

2024 Summary of Benefits

MVP Health Plan, Inc.

MVP Medicare Secure with Part D (HMO-POS)

MVP Medicare Preferred Gold with Part D (HMO-POS)

H3305: Plan 032 and Plan 021

This is a summary of drug and health services covered by MVP Health Plan January 1, 2024 - December 31, 2024.

MVP Health Plan, Inc. is an HMO-POS/PPO organization with a Medicare contract. Enrollment in MVP Health Plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage."

To join **MVP Medicare Secure with Part D (HMO-POS)** or **MVP Medicare Preferred Gold with Part D (HMO-POS)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our Capital District/Southern Tier/Hudson Valley/Central NY service area includes the following counties in New York: Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Columbia, Cortland, Delaware, Dutchess, Fulton, Greene, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Orange, Oswego, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Steuben, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, and Westchester.

MVP Medicare Secure with Part D (HMO-POS) and **MVP Medicare Preferred Gold with Part D (HMO-POS)** have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. These plans have a POS (Point-of-Service) benefit. Services covered under POS are limited to \$4,000/year, and you pay 30% co-insurance. Not all services are covered under POS. Services not covered under POS are noted in the attached table and in your EOC (Evidence of Coverage).

| Premiums and Benefits | MVP Medicare Secure with Part D (HMO-POS) | MVP Medicare Preferred Gold with Part D (HMO-POS) | What you should know |
|--|---|---|---|
| Monthly Plan Premium | You pay \$39.50 | You pay \$147.40 | You must continue to pay your Part B premium. (\$164.90 in 2023. This amount may change in 2024.) |
| Deductible | This plan does not have a medical deductible. | This plan does not have a medical deductible. | |
| Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i> | \$7,550 annually. | \$5,800 annually. | The most you pay for co-pays, co-insurance, and other costs for medical services for the year. |
| Inpatient Hospital Coverage (Services may require Authorization) | You pay \$370 co-pay per day for days 1 through 5. You pay \$0 co-pay per day for days 6 through 90. You pay \$0 co-pay per day for days 91 and beyond. | You pay \$325 co-pay per day for days 1 through 5. You pay \$0 co-pay per day for days 6 through 90. You pay \$0 co-pay per day for days 91 and beyond. | Our plan covers an unlimited number of days for an inpatient hospital stay. Co-payment is applied to each new inpatient hospital stay. Medicare benefit periods do not apply. |
| Outpatient Hospital Coverage (Services may require Authorization) | You pay \$300 co-pay for outpatient hospital surgery. You pay \$175 co-pay for care in a certified ambulatory surgical center. | You pay \$200 co-pay for outpatient hospital surgery. You pay \$125 co-pay for care in a certified ambulatory surgical center. | Physician surgery co-pay also applies for outpatient hospital or ambulatory surgery. |

| Premiums and Benefits | MVP Medicare Secure with Part D (HMO-POS) | MVP Medicare Preferred Gold with Part D (HMO-POS) | What you should know |
|---|--|--|--|
| Doctor Visits <ul style="list-style-type: none"> • Primary Care Providers • Specialists (Services may require Authorization) | <p>You pay \$0 co-pay per visit.</p> <p>You pay \$40 co-pay per visit.</p> | <p>You pay \$0 co-pay per visit.</p> <p>You pay \$30 co-pay per visit.</p> | <p>Cost sharing applies to each service you receive, including multiple services from the same provider.</p> |
| Preventive Care | <p>You pay \$0 co-pay.</p> | <p>You pay \$0 co-pay.</p> | <p>Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.</p> |
| Emergency Care | <p>You pay \$95 co-pay per visit.</p> | <p>You pay \$95 co-pay per visit.</p> | <p>If you are admitted to the hospital within 24 hours, co-pay is waived. Emergency care is provided worldwide.</p> |
| Urgently Needed Services | <p>You pay \$40 co-pay per visit.</p> | <p>You pay \$30 co-pay per visit.</p> | <p>Urgently needed services are provided worldwide.</p> |

