

Complete coverage for wherever you are in your health journey.

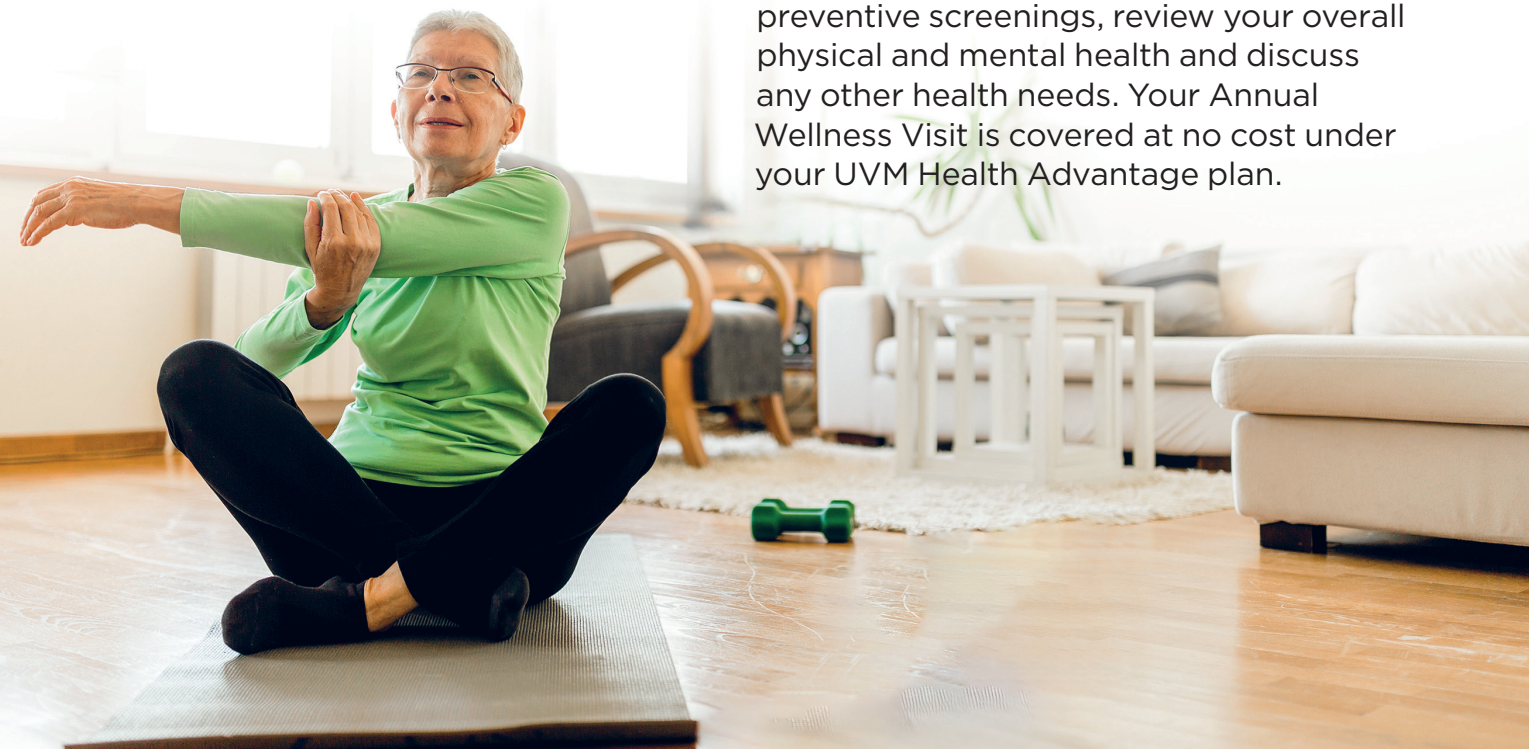
Discover a completely new kind of Medicare Advantage plan. UVM Health Advantage plans can help you live life to the fullest.

SilverSneakers® Fitness

Enjoy a free SilverSneakers membership with your plan. Your membership includes a full library of on-demand videos and live online classes, so you can stay active from home or anywhere. Plus, gain access to use thousands of participating gyms and fitness centers nationwide.

GetSetUp

GetSetUp from SilverSneakers offers virtual instructor-led classes where participants can learn new skills and connect with peers who share their interests. Hundreds of classes are available every week on a wide range of topics, including technology, cooking, travel, creativity and more.



