly used generic Part D drugs — that control blood pressure, treat diabetes and ulcers, and promote bone health.

It's part of our continuing mission to give you great choices in Medicare coverage at great prices. For 30 years we've been serving people who want affordable coverage above and beyond Original Medicare, with helpful tools you can use today for a healthy tomorrow. That's why we offer:

- Plans with NO medical or prescription deductibles.
- Dedicated, licensed MVP Medicare products advisors who can help with the ins and outs of Medicare.
- Annual allowances to apply toward healthy activities.
- A dedicated service team.

## Ready for the next step?

If you've heard enough and are ready to enroll, call now — you can join MVP right over the phone in minutes! Or come to a free interactive seminar to learn more and ask questions. A sales person will be present with information and applications. Let us know if you need accommodations for persons with special needs. Call:

**1-888-280-6205**

TTY users may call 1-800-662-1220

Monday – Friday, 8 am to 5 pm Eastern Time

## Or call MVP's Medicare Customer Care Center:

**1-800-665-7924**

Monday – Friday, 8 am to 8 pm,

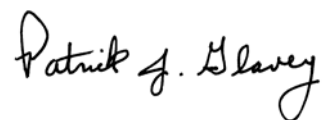
Saturday from 8 am – 4 pm

From Oct. 15 – Feb. 14 call us seven days a week from 8 am to 8 pm.

Or visit us at [www.joinmvpmedicare.com](http://www.joinmvpmedicare.com) to learn more and enroll day or night. It's easy!

For more information about Original Medicare benefits and services or about Medicare Part D prescription drug benefits, call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users may call 1-887-486-2048.

Thank you for considering MVP Health Care!



Patrick J. Glavey

Vice President, Medicare plans

# MVP: At your service, with coverage to fit your style

There's no one just like you. So it makes sense that when you shop for a health plan, you look for an insurance company that offers variety and choice in finding the coverage that will best fit your individual needs.

Look no further. Welcome to the family of Medicare Advantage health plans from MVP Health Care:

- GoldValue HMO-POS with Part D
- Preferred Gold HMO-POS with or without Part D
- GoldAnywhere PPO with Part D

Our plans are designed to be easy to use and simple to understand. And as an MVP Medicare plan member you gain much more than with Original Medicare coverage. Our plans are loaded with these great extras:

- No specialist **referrals** needed.
- Emergency care anywhere on Earth.
- Freedom to see MVP network doctors, or see doctors of your choice outside of our network, for an additional cost.
- A network of 16,000+ doctors and health care professionals across New York State and Vermont.
- Coverage for preventive care, like annual physicals and mammograms.
- Capped copays for inpatient hospital stays.
- A 24/7 Nurse Advice Line to connect you to help and information around the clock, 365 days a year.
- Fitness center membership benefits.
- Health, exercise and wellness resources to help you improve your life.
- Coverage for acupuncture services.
- \$100 HealthDollars<sup>sm</sup> for each member to use every year toward health, wellness, and fitness programs like fall prevention classes to keep you on your feet, Zumba<sup>TM</sup> dancing, medical ID tags, personal emergency response systems, yoga and ta'i chi, and more!



**Referral** — a written order from your primary care doctor for you to see a specialist or get certain medical services.

Use the following chart to begin to compare and match MVP's Medicare Advantage plans to your health needs:

MVP's Medicare Advantage plans	Monthly premium	Copay or coinsurance	Part D drug coverage	Dental allowance	Eye wear allowance	Hearing aid allowance
GoldValue HMO-POS	\$	\$\$\$	Yes	N/A	N/A	N/A
Preferred Gold HMO-POS*	\$\$	\$\$	Yes	Up to \$300 for preventive services	Yes	N/A
GoldAnywhere PPO	\$\$\$	\$	Yes	Up to \$300 for any service	Yes	\$600 allowance every 3 years

\* Preferred Gold is also available without Part D and dental allowance, for a lower premium.

# Your MVP coverage travels with you

## Emergency care around the clock, around the world

From Texas to Tahiti to Tibet, you're covered for emergency care around the world. In a medical emergency, don't ever worry about which hospital to use. If the hospital is on Planet Earth, you're covered for emergency care. You are responsible only for your in-network copay.

## Nationwide coverage for urgently needed care

In addition, MVP covers you everywhere in the United States for urgently needed care. You pay only your in-network copay.

## Out of network benefits with GoldValue and Preferred Gold HMO-POS plans

For all other care, GoldValue and Preferred Gold include out-of-network coverage that allows you to go anywhere in the U.S. — for everything from doctor appointments to X-rays and elective surgery. You are able to choose doctors who may or may not be in MVP's **network**. You will pay more for care received from non-network providers.

Put another way, your doctor may be three miles from your home or 300 miles away in another state. The amount you pay for your care will depend on whether the doctor is in or out of MVP's network.

If you receive care from an in-network provider, you pay your in-network copay. If the care you receive is given by providers outside of MVP's network, MVP covers 70 percent of your out-of-network costs, up to \$5,000 annually. All with no deductibles! You are responsible for the remaining 30 percent coinsurance.

## Examples of medical services MVP covers when you get care out of network:

- Office visits
- Hospitalization (MVP approval required)
- Outpatient surgery (MVP approval required)
- X-ray, lab and blood services
- Mammograms
- Chiropractic care
- Durable medical equipment
- Physical, speech, & occupational therapies

## Examples of medical services NOT covered by MVP when you get care out of network:

- Skilled nursing facility
- Home health care
- Mental health services
- Substance abuse services
- Diabetic supplies
- Routine hearing exams

## Out of network benefits with GoldAnywhere PPO plan

For all other care, GoldAnywhere works similarly to our HMO-POS plans. However, with GoldAnywhere your out-of-network coverage is unlimited. You may go anywhere in the U.S. — for everything from doctor appointments to X-rays and elective surgery. You are able to choose doctors who may or may not be in MVP's **network**. You will pay more for care received from providers outside of the network.

**Please see following page for examples of exclusions and services not covered**



**Network** — A group of medical professionals, hospitals and other facilities who contract with a health plan to provide your care.