| Premiums and Benefits | MVP Medicare Secure with Part D (HMO-POS) | MVP Medicare Preferred Gold with Part D (HMO-POS) | What you should know |
|---|---|---|---|
| <p>Diagnostic Services/Labs /Imaging</p> <ul style="list-style-type: none"> • Diagnostic radiology service (e.g., MRI) • Lab services • Diagnostic tests and procedures • Outpatient x-rays (Services may require Authorization) | <p>You pay \$50-\$200 co-pay.</p> <p>You pay \$0 co-pay.</p> <p>You pay \$10 co-pay.</p> <p>You pay \$45 co-pay.</p> | <p>You pay \$40-\$125 co-pay.</p> <p>You pay \$0 co-pay.</p> <p>You pay \$10 co-pay.</p> <p>You pay \$30 co-pay.</p> | <p>Cost sharing applies to each service you receive, including multiple services from the same provider.</p> |
| <p>Hearing Services</p> <ul style="list-style-type: none"> • Diagnostic & Routine Hearing exam • Hearing aid | <p>You pay \$0 co-pay per hearing exam.</p> <p>You pay \$699-\$999 copayment per hearing aid or get up to \$600 toward the cost of two hearing aids every year.</p> | <p>You pay \$0 co-pay per hearing exam.</p> <p>You pay \$699-\$999 copayment per hearing aid or get up to \$600 toward the cost of two hearing aids every year.</p> | <p>Routine hearing exams not covered under POS. Routine hearing exams limited to one per calendar year.</p> <p>Hearing aids must be purchased through TruHearing. Limit 1 hearing aid per ear per calendar year</p> |

| Premiums and Benefits | MVP Medicare Secure with Part D (HMO-POS) | MVP Medicare Preferred Gold with Part D (HMO-POS) | What you should know |
|---|---|---|---|
| <p>Over-the-Counter (OTC) Items</p> <ul style="list-style-type: none"> OTC Allowance Arthritis Post-Joint Replacement Procedure Care Kit | <p>\$25.00 allowance per quarter</p> <p>Customizable care kit</p> | <p>\$50.00 allowance per quarter</p> <p>Customizable care kit</p> | <p>Allowance is received quarterly to be used towards eligible over-the-counter medicine and health-related purchases from select pharmacies or by mail order. Allowance amount does not carry over from quarter to quarter.</p> <p>Must have a prior authorization or have undergone a joint replacement within the plan year with a diagnosis of Rheumatoid Arthritis or Osteoarthritis, can receive a customizable care kit with items such as, but not limited to, a reacher, shoehorn, non-slip bathmat, tieless shoelaces, and long handled shower sponge through our approved contracted vendor.</p> |

| Premiums and Benefits | MVP Medicare Secure with Part D (HMO-POS) | MVP Medicare Preferred Gold with Part D (HMO-POS) | What you should know |
|--|---|--|--|
| <p>Preventive Dental Services</p> <ul style="list-style-type: none"> • Preventive Dental (Oral Exams, Prophylaxis, Fluoride, X-Rays) • Comprehensive Dental (Diagnostic Services, Restorative Services, Endodontics, Periodontics, Extractions, Prosthodontics, Oral/Maxillofacial Surgery, Other Services) | <p>Annual Maximum Plan Benefit Coverage Amount: \$1,250 combined Preventive and Comprehensive services, per calendar year for in and out-of-network benefits (services above the limit are your responsibility).</p> <p>In-network: You pay a \$0 copayment.</p> <p>In-network: You pay a \$0</p> | <p>Annual Maximum Plan Benefit Coverage Amount: \$2,000 combined Preventive and Comprehensive services, per calendar year for in and out-of-network benefits (services above the limit are your responsibility).</p> <p>In-network: You pay a \$0 copayment.</p> <p>In-network: You pay a \$0 copayment.</p> | <p>Payment limited to established Fee Schedule. Dental services not covered under POS.</p> <p>If your provider does not participate in the Plan's network and charges more than the maximum allowable benefit, you will be responsible for the additional cost. See the Evidence of Coverage for more information.</p> |

| Premiums and Benefits | MVP Medicare Secure with Part D (HMO-POS) | MVP Medicare Preferred Gold with Part D (HMO-POS) | What you should know |
|---|---|---|---|
| <p>Vision Services</p> <ul style="list-style-type: none"> • Diagnostic eye exam • Routine eye exam • Post-cataract surgery eyewear • Eyewear allowance | <p>You pay \$20 per diagnostic eye exam.</p> <p>You pay \$0 per routine eye exam.</p> <p>You pay 20% co-insurance.</p> <p>\$175 every year eyewear allowance.</p> | <p>You pay \$20 per diagnostic eye exam.</p> <p>You pay \$0 per routine eye exam.</p> <p>You pay 20% co-insurance.</p> <p>\$225 every year eyewear allowance.</p> | <p>Routine eye exams limited to one per calendar year. Out-of-Network routine eye exams have a \$300 maximum payable benefit per calendar year.</p> |
| <p>Mental Health Services</p> <ul style="list-style-type: none"> • Inpatient visit • Outpatient group therapy visit/Outpatient individual therapy visit (Services may require Authorization) | <p>You pay \$370 per day for days 1-5. You pay \$0 co-pay per day for days 6-90. You pay \$0 co-pay per day for days 91 and beyond.</p> <p>You pay \$10 co-pay per outpatient group/individual therapy visit.</p> | <p>You pay \$325 per day for days 1-5. You pay \$0 co-pay per day for days 6-90. You pay \$0 co-pay per day for days 91 and beyond.</p> <p>You pay \$10 co-pay per outpatient group/individual therapy visit.</p> | <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. Mental health services not covered under POS.</p> |