MVP Living Well Classes and Activities

UVM Health Advantage plans offer innovative health and well-being programs throughout the year. Enjoy a mix of in-person and virtual classes on topics such as brain fitness, healthy eating, stress reduction, fall prevention and more. You even have access to tobacco cessation and nutritional counseling at no additional cost.

Be Well Rewards

Get rewarded for focusing on your health with the Be Well Rewards program. Earn a \$100 reward card for seeing your doctor for an Annual Wellness Visit. This appointment helps you keep up with preventive screenings, review your overall physical and mental health and discuss any other health needs. Your Annual Wellness Visit is covered at no cost under your UVM Health Advantage plan.

Questions?

UVM Health Advantage Plan Guides are here to help.

Get expert guidance to help you understand your options and choose the plan that's right for you.

Call 1-833-825-5886 (TTY 711)

Visit UVMHealthAdvantage.com

Seven days a week, 8 a.m. – 8 p.m. Eastern Time
April 1 – September 30, call Monday – Friday, 8 a.m. – 8 p.m.

MVP Health Care offers UVM Health Advantage plans in the following counties: **Vermont** – Addison, Bennington, Caledonia, Chittenden Essex, Franklin, Grand Isle, Lamoille, Orange, Orleans, Rutland, Washington, Windham and Windsor **New York State** – Clinton, Essex, Franklin, Hamilton and St. Lawrence

Your Medicare Member Rights

MVP Health Care encourages members to learn about and exercise their rights and responsibilities, including timely access to covered services, privacy protections and the right to make decisions about health care. Visit mvphealthcare.com/privacy-notice and select Member Rights and Responsibilities, then Medicare Member Rights and Responsibilities. Or refer to Chapter 8 of your plan's Evidence of Coverage.

MVP Health Plan, Inc. complies with Federal civil rights laws. MVP Health Plan, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including sexual orientation and gender identity).

ATTENTION: If you speak English, language assistance services are available to you free of charge, call 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)。

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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. Other physicians/providers are available in the MVP Health Care network.

For accommodations of persons with special needs at meetings call, 1-833-825-5886 (TTY 711).

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.

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UVM Health Advantage

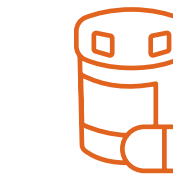
Created with You. Guided by Doctors.

2024 Medicare Plan Benefits at a Glance



Programs that focus on your health and well-being.

Live life to the fullest. UVM Health Advantage plans provide programs and benefits to help you better manage your health, and reduce the likelihood of health challenges down the road.



\$0 Preferred Generic Drugs

Part D prescription drug coverage makes it easy to manage your prescription needs and expenses. Tier 1 of the Formulary, Preferred Generic Drugs, covers commonly used generic medications at no additional cost.



Eyewear Allowance/Routine Eye Exams

Coverage for routine eye exams with co-pays as low as \$0. You also get up to \$225 to use annually for any kind of eyewear, from glasses to prescription sunglasses to contact lenses.



Comprehensive Dental

Preventive services, including oral exams, routine cleaning and x-rays, are covered in full! Plans also include up to \$2,000 for other covered dental services each year.



Over-the-Counter Allowance

All plans include a quarterly allowance to use on over-the-counter medicine and health-related purchases. Order online, through mail order or shop at participating retailers.



Hearing Aid Allowance/Routine Hearing Exams

Hearing exams from an in-network provider are covered in full. Your hearing benefit covers up to two hearing aids per year at low co-payments, or you can apply an allowance to a broader catalogue of hearing aids.



Transportation

All plans offer free one-way rides to medical appointments, via ride share, medical sedan or wheelchair van.

Look inside for at-a-glance plan comparisons.

UVM HEALTH ADVANTAGE PLANS Benefits at a Glance

(IN=In-network providers, OUT=Out-of-network providers)

Monthly Premium

Doctor Visits

Primary Care	IN \$0 co-pay OUT \$5 co-pay
Specialist	IN \$35 co-pay OUT \$50 co-pay
Mental Health Specialist	IN \$20 co-pay individual service; IN \$10 co-pay group services
Gia Virtual Care Services	\$0 co-pay

Emergency Care Worldwide Coverage

Emergency Room Care	\$95 co-pay
Urgently Needed Care	\$30 co-pay
Ambulance (Ground)	\$225 co-pay

Out-of-Network Coverage

Non-Urgent and Non-Emergency Services and Admissions	\$50 co-pay for office visits, 40% co-insurance for other
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Hospital, Surgery, and Rehabilitation Services All plans cover skilled nursing facility care.