# MVP also offers Medicare Part D drug coverage

(Continued from previous page)

## Examples of exclusions and services not covered by Medicare or MVP

Exclusions are services that are not covered by Medicare or by MVP's HMO-POS and PPO health plans. They include:

- Custodial care
- Cosmetic surgery
- Private room in a hospital, unless medically necessary
- Routine foot care, unless associated with disease affecting the lower limbs, such as diabetes, that requires the care of a podiatrist or primary care physician
- Drugs not covered by Medicare – this includes drugs purchased outside of the U.S.

Only medically necessary services are covered, unless expressly indicated in your contract.

Medicare Part D prescription drug coverage is automatically included with GoldValue and GoldAnywhere health plans. With our Preferred Gold plan, you may choose coverage with or without the Part D benefit. If you wish to join one of our plans and you also want Part D drug coverage, you must select Part D from MVP.

Note: If you do not join a Medicare Part D plan when you first become eligible, or do not have coverage as good as Medicare's, you may have to pay a penalty if you join at a later date. The penalty can be 1% of the current **premium** for every month you delay enrollment. This penalty will apply for as long as you are enrolled in Part D coverage.

You may apply for Medicare Part D:

- During the annual election period for Part D sign-up, from Oct. 15 through Dec. 7, 2011 to begin coverage Jan. 1, 2012.
- If you lose creditable prescription drug coverage through your employer group or other source.
- If you are eligible for New York State's EPIC (Elderly Pharmaceutical Insurance Coverage) program, you may be eligible to join Part D after December 31. To find out if you qualify, call EPIC at 1-800-332-3742.
- If you are eligible to receive **Extra Help** with prescriptions (called Low Income Subsidy). To find out if you qualify, call the Social Security Administration Office at 1-800-772-1213. TTY users may call 1-800-325-0778. Or call the New York State Health Insurance Information, Counseling and Assistance Program at 1-800-333-4114.

If none of the above applies to you, there are other reasons that may make you eligible to apply. Call us to find out if you are eligible for Medicare Part D coverage.



**Premium** — what you pay, usually monthly, for health and/or prescription drug coverage.



**Extra Help** — A Medicare program to help people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles, and coinsurance.

# You want more for your money

MVP believes that investing in your well-being now is like having an apple a day. So we include the following additional health and wellness programs and services in your coverage. And while you're taking advantage of these added preventive benefits, you and MVP are working together to help keep health care costs down.

## 24/7 MVP Nurse Advice Line

Call the Nurse Advice Line anytime day or night for answers to your health questions. You'll speak with a nurse who can help you (especially when your doctor's office is closed) with issues such as:

- A health problem in the middle of the night.
- Answers to "what do I do if" health questions.
- Finding information and resources about prevention and wellness, treatments, chronic conditions, and other health topics or concerns.

The Nurse Advice Line also features an audio library of more than 400 pre-recorded messages on general health topics, designed to help you make informed health decisions.

## Fitness center membership benefits

MVP makes it easier to stay healthy by offering fitness center membership benefits. Call MVP for details.

## HealthDollars<sup>sm</sup>

Start each calendar year with \$100 HealthDollars to use toward a variety of health, wellness, or fitness classes or programs. Interested in learning how to improve your balance and prevent falls? Want to Zumba™ or take a safe driving class to earn a discount on your auto insurance? How about therapeutic massage or yoga? The choice is yours. You can even use your HealthDollars toward a personal emergency response system or medical ID tags! Unused HealthDollars cannot carry over from one year to the next.

## More help to better manage your health

MVP offers many free, confidential programs to help when you need extra support during a serious or ongoing illness. Our team of nurses, social workers and other health care professionals is dedicated to helping you manage specific, chronic medical conditions. We work closely with your doctor to help you find the right support, resources, and information to manage and live well with:

- Diabetes
- Heart failure
- Cancer
- Kidney disease
- Lung diseases (asthma and COPD—chronic obstructive pulmonary disease)
- Behavioral health issues (mental health, drug or alcohol abuse)

*(continues on next page)*

# Let MVP help you navigate Medicare

## In-home health assessment

You may qualify to receive a free health assessment through this special program. A nurse practitioner will make a house call to conduct a one-on-one evaluation of your current health. The results will be shared with your doctor to help you:

- Better understand your medical conditions.
- Connect you to the right medical services, if needed.
- Identify any symptoms or risk factors that may need further medical attention.

### All of these MVP programs:

- Are voluntary and confidential,
- Are provided at no additional cost as long as you are an MVP member, and
- Help keep health care costs down.

## Step 1: Eligibility for joining an MVP Medicare Advantage plan

You may apply:

- When you first become eligible for Medicare benefits, which includes:
  - the 3 months before your 65th birthday month,
  - the month in which you turn 65, and
  - the 3 months after your 65th birthday month.
- Due to a disability that qualifies you for Medicare.
- When you decide to retire or if you leave your employer-sponsored Medicare health plan coverage.
- When you move into the MVP service area from somewhere else and are losing your former Medicare health plan.
- If you are eligible for both Medicaid and Medicare.
- During the annual enrollment period which runs from October 15 through December 7, 2011, to begin your coverage on January 1, 2012.

If none of the above applies to you, there are other reasons that may make you eligible to apply. Call us to find out if you are eligible to join a Medicare Advantage plan.



## Step 2: Ready to join MVP now? It's easy!

Here are four ways you can enroll:

1. Call us to enroll over the phone in minutes! MVP Medicare Products Advisors are ready to serve you Monday – Friday, 8 am to 5 pm Eastern Time at **1-888-280-6205**. TTY users may call 1-800-662-1220. Or call our Medicare Customer Care Center Monday – Friday, 8 am to 8 pm and Saturday, 8 am to 4 pm at 1-800-665-7924. From Oct. 15 – Feb. 14, call seven days a week from 8 am to 8 pm.
2. Enroll online by going to **www.mvphealthcare.com**. Call us if you need help!
3. Complete, sign, and date an MVP Individual enrollment application — one for each eligible person.
4. Go to **www.medicare.gov** to enroll online through the federal Medicare program.