| Premiums and Benefits | MVP Medicare Secure with Part D (HMO-POS) | MVP Medicare Preferred Gold with Part D (HMO-POS) | What you should know |
|---|---|---|--|
| Skilled Nursing Facility (SNF) (Services may require Authorization) | You pay \$0 co-pay per day for days 1 through 20. \$203 co-pay per day for days 21 through 100. | You pay \$0 co-pay per day for days 1 through 20. \$203 co-pay per day for days 21 through 100. | Our plan covers up to 100 days in a SNF. SNF services not covered under POS. |
| Physical Therapy (Services may require Authorization) | You pay \$20 co-pay per visit. | You pay \$20 co-pay per visit. | Annual dollar limits apply to all outpatient therapy services. Dollar limit also applies to therapy services in a SNF and hospital outpatient departments. |
| Ambulance (Services may require Authorization) | You pay \$250 co-pay for ground ambulance. You pay \$350 co-pay for air ambulance. | You pay \$100 co-pay for ground ambulance. You pay \$200 co-pay for air ambulance. | Paramedic Intercept may also be covered. These Advanced Life Support Services are separate from ambulance transportation and are covered if all of the following exist: 1. Furnished in a rural area according to CMS or State; 2. Through a contract with a volunteer ambulance service; 3. Are medically necessary. |
| Transportation | You pay \$0 co-pay. 14 one-way rides per year for medical appointments. | You pay \$0 co-pay. 24 one-way rides per year for medical appointments. | Must use plan-approved vendor. (30-mile, one-way capitation) |

| Premiums and Benefits | MVP Medicare Secure with Part D (HMO-POS) | MVP Medicare Preferred Gold with Part D (HMO-POS) | What you should know |
|--|--|--|--|
| <p>Medicare Part B Drugs (Services may require Authorization)</p> <ul style="list-style-type: none"> • Insulin Drugs | <p>You pay 0%-20% co-insurance.</p> <p>In-Network: You pay 0%-20% co-insurance and your maximum cost share will not exceed \$35.</p> | <p>You pay 0%-20% co-insurance.</p> <p>In-Network: You pay 0%-20% co-insurance and your maximum cost share will not exceed \$35.</p> | <p>The co-insurance You pay is based on the type of Part B drugs purchased at a pharmacy, administered by a pharmacist, or administered by your doctor. (An office visit co-pay may also apply.) Part B drugs not covered under POS. Part B drugs may be subject to Step Therapy requirements.</p> |
| <p>Foot Care (podiatry services)</p> <ul style="list-style-type: none"> • Diagnostic foot exams and treatment • Routine foot care <p>(Services may require Authorization)</p> | <p>You pay \$40 co-pay.</p> <p>You pay \$0 co-pay.</p> | <p>You pay \$30 co-pay.</p> <p>You pay \$0 co-pay.</p> | <p>Routine foot care if you have diabetes-related nerve damage and/or meet certain conditions.</p> |
| <p>Medical Equipment/Supplies</p> <ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) | <p>You pay 20% co-insurance.</p> <p>You pay 0-20% co-insurance.</p> | <p>You pay 20% co-insurance.</p> <p>You pay 0-20% co-insurance.</p> | |

| Premiums and Benefits | MVP Medicare Secure with Part D (HMO-POS) | MVP Medicare Preferred Gold with Part D (HMO-POS) | What you should know |
|--|---|---|---|
| <p>Medical Equipment/Supplies (continued)</p> <ul style="list-style-type: none"> • Diabetes supplies (Services may require Authorization) • Blood Pressure Cuff • Home and Bathroom Safety Devices and Modifications | <p>You pay \$0 co-pay for a 30-day supply of Freestyle, OneTouch, Precision and Prodigy brand blood glucose test strips and glucometers; you pay \$0 co-pay for a 30-day supply of non-preferred strips that have prior authorization.</p> <p>One basic blood pressure cuff per year at no cost</p> <p>\$250 allowance per year in total for select items from our contracted vendor.</p> | <p>You pay \$0 co-pay for a 30-day supply of Freestyle, OneTouch, Precision and Prodigy brand blood glucose test strips and glucometers; you pay \$0 co-pay for a 30-day supply of non-preferred strips that have prior authorization.</p> <p>One basic blood pressure cuff per year at no cost</p> <p>\$250 allowance per year in total for select items from our contracted vendor.</p> | <p>Must have diagnoses of Hypertension. One approved basic blood pressure cuff from our contracted vendor will be covered per year.</p> <p>Must have diagnoses related to Stroke. Bathroom safety items on a selected list from our contracted vendor including, but not limited to shower seats, raised toilet seats, bathtub seats, and grab bars. Only the approved items will</p> |

