MVP Medicare Preferred Gold without Part D (HMO-POS) offered by MVP Health Plan, Inc.

Annual Notice of Change for 2026

You're enrolled as a member of MVP Medicare Preferred Gold without Part D (HMO-POS).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in MVP Medicare Preferred