You will be billed monthly. You may pay quarterly if you choose. You may pay the monthly **premium** by sending us a check or money order, or signing up for a recurring credit on your credit card or a direct debit from your bank account.

You may have the monthly premium for your health plan and the prescription drug plan taken from your monthly Social Security check. (The first deduction may take several months to begin. Please pay all bills until this becomes effective.)

**NOTE:** EPIC members should discuss premium deductions from their Social Security check with an MVP Medicare Products Advisor.



**Premium** — what you pay, usually monthly, for health and/or prescription drug coverage.

**NOTE:** If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay part of your plan premium. We will bill you for the amount that Medicare does not cover.

Usually, we must receive your application no later than the last working day of the month to meet Medicare's deadline to be effective the first day of the next month. For example, if we receive your application on January 31, your coverage will begin February 1. During the annual open enrollment period, we may receive your application from October 15 – December 7 for a January 1 effective date. Until your new member ID card arrives, you may use a confirmation letter you will receive from MVP as proof of your membership.

## Step 3: Once you join an MVP Medicare Advantage plan

- Joining MVP will automatically disenroll you out of any other Medicare Advantage plan or Medicare Prescription Drug plan in which you may currently be a member.
- Your medical care will be covered by MVP. Your MVP plan takes the place of Medicare.
- You will have an MVP member ID card.  
**Keep your Medicare card for your records.**
- Always carry and show your MVP membership card when you visit your doctor or pharmacy.
- If you sign up for Medicare prescription drug coverage (Part D) with MVP, you will receive your Medicare prescription drug benefit through MVP. If you also have prescription drug coverage through New York State's EPIC program or a Veterans Administration program, that coverage may continue as well.
- You will have virtually no claim forms to complete unless you receive services from non-MVP network providers.

- Emergency and post-stabilization services and renal dialysis are covered worldwide. Urgently needed care is covered throughout the United States.
- MVP will not refuse coverage based on your current health status or anticipated use of health care services unless you have end-stage renal disease. If you have end-stage renal disease, current federal law does not allow you to enroll in an MVP Medicare Advantage plan unless you are already an MVP member or have had a successful kidney transplant.
- The premiums and benefit packages for our plans may change at the beginning of each calendar year. They will not change during the calendar year unless the change is to your advantage as an MVP member.

## To learn more and enroll by phone

Call us – it’s easy! Licensed MVP Medicare Products Advisors are ready to serve you at:

**1-888-280-6205**

TTY users may call 1-800-662-1220

Monday – Friday

8 am to 5 pm Eastern Time

Or call MVP’s Medicare Customer Care Center Monday – Friday, 8 am to 8 pm and Saturday, 8 am to 4 pm at 1-800-665-7924.

From October 15 - February 14, call seven days a week from 8 am to 8 pm at these numbers.

Learn more about Medicare or enroll in minutes, day or night, by visiting us at [www.joinMVPmedicare.com](http://www.joinMVPmedicare.com).

## MVP’s Medicare Customer Care Center – ready to serve you

Once you join, feel free to call with any question, big or small. We’re ready to help with:

- A dedicated team of representatives experienced in Medicare Advantage health plans, ready to give personal attention to your questions about your health care coverage.
- Toll-free phone service Monday – Friday from 8 am to 8 pm and Saturday from 8 am to 4 pm. From October 15 – February 14, call us seven days a week from 8 am to 8 pm.

## A note about “prior authorization”

Some services require prior authorization by MVP regardless of whether these services are given in network or out of network. Prior authorization refers to a process in which MVP works with you and your doctors to make sure you receive medically-necessary, high-quality medical treatment at a reasonable cost. Some examples of services needing prior authorization include:

- Admissions to transitional care units, acute rehabilitation, and skilled nursing facilities
- Durable medical equipment
- Home care services
- Implants and internal prosthetics

Most often, your family doctor will begin the process and request authorization whenever it is needed.

If you need or want a medical service not available within the MVP network, you may refer yourself to a non-network doctor. Remember that it will cost you more to receive medical services from providers outside of the MVP network.

# About MVP's network of doctors and hospitals

About our network of doctors and hospitals.....	12
MVP will help you find a doctor! .....	12
How to seek emergency or urgently needed care .....	13
- About urgently needed care .....	13
- Coverage for urgently needed care .....	13
- About medical emergencies .....	13
- Coverage for medical emergencies .....	14
- What if it wasn't really a medical emergency?.....	14
- What if you need medical care when your doctor's office is closed? .....	14
Medical bills – do you know that you are responsible for your copayments and coinsurance? For more information .....	15
About your primary care physician (PCP) .....	16
- The role of your PCP .....	16
- Choosing a PCP who's right for you. Here's how .....	16
- Do your research .....	17
- Recommendations are a good source of information .....	18
- Call or visit the doctor's office .....	18
- Make a personal connection.....	18
- Other resources .....	18
- You can change your PCP. Here's how .....	19
- How to choose an OB/GYN .....	19

Prior authorization . . . . . 20

Utilization management – reviewing the care you receive before, during and after treatment;  
 reviewing a request to admit you to a hospital for elective surgery. For details . . . . . 21

Member protections . . . . . 24

- MVP’s privacy notice – How we protect and keep your personal health information confidential. . . . . 24
- MVP’s duties regarding your health information . . . . . 24
- How we use or disclose your health information . . . . . 24
- Special use and disclosure situations . . . . . 25
- What are your rights? . . . . . 26
- You have certain rights about your personal health information. For details. . . . . 26
- Your right to make recommendations. . . . . 27
- You can ask us to restrict the health information about you that we use or share for treatment,  
 payment or health care operations. For details. . . . . 27
- You can request that we limit what we share with someone involved in your care or the payment  
 for your care, like a family member. For details. . . . . 27
- Exercising your rights . . . . . 28

Contact information . . . . . 28

MVP’s Medicare Part D formulary and pharmacy programs. . . . . 29

- What is a formulary? What are drug tiers? For definitions and information on getting  
 the best quality and prices. . . . . 29

## About our network of doctors and hospitals

MVP's network of more than 16,000 doctors, hospitals and other providers stretches across New York State and Vermont. These health care professionals have agreed to provide your care and follow specific quality of care practices. You are free to choose doctors who may or may not be in MVP's network of providers who contract with us. You will pay more for care received outside of the network.