Inpatient Hospital Stays Emergency admissions	IN \$355 per day for days 1-3, then \$0 per day for days 4+ OUT \$500 per day for days 1-5, then \$0 per day for days 6+
Observation Stays <small>Not inpatient admission</small>	IN \$225 OUT \$285 co-pay
Outpatient Hospital	IN \$225 OUT \$285 co-pay
Ambulatory Surgical Center <small>(Same day surgery)</small>	IN \$175 OUT \$250 co-pay
Physical, Speech and Occupational Therapy	IN \$20 co-pay OUT \$50 co-pay

Diagnostic Services Office visit co-pay may apply.

Outpatient X-ray (Radiology)	IN \$10 co-pay OUT \$10 co-pay
Outpatient CT Scans, PET Scans, and MRIs	IN \$160 co-pay OUT 40% co-insurance
Laboratory	IN \$0 OUT 40% co-insurance

Plus more value!

Preventive Dental	Two cleanings, two exams, two sets of x-rays
Comprehensive Dental	\$40 co-pay ¹ ; 0% co-insurance up to \$1,250 per year
Hearing Aid	\$699 or \$999 per hearing aid OR get up to \$600 per hearing aid toward your choice of top models; batteries included!
Routine Eye Exam/Eyewear Allowance	IN and OUT \$0 co-pay, \$175 per year
Over-the-Counter Purchases	\$50 allowance per quarter
Transportation	24 free rides to and from medical appointments

Maximum Out-of-Pocket Protection²

	IN Only \$6,700/IN and OUT Combined \$6,700
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Compare plans based on your health and benefit needs. Speak with a UVM plan guide to learn more.

	UVM HEALTH ADVANTAGE SELECT (PPO)	UVM HEALTH ADVANTAGE SECURE (PPO)	UVM HEALTH ADVANTAGE PREFERRED (PPO)
Monthly Premium	\$0	\$53.90	\$127.40
Primary Care	IN \$0 co-pay OUT \$5 co-pay	IN \$0 co-pay OUT \$5 co-pay	IN \$0 co-pay OUT \$5 co-pay
Specialist	IN \$35 co-pay OUT \$50 co-pay	IN \$30 co-pay OUT \$40 co-pay	IN \$25 co-pay OUT \$35 co-pay
Mental Health Specialist	IN \$20 co-pay individual service; IN \$10 co-pay group services	IN \$20 co-pay individual service; IN \$10 co-pay group services	IN \$0 individual service IN \$0 group services
Gia Virtual Care Services	\$0 co-pay	\$0 co-pay	\$0 co-pay
Emergency Room Care	\$95 co-pay	\$95 co-pay	\$95 co-pay
Urgently Needed Care	\$30 co-pay	\$30 co-pay	\$30 co-pay
Ambulance (Ground)	\$225 co-pay	\$200 co-pay	\$150 co-pay
Non-Urgent and Non-Emergency Services and Admissions	\$50 co-pay for office visits, 40% co-insurance for other	\$40 co-pay for office visits, 30% co-insurance for other	\$35 co-pay for office visits, 20% co-insurance for other
Inpatient Hospital Stays Emergency admissions	IN \$355 per day for days 1-3, then \$0 per day for days 4+ OUT \$500 per day for days 1-5, then \$0 per day for days 6+	IN \$420/day for days 1-3, then \$0 per day for days 4+ OUT \$420 per day for days 1-4, then \$0 per day for days 5+	IN \$350/day for days 1-3, then \$0 per day for days 4+ OUT \$350 per day for days 1-4, then \$0 per day for days 5+
Observation Stays <small>Not inpatient admission</small>	IN \$225 OUT \$285 co-pay	IN \$200 co-pay OUT \$250 co-pay	IN \$175 co-pay OUT \$225 co-pay
Outpatient Hospital	IN \$225 OUT \$285 co-pay	IN \$200 co-pay OUT \$250 co-pay	IN \$175 co-pay OUT \$225 co-pay
Ambulatory Surgical Center <small>(Same day surgery)</small>	IN \$175 OUT \$250 co-pay	IN \$150 co-pay OUT \$200 co-pay	IN \$125 co-pay OUT \$175 co-pay
Physical, Speech and Occupational Therapy	IN \$20 co-pay OUT \$50 co-pay	IN \$20 co-pay OUT \$40 co-pay	IN \$15 co-pay OUT \$35 co-pay
Outpatient X-ray (Radiology)	IN \$10 co-pay OUT \$10 co-pay	IN \$10 co-pay OUT \$10 co-pay	IN \$10 co-pay OUT \$10 co-pay
Outpatient CT Scans, PET Scans, and MRIs	IN \$160 co-pay OUT 40% co-insurance	IN \$125 co-pay OUT 30% co-insurance	IN \$125 co-pay OUT 20% co-insurance
Laboratory	IN \$0 OUT 40% co-insurance	IN \$0 co-pay OUT 30% co-insurance	IN \$0 co-pay OUT \$0% co-pay
Preventive Dental	Two cleanings, two exams, two sets of x-rays	Two cleanings, two exams, two sets of x-rays	Two cleanings, two exams, two sets of x-rays
Comprehensive Dental	\$40 co-pay ¹ ; 0% co-insurance up to \$1,250 per year	\$35 co-pay ¹ ; 0% co-insurance up to \$1,500 per year	\$30 co-pay ¹ ; 0% co-insurance up to \$2,000 per year
Hearing Aid	\$699 or \$999 per hearing aid OR get up to \$600 per hearing aid toward your choice of top models; batteries included!		
Routine Eye Exam/Eyewear Allowance	IN and OUT \$0 co-pay, \$175 per year	IN and OUT \$0 co-pay, \$175 per year	IN and OUT \$0 co-pay, \$225 per year
Over-the-Counter Purchases	\$50 allowance per quarter	\$35 allowance per quarter	\$50 allowance per quarter
Transportation	24 free rides to and from medical appointments	34 free rides to and from medical appointments	44 free rides to and from medical appointments
Maximum Out-of-Pocket Protection ²	IN Only \$6,700/IN and OUT Combined \$6,700	IN Only \$5,000/IN and OUT Combined \$6,000	IN Only \$5,000/IN and OUT Combined \$6,000