| Premiums and Benefits | MVP Medicare Secure with Part D (HMO-POS) | MVP Medicare Preferred Gold with Part D (HMO-POS) | What you should know |
|----------------------------------|--|--|--|
| | wellness visit. Then members can redeem their reward points for a \$100 gift card. | wellness visit. Then members can redeem their reward points for a \$100 gift card. | |
| MVP Virtual Care Services | You pay \$0 co-pay per visit using remote access technology. | You pay \$0 co-pay per visit using remote access technology. | Must use plan-approved vendor(s). Using your smartphone, tablet, or laptop, you can access doctors via video. Not covered under POS. |

Outpatient Prescription Drugs

| Benefits | MVP Medicare Secure with Part D (HMO-POS) | | MVP Medicare Preferred Gold with Part D (HMO-POS) | | What you should know |
|-------------------------|--|---|---|---|---|
| | Retail Rx 30-day supply | Mail Order up to 90-day supply | Retail Rx 30-day supply | Mail Order up to 90-day supply | You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy. |
| Deductible | \$150 deductible. Tier 1, Tier 2 and Plan-Covered Insulin Drugs are not subject to deductible. | | No deductible. | | |
| Initial Coverage | | | | | |

| | | | | | |
|---|---------------------|---------------------|---------------------|---------------------|--|
| Tier 1: Preferred Generic | You pay \$0. | You pay \$0. | You pay \$0. | You pay \$0. | You pay this amount for each prescription until your yearly drug costs reach \$5,030. If you reside in a long-term care facility, only 31-day supply is available, and you pay the same as at a retail pharmacy. |
| Tier 2: Generic | You pay \$10. | You pay \$20. | You pay \$10. | You pay \$20 | |
| Tier 3: Preferred Brand | You pay \$47. | You pay \$94. | You pay \$35. | You pay \$70. | |
| Tier 4: Non-Preferred Drugs | You pay 25%. | You pay 25%. | You pay 25%. | You pay 25%. | |
| Tier 5: Specialty Tier | You pay 30%. | Not available. | You pay 33%. | Not available. | |
| Plan-covered Insulin | You pay up to \$35. | You pay up to \$70. | You pay up to \$35. | You pay up to \$70. | |
| Coverage Gap | | | | | |
| Tier 1: Preferred Generic | You pay 25%. | You pay 25%. | You pay \$0. | You pay \$0. | You pay this amount for each prescription until your yearly out-of-pocket costs reach \$8,000. |
| Other Generic Drugs (Tiers 2-5) | You pay 25%. | You pay 25%. | You pay 25%. | You pay 25%. | |
| Brand Name Drugs (Tiers 2-5) | You pay 25%. | You pay 25%. | You pay 25%. | You pay 25%. | |
| Plan-Covered Insulin | You pay up to \$35. | You pay up to \$70. | You pay up to \$35. | You pay up to \$70. | |
| Catastrophic Coverage | | | | | |
| Tiers 1- 5: You pay \$0 co-payment for all drug tiers | | | | | You pay this amount after your yearly out-of-pocket costs reach \$8,000. |

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as braille, large print or audio.

For more information, please call us at the phone number below or visit us at mvphealthcare.com.

Toll-free **1-800-324-3899**, TTY users should call 711.

From October 1 – March 31, you can call us seven days a week from 8 am–8 pm Eastern Time.

From April 1 – September 30, you can call us Monday – Friday from 8 am–8 pm Eastern Time.

You can see our plan’s provider directory at mvphealthcare.com

You can see our plan’s pharmacy directory at mvphealthcare.com/partD

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions at mvphealthcare.com/partD

MVP Health Plan, Inc. is an HMO-POS/PPO organization with a Medicare contract. Enrollment in MVP Health Plan depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat MVP Health Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. MVP virtual care services through Gia are available at no cost-share for most members. In-person visits and referrals are subject to cost-share per plan.

MVP Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sexual orientation and gender identity).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-946-8010 (TTY 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-946-8010 (TTY 711)