You can feel confident in the health care professionals in our network. Each physician has been initially screened and is reviewed at least every three years for:

- New York State licensure
- Basic educational credentials, including Continuing Medical Education credits
- Malpractice insurance and malpractice claims (if any)
- Legal actions in any state
- Current drug enforcement agency license
- Sanctioning by the Centers for Medicare & Medicaid Services

### If a medical service is not available within our network

If you need or want a medical service not available within the MVP network, you may refer yourself or be referred to a doctor or service outside the network for your **medically-necessary** care. For example, a member needing a certain type of organ transplant is referred to a Medicare-approved transplant center. MVP covers this medically necessary care. Remember that it may cost you more to receive medical services outside of the MVP network.

Some services may have pre-authorization rules that apply either in- or out-of-network.

## MVP will help you find a doctor!

If you can't find the doctor you're looking for, you may:

Visit our Web site — [www.mvphealthcare.com](http://www.mvphealthcare.com) — to search for a doctor. From our home page, click on the "Provider Search" feature. The site is updated regularly. You can search for a doctor by name, location or specialty. You also can choose to search for doctors who:

- Are currently accepting new patients
- Admit to the hospital nearest you
- Speak or understand other languages, such as Spanish or French

Or you can call an MVP Medicare Products Advisor to ask for a listing of the doctors in our network. Advisors are available Monday – Friday, 8 am to 5 pm Eastern Time at:

1-888-280-6205 (toll free)

1-800-662-1220 (toll free TTY)

Or call MVP's Medicare Customer Care Center at 1-800-665-7924 Monday – Friday, 8 am to 8 pm and Saturday, 8 am – 4 pm.

From Oct. 15 – Feb. 14, call us seven days a week from 8 am to 8 pm.



**Medically-necessary** — services or supplies that are needed for the diagnosis or treatment of your medical condition and that meet accepted standards of medical practice.

# How to seek emergency or urgently needed care

To get the best care when you need immediate medical attention, ask yourself, “What is the danger to my health?”

- Choose urgently needed care if you need medical attention right away for an unplanned illness or injury, like a sprain, the flu, or a bad cut, but your health is not in serious danger.
- You should get emergency care if you believe that your health is in serious danger and every second counts, with severe pain, a bad injury, a serious illness or medical condition that is quickly getting much worse.
- Emergency and post-stabilization services and renal dialysis are covered worldwide. Urgently needed care is covered throughout the United States.

## About urgently needed care

Many health care professionals report that a significant number of people in emergency rooms could be better and more quickly cared for in a doctor’s office or an urgent care center. That is why an urgent care center may be a convenient, appropriate, and lower cost option to emergency room care when your doctor is unavailable.

- Urgent care is not designed to treat sudden, serious health problems. Rather, urgent care is for treating minor illnesses or injuries such as sprains, strains, minor cuts or burns, or the flu.
- You should follow up with your doctor within 48 hours after receiving urgent care.

## Coverage for urgently needed care

If you need urgent care, you should call your doctor first, whenever possible, or go to an urgent care center. MVP covers urgent and follow-up care that you get from any provider as long as the care you are getting still meets the definition of “urgently needed care.” Some services may have pre-authorization rules that apply either in- or out-of-network.

MVP Medicare Advantage plans do not cover urgently needed care outside of the United States.

## About medical emergencies

- In an emergency, get medical help as quickly as possible. Call 911 for help or go to the nearest emergency room. You do not need to get permission first from your physician or other doctor.
- Make sure that your doctor knows about your emergency, because he or she will need to be involved in following up on your emergency care. You or someone else should call to tell your doctor about your emergency care as soon as possible, preferably within 48 hours.
- When the doctors who are giving you emergency care say that your condition is stable and the medical emergency is over, you receive post-stabilization care.

## Coverage for medical emergencies

You are covered for emergency medical care whenever you need it, anywhere in the world.

- Ambulance services are covered in situations where other means of transportation would endanger your health.
- Your post-stabilization care will be covered according to Medicare guidelines. In general, your doctor will try to arrange for plan health care professionals to take over your care as soon as your medical condition and the circumstances allow.

## What if it wasn't really a medical emergency?

Sometimes it can be hard to know if you have a real medical emergency. For example, you might go in for emergency care—thinking that your health is in serious danger—and the doctor may say that it was not a medical emergency after all. If this happens to you, you are still covered for the care you got to determine what was wrong, as long as you thought your health was in serious danger.

If you get any additional care after the doctor says it is not a medical emergency, you will pay more if the additional care is received out of network.

## What if you need medical care when your doctor's office is closed?

In an emergency, you should get care immediately. You **do not** have to contact your doctor or get permission in an emergency. You can dial 911 for immediate help by phone or go directly to the nearest hospital emergency room.

# Medical bills

All MVP network health care professionals have agreed to provide care to our members at negotiated prices. Your doctor will not bill you for unpaid balances or charge you any extra fees for covered services. You are responsible for your **copayments** or **coinsurance**.

If you use out-of-network health care professionals to get covered services, your out-of-pocket costs will be higher than if you use in-network health care professionals (except for emergency and urgently needed care and renal dialysis).

**If you receive any medical bill from a physician or other health care professional other than for your required coinsurance or copayment, do not pay it.** Call MVP's Medicare Customer Care Center immediately so it can be reviewed. Call us at the phone numbers on the back of your member ID card.



**Copayment** — an amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit or prescription. A copayment is usually a set amount, rather than a percentage. For example, you might pay \$20 for a doctor's visit.



**Coinsurance** — an amount you may be required to pay as your share of the cost for services, after you pay any deductibles. Coinsurance is usually a percentage (for example, 30% for out of area services such as allergy shots).

# About your primary care physician (PCP)

MVP encourages all members to select a **Primary Care Physician (PCP)**. Your PCP is the internist, family practitioner, or general practitioner you choose to provide or arrange all of your care. Your PCP will work with you to manage your health. Women may choose an obstetrician / gynecologist in addition to their PCP.