¹The co-pay applies to the Medicare-covered comprehensive dental only. The co-insurance and allowance applies to the non-Medicare covered comprehensive dental which is the supplemental benefit. Refer to the EOC for more information.

²The most you pay for covered medical services in a calendar year, excluding Part D drug costs. If you reach the maximum amount, MVP pays 100% of the cost of covered services, including Part B drugs, through December 31.

Part D Prescriptions Drugs

Start with the Medicare Part D Formulary, the list of drugs our plans cover. It includes hundreds of generic and brand-name medications categorized into different "Tiers," identifying the specific costs associated with generic, brand, preferred and specialty drugs. Check the Formulary to confirm how your prescriptions are covered and what you will pay.

Part D coverage is divided into four payment stages. Depending on your medication spending, you might move from one stage to another during the year.

UVM Health Advantage Select (PPO)	UVM Health Advantage Secure (PPO)	UVM Health Advantage Preferred (PPO)
DEDUCTIBLE STAGE		
\$250 Deductible for Tiers 3-5*	\$150 Deductible for Tiers 3-5*	No Deductible

INITIAL COVERAGE STAGE

After your deductible is met, you pay your cost-share for covered prescription drugs. **Your cost for a 30-day supply from a participating retail pharmacy is below.** Or save money using the CVS Caremark Mail Service Pharmacy. A three-month supply of many prescriptions is available for only two co-pays. Refer to the Medicare Part D Formulary for details.

TIER 1	\$0 No Deductible	\$0 No Deductible	\$0
TIER 2	\$10 No Deductible	\$10 No Deductible	\$10
TIER 3	\$47 After Deductible	\$42 After Deductible	\$40
TIER 4	\$100 After Deductible	\$100 After Deductible	\$100
TIER 5	28% After Deductible	27% After Deductible	27%

COVERAGE GAP STAGE

If your total drug costs in 2024 reach **\$5,030**, your cost for prescription drugs changes. **You pay:**

All Tiers: 25% for generic and contracted brand name drugs	All Tiers: 25% for generic and contracted brand name drugs	All Tiers: 25% for generic and contracted brand name drugs
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CATASTROPHIC COVERAGE STAGE

If your true out-of-pocket costs reach **\$8,000**, you will pay **\$0** for all drugs in all tiers for the rest of the calendar year.

ⓘ Drugs purchased outside the United States are not Medicare-approved and are not covered.

*Members living with diabetes have extra support. Plan-covered insulin drugs are not subject to Part D deductibles and are covered at a maximum \$35 co-pay or the tier co-pay, whichever is less. OneTouch, FreeStyle, Precision, and Prodigy brand diabetic supplies are covered with a \$0 co-pay.