If you choose a PCP outside of MVP's network to get covered services, it will cost more to do so for services other than emergency or urgently needed care, or **renal dialysis**.

The PCP you choose:

- Understands your medical history and what is normal for you.
- Coordinates your medical care.
- Will arrange for post-stabilization care after a hospitalization or surgery, even if you are out of network.



**Primary Care Physician (PCP)** — A health care professional you select to manage your health care. Your PCP is responsible for providing or authorizing covered services while you are a plan member.



**Renal (kidney) dialysis** — covered services include dialysis treatments, training for you and anyone helping you with home dialysis treatments, home dialysis equipment and supplies, and some home support services. You must get authorization from MVP before you get this service.

If you are an HMO-POS member and do not select a PCP, one will be assigned for you. You may later change PCP if you wish.

**Your PCP should be the first person you contact when you need medical care, except in an emergency or for urgently needed care.** It is very important that you choose a PCP and list your choice on your enrollment form.

## The role of your PCP

You can expect your Primary Care Physician to:

- Provide treatment in a timely manner.
- Inform you of your health condition and the full range of treatment options regardless of cost or benefit coverage.
- Obtain your consent, or the consent of someone you authorize, for all treatment.
- Maintain confidentiality about your care.
- Be accessible 24 hours a day, 365 days a year and have a backup (or on-call) physician.

## Choose a PCP who's right for you

Choosing a Primary Care Physician is one of the most important decisions you can make about your health care. Your doctor is your partner in health. He or she will work with you to manage all your health care needs. Think about the qualities you want in a health care professional and in the doctor-patient relationship. You need to feel comfortable with your doctor. You also need to feel secure with his or her expertise and level of experience.

You may want to consider the following when deciding on a PCP:

- The PCP's location and office hours
- The age and/or gender of the PCP
- The PCP's hospital affiliations

Here are some suggestions to help you choose the PCP who best meets your health care needs:

## Do your research

The key to choosing a Primary Care Physician (PCP) is good research. Make sure you have as much information as possible before selecting your PCP. The more you know about a doctor, the better the chances are that you will choose one who meets your health care needs. Some things to consider:

### Education and Training

- Where did the doctor train?
- When looking at educational background, you may want to consider the medical school attended and where the doctor completed his or her residency.
- How long has he or she been practicing?
- Does the doctor have an area of expertise?
- Does the doctor belong to any professional organizations?

### Certification

- Make sure that the doctor is licensed.
- Is the doctor board-certified?

- You also may want to check to see if any complaints have been filed against the doctor and/or whether he or she has had any disciplinary actions.

### Hospital Affiliations

Some doctors have privileges to admit to certain hospitals. You may want to ask the doctor where he or she may admit patients.

### Office Policies

The policies for a doctor's office may be important in making a decision about your PCP:

- How long does it typically take to get an appointment?
- How are payments handled?
- Is the office staff friendly and well-trained?
- Is there enough staff?

### Access to Care

- What type of access to care does the doctor provide?
- Does he or she belong to a group practice where you may access other doctors in the group?
- Is he or she a sole practitioner?
- How does the office handle emergency care and weekend appointments?

### Confidentiality

- How does the doctor handle confidentiality?
- Are your medical discussions done in private?
- Is the outer office sensitive to patients' confidential concerns?

## Recommendations are a good source of information

Sometimes the best sources of information come from family, friends, and former or current co-workers. Another good source is the medical community in your area. If you know someone in the medical field, he or she might be able to recommend a doctor to you.

## Call or visit the doctor's office

Try calling the doctor's office to set up a telephone interview or talk to the office staff. You also can try to meet with the doctor in person. Doctors are often willing to set up an initial visit with new or prospective patients. You'll be able to use first-hand knowledge to decide if that PCP is right for you.

## Make a personal connection

- Do you and your doctor "click"?
- Your PCP will manage all your health care needs. You will need to feel comfortable with him or her. How are you treated?
- Do you prefer a male or female doctor?
- Do you like the doctor's "style"?
- Is the doctor "tough and straightforward" or more gentle and nurturing? Which do you prefer?
- Do you feel that you can speak openly and honestly about your health concerns?

## Other resources

Other resources available to help you choose your PCP include:

- American Medical Association (AMA) – Provides an online service that you can use to research doctors at [www.ama-assn.org](http://www.ama-assn.org). You can write to them to get up to five physician profiles. Profiles include information such as education, board certifications, and disciplinary actions. Call the AMA at 1-312-464-5199 for more information.
- New York State Department of Education Office of the Professions – Lets you search its website for physician licensing information. It also gives you general information on requirements for licenses. Visit [www.op.nysed.gov/medb.htm](http://www.op.nysed.gov/medb.htm) or contact the office at 1-518-474-3817.
- New York State Department of Health – Lets you search its website for information on misconduct and physician discipline from 1992 to the present. Go to [www.health.state.ny.us/nysdoh/opmc/main.htm](http://www.health.state.ny.us/nysdoh/opmc/main.htm) or call the department at 1-800-663-6114.
- Go to [www.mvphealthcare.com](http://www.mvphealthcare.com) for a full listing of our directory of health care professionals.

## You can change your PCP

You may change your PCP at any time. Simply confirm that your new PCP is accepting patients. Then call MVP's Medicare Customer Care Center at the phone numbers on the back of your member ID card to give us the name of your new PCP. If possible, let us know of your new PCP at least 30 days before your first appointment. You also may change your PCP by going to [www.mvphealthcare.com](http://www.mvphealthcare.com).

## How to choose an OB/GYN

An OB/GYN doctor cannot be selected as a PCP. However, he or she is considered a "primary care professional" who can treat and refer non-OB/GYN conditions (for example, high blood pressure). The OB/GYN also will inform your PCP of any non-OB/GYN treatment you receive. Please note: Even if your OB/GYN serves as your PCP, you will still need to select a PCP.

MVP recognizes the importance of the relationship between a woman and her OB/GYN. All female members may see their OB/GYN whenever they choose, without a referral from their PCP.

# Prior authorization

Some services and procedures require “prior authorization” by MVP regardless of whether these services are received in-network or out-of-network. Prior authorization is a process in which MVP works with you and your doctors to make sure you receive **medically-necessary**, high-quality medical treatment at a reasonable cost. It’s a process in which MVP responds verbally or in writing to a request for authorization before you receive specified non-emergency services.

Services needing prior authorization are covered only if determined to be medically necessary. In most cases, your doctor will start the process and request authorization whenever it is needed. Please note that you are ultimately responsible for ensuring the prior authorization is obtained from MVP for specified services. We encourage you to talk with your doctor about the process to ensure that prior authorization is obtained.



**Medically-necessary** — services or supplies that are needed for the diagnosis or treatment of your medical condition and that meet accepted standards of medical practice.



**Durable Medical Equipment** — Certain medical equipment that is ordered by your doctor for use in the home. Examples are walkers, wheelchairs, or hospital beds.

If you wish to receive services that need prior authorization, you should work with your doctor. Your doctor should contact MVP at least seven days in advance of the planned service or procedure. You and your doctor will be notified of the decision within three business days of receipt of all necessary information. If the request involves urgent or continued treatment, the notification of the decision will be made within one business day of receipt of all necessary information.

Some examples of services needing prior authorization include:

- Admissions to transitional care units, acute rehabilitation, skilled nursing facilities
- **Durable medical equipment**
- Home care services
- Implants and internal prosthetics
- Medically-necessary dental services
- Certain prescription drugs

Most often, your family doctor will begin the process and request authorization whenever it is needed. If you need or want a medical service not available within the MVP health care professional network, you may do so. Remember that it may cost you more to receive medical services outside of the MVP health care professional network.

# Utilization management – reviewing the care you receive

Utilization management is a process that MVP uses to review the health care services our members receive. The process makes sure you get the right care for your health needs—effective care that you are able to get in a timely manner and at a place that best meets your specific health care needs.

MVP asks certain questions when reviewing a service or making coverage decisions, such as:

- What is the quality of the care like?
- Do the benefits of getting this care outweigh its risks?
- Is this care appropriate for your specific medical condition?
- Is this the only service that is available or are there other more cost-effective treatments?
- Does your health plan cover this type of care?

Not all the care you get will be reviewed by MVP. Visits to a specialist’s office do not require approval by MVP. It is still important for you to work with your PCP to coordinate care. Types of care that may be reviewed include services that are high cost (such as gastric bypass surgery) or services often considered not medically necessary (such as cosmetic surgery).

It’s important for you to know that MVP wants to make sure you receive the best care and coverage available to you. Doctors, specialists, and other health care professionals are not encouraged to deny care or coverage for care to our members. MVP does not reward or offer incentives to employees or health care professionals to deny health care services to you.

MVP will generally speak to your provider if there are questions about your care.

Your doctor has the right to ask MVP to reconsider its coverage decision if he or she does not agree with that decision. MVP will reconsider the request and provide a response within one business day after the request is received. This timeline does not apply if you have already received the care.

You and your doctor will make all final decisions on your health care. MVP cannot stop you from getting medical care. These utilization management policies are used to determine if, and to what degree, your care will be covered by your MVP health plan.

## There are three basic types of review:

### **Pre-service review (before treatment)**

A “pre-service review” is a review that takes place before you get care. Your doctor will contact MVP to request approval for coverage of care. We will review your request before you get the treatment. We will contact your primary care physician and the doctor treating you with the result of the review, and will let you know whether your care will be covered under your health plan.

Types of services that may be reviewed before you get care include elective hospital admissions. An elective admission is a planned admission to the hospital – such as knee replacement surgery. This type of care is not an urgent or emergency admission. Your health will not be at risk if you do not get immediate care.

MVP will review elective admission requests and other pre-service requests within two business days after the request is received. You and your doctor

will be informed of the decision within three business days of the request. Urgent referrals will be reviewed as soon as possible. You and your doctor will be told of the decision within one business day after the request is received.

You and your doctor will be informed of the MVP decision — by phone and in writing. If you have chosen a person to represent you (member designee), that person will also be notified. MVP also uses this review to find out if you may benefit from our care management programs. You also may get help with planning once you are ready to leave the hospital.

### **Concurrent review (during treatment)**

A “concurrent review” is a review that takes place while you are getting care. This happens when your doctor asks for additional services while you are going through a course of treatment. Examples include ongoing physical therapy and care received while you are in the hospital.

A decision on this type of review will be made within one business day after the request is received. You and your doctor will be informed of the MVP decision about whether this care will be covered under your health plan — by phone and in writing. If you have chosen a person to represent you (“member designee”), that person will also be notified.

Examples of services reviewed during treatment include mental health care, rehabilitation care, and chemical dependency care.

MVP also uses this review to find out if you may benefit from health management programs. You may also get help with planning once you are ready to leave the hospital.

### **Post-service review (after treatment)**

A “post-service review” takes place after you receive care. This type of review includes things such as the reason for an inpatient admission, member complaints, appeals, and claims review.

MVP will make a decision and provide a written notice to you and your doctor on this type of review within 30 calendar days after the request is received. The decision will include information about whether this care will be covered under your health plan. If you have chosen a person to represent you, that person will also be notified.

MVP will make a decision on every request. If a decision is not made within the stated timeframe, you may consider this a denial and appeal the MVP decision.

MVP has a medical team — nurses, medical directors, pharmacists, social workers, and physical therapists — on staff. This medical team will help answer questions you may have about your care.

Call MVP’s Medicare Customer Care Center at the phone numbers on the back of your member ID card if you have questions about a review of your medical care. You have a right to request to be put in contact with someone on our medical team who can answer your questions.

## Utilization management for prescription drugs

There are certain prescription drugs that require MVP's review and authorization. This review needs to take place before the prescription can be filled in order for the prescription to be covered under your health plan.

If you have Medicare Part D prescription drug coverage through MVP, please check your Evidence of Coverage (your contract) for more information. You also may go to **[www.mvphealthcare.com](http://www.mvphealthcare.com)** for a list of medications that may require prior authorization under your Part D coverage. Or, call MVP's Medicare Customer Care Center at the phone numbers on the back of your member ID card for answers to your questions.

# Member protections

## MVP's privacy notice – How we protect and keep your personal health information confidential

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

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., and Preferred Care Assurance Company, Inc., (collectively "MVP") respect the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information, provide you with this notice of our privacy practices and legal duties and to abide by the terms of this notice.

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and New York State laws and regulations regarding the confidentiality of health information, MVP provides this notice to explain how we may use and disclose your health information to carry out payment and health care operations and for other purposes permitted or required by law. "Health information" is defined as enrollment, eligibility, benefit, claim, and any other information that relates to your past, present or future physical or mental health.

### MVP's duties regarding your health information

MVP is required by law to:

- Maintain the privacy of information about your health in all forms including verbal, written, and electronic;

- Provide you with this notice of our legal duties and health information privacy rules; and
- Abide by the terms of this notice.

We reserve the right to change the terms of this notice at any time, consistent with applicable law, and to make those changes effective for health information we already have about you. Once revised, we will provide the new notice to you by mail and post it at [www.mvphealthcare.com](http://www.mvphealthcare.com).

### How we use or disclose your health information

As a member, you agree to let MVP share information about you for treatment, payment, and healthcare operations. The following are ways we may use or disclose your health information:

**For Treatment:** We may share your health information with a physician or other health care provider in order for them to provide you with treatment.

**For Payment:** We may use and disclose your health information to collect premium payments, determine benefit coverage, or to provide payment to health care providers who render treatment on your behalf.

**For Health Care Operations:** We may use or disclose your health information for health care operations that are necessary to enable us to arrange for the provision of health benefits, the payment of health claims, and to ensure that our members receive quality service. For example, we may use and disclose your health information to conduct quality assessment and improvement activities,

case management and care coordination, licensing, credentialing, underwriting, premium rating, fraud and abuse detection, medical review and legal services.

**Appointment Reminders:** We may use or disclose your health information to send you a reminder that you have an appointment with your doctor for treatment or medical care.

**Health-Related Benefits and Services:** We may use or disclose your health information to tell you about alternative medical treatments and programs or about health related products and services that may be of interest to you.

**Disclosures to a Business Associate:** We may disclose your health information to other companies that perform certain functions on our behalf. These companies are called “Business Associates”. These Business Associates must agree in writing to protect your privacy and follow the same rules we do.

**Disclosures to a Plan Sponsor:** We may disclose your health information to the plan sponsor of your group health plan (usually your employer) so that the plan sponsor may obtain premium bids, modify, amend or terminate your group health plan and perform enrollment functions on your behalf. If we obtain assurances as required by law from your plan sponsor, including an assurance that it will not use your health information for any employment related decisions, we may also disclose your health information to your plan sponsor so that it can carry out other administrative functions on behalf of your group health plan related to your treatment, payment of your claims and the health care operations of your group health plan.

**Disclosures to a Third Party Representative:** We may disclose to a Third Party Representative (family member, relative, friend, etc.) health information that is directly relevant to that person’s involvement with your care or payment for care if we can reasonably infer that the person is involved in your care or payment for care and that you would not object.

**Disclosures Authorized by You:** We can accept an Authorization to Disclose Information Form if you would like us to share your health information with someone for a reason we have not stated above. Using this form, you can designate who you would like us to share information with, what information you would like us to share, and how long you want us to be able to share your information with that individual. A copy of this form is available by calling the Medicare Customer Care Center at the numbers on the back of your member ID card, or logging on to [www.mvphealthcare.com](http://www.mvphealthcare.com). You must complete this form and send it to the address or fax it to the fax number on the form. You can cancel this Authorization at any time in writing and per the requirements on the form.

## Special use and disclosure situations

Under certain circumstances, as required by law, MVP would be required to share your information without your permission. Some circumstances include:

**Uses and Disclosures required by law:** We may use and disclose health information about you when we are required to do so by federal, state or local law.

**Public Health:** We may disclose your health information for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births or deaths; or reporting reactions to medications or problems with medical products or to notify people of recalls of products they have been using.

**Health Oversight:** We may disclose your health information to a health oversight agency that monitors the health care system and government programs for designated oversight activities.

**Legal Proceedings:** We may disclose your health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) and, in certain situations, in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may disclose your health information, so long as applicable legal requirements are met, for law enforcement purposes.

**Abuse or Neglect:** We may disclose your health information to a public health authority, or other government authority authorized by law to receive reports of child abuse, neglect or domestic violence consistent with the requirements of applicable federal and state laws.

**Coroners, Funeral Directors and Organ Donation:** We may disclose your health information to a coroner or medical examiner to identify a deceased person, determine a cause of death or as authorized by law. We may also disclose your health information to funeral directors as necessary to carry out their

duties. If you are an organ donor, we may release your health information for procurement, banking or transplantation.

**Research Purposes:** In certain circumstances, we may use and disclose your health information for research purposes.

**Criminal Activity:** We may disclose your health information when necessary to prevent or lessen serious and imminent threat to the health and safety of a person or the public.

**Military Activity:** We may disclose your health information to authorized federal officials if you are a member of the military (or a veteran of the military).

**National Security:** We may disclose your health information to authorized federal officials for national security, intelligence activities and to enable them to provide protective services for the President and others.

**Workers' Compensation:** We may disclose your health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

## What are your rights?

The following are your rights with respect to your health information. Requests for restrictions, confidential communications, accounting of disclosures, amendments to your health information or to inspect or copy your health information, can be made by using the contact information at the end of this notice.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on your health information we disclose for payment or health care operations. You also have the right to request a limit on the information we disclose about your health to someone who is involved in your care or the payment for your care, like a family member, relative, or friend. While we will try to honor your request, we are not legally required to agree to restrictions or limitations. If we agree, we will comply with your request or limitations except in emergency situations.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health information in a certain way or at a certain location if the disclosure of information could endanger you. We will require the reason for the request and will accommodate all reasonable requests.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures of your health information made by us other than those necessary to carry out treatment, payment, and health care operations, disclosures made to you or authorized by you, or in certain other situations.

**Right to Inspect and Obtain Copies of Your Health Information:** You have the right to inspect and obtain a copy of certain health information that we maintain. In limited circumstances, we may deny your request to inspect or obtain a copy of your health information. If we deny your request, we will notify you in writing of the reason for the denial and if applicable the right to have the denial reviewed.

**Right to Amend:** If you feel that the health information we maintain about you is incomplete or inaccurate, you may ask us to amend the information. In certain circumstances we may deny your request. If we deny the request, we will explain your right to file a written statement of disagreement. If we approve your request, we will include the change in your health information and tell others that need to know about your changes.

## Your right to make recommendations

You have a right to receive information about your member rights and responsibilities and to make recommendations to MVP Health Care about our members' rights and responsibilities policies. You may do so by:

- Calling MVP's Medicare Customer Care Center.
- Visiting [www.mvphealthcare.com](http://www.mvphealthcare.com) and clicking on:
  - "Medicare Members"
  - Your county of residence
  - Under "Forms and Publications" click on "Required Annual Notices" to view rights and responsibilities for Medicare plan members.
- Contacting us at *Living Well* (your member newsletter) by email at [livingwell@mvphealthcare.com](mailto:livingwell@mvphealthcare.com), or by writing to MVP Health Care, 220 Alexander St., Rochester, NY 14607.

**Right to a Copy of the Notice of Privacy Practices:** You have the right to obtain a copy of this notice at any time.

## Exercising your rights

Unless you provide us with a written authorization, we will not use or disclose your health information in any manner not covered by this notice. If you authorize us in writing to use or disclose your health information in a manner other than described in this notice, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your authorization; however, we will not reverse any uses or disclosures already made in reliance on your authorization before it was revoked.

You have a right to receive a paper copy of this notice at any time. You also can view this notice at [www.mvphealthcare.com](http://www.mvphealthcare.com).

If you believe your privacy rights have been violated, you may file a written complaint by contacting the Quality Coordinator at the address or number indicated on the contact information at the end of this notice.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must:

1. Be in writing;
  2. Contain the name of the entity against which the complaint is lodged;
  3. Describe the relevant problems; and
  4. Be filed within 180 days of the time you became or should have become aware of the problem.
- We will provide you with this address upon request.

We will not take any action against you for filing a complaint.

We will not retaliate in any way if you choose to file a complaint in good faith with us or with the U.S. Department of Health and Human Services. We support your right to the privacy of your medical information.

## Contact Information

You can reach MVP's Medicare Customer Care Center at:

MVP Health Care  
220 Alexander St.  
Rochester, NY 14607

**1-800-665-7924**

**TTY: 1-800-662-1220**

Monday - Friday, 8 am - 8 pm, Saturday  
8 am - 4 pm  
Oct. 15 - Feb. 14 call seven days a week  
8 am - 8 pm

# MVP's Medicare Part D formulary and pharmacy programs

A formulary is a health plan's approved list of covered prescription drugs. MVP's Medicare Part D formulary is divided into five "tiers" (or cost groups) that correspond to the drug copays in your contract. Copays may vary if you are in the Medicare Part D "coverage gap" or "donut hole," if you are in "catastrophic coverage", or if you have qualified for "Extra Help." These are the 2012 MVP drug tiers:

## Tier 1 – Preferred Generic Drugs

Tier 1 includes preferred generic drugs. (Note: Not all generic drugs will be a Tier 1 drug.) Generic drugs have the same active ingredients, strength, and effectiveness as the brand-name versions, but at a much lower cost. Think about using a Tier 1 preferred generic drug if you and your doctor decide it is right for you.

## Tier 2 - Preferred Brand Name Drugs

Tier 2 includes preferred brand drugs that have the lowest cost sharing for brand name drugs. If you and your doctor decide that a brand name drug is right for you, try using a Tier 2 brand name drug to save money.

## Tier 3 - Non-preferred Brand Name and Non-preferred Generic Drugs

Tier 3 non-preferred brand name and non-preferred generic drugs are available at a higher cost. In addition, Part D drugs excluded from our Formulary must go through an exception process in order for MVP to cover them. If they are approved, they will be covered in Tier 3 unless they qualify to be a Tier 4 Specialty Drug (see the next Tier description).

## Tier 4 - Specialty Drugs

Tier 4 includes drugs (brand name and generic) that cost \$600 or more for a 30-day supply. Most drugs in this tier are restricted to a 30-day supply at retail, and are excluded from the mail order program and tier exception process.

## Tier 5 - No Cost Generic Drugs

Tier 5 includes select drugs for diabetes, blood pressure control, bone health, heartburn and ulcers. The drugs in Tier 5 are provided at no cost to you.

MVP uses a number of programs to maintain the quality and cost-effectiveness of your prescription drug coverage, including:

**Mail Order:** Medicare Part D drugs which are available to be filled through the Medco Pharmacy (mail order).

**Prior Authorization:** MVP Health Care requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from MVP Health Care before you fill your prescriptions. If you don't get approval first, MVP Health Care may not cover the drug. A list of drugs currently requiring prior authorization can be found by visiting MVP at [www.mvphealthcare.com](http://www.mvphealthcare.com). You can also call MVP's Medicare Customer Care Center for a paper copy of the list.

**Quantity Limits:** For certain drugs, MVP Health Care limits the amount of the drug that we will cover. For example, MVP provides one capsule per day for NEXIUM. This limit may be applied to a standard one-month or three-month supply.

**Step Therapy:** In some cases, MVP Health Care requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, MVP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MVP will then cover Drug B.

## MVP's Safety/Quality Assurance Programs

These MVP programs focus on providing safe prescription drugs and avoiding overuse, misuse, waste, or abuse.

Coverage for specific drugs may be different based on your health plan. Programs used by the Pharmacy Department to enhance safety and control costs may also affect coverage. Out-of-pocket costs may vary based upon the drug your doctor prescribes. Work with your doctor to make sure that you get the best and most cost-effective drugs available.

Not all MVP health plans offer prescription drug coverage. Please check your plan materials for your coverage details. If you have prescription drug coverage through MVP, be sure to always show your drug coverage member card from Medco to your pharmacist.





1-888-280-6205  
TTY: 1-800-662-1220  
[www.joinmvpmedicare.com](http://www.joinmvpmedicare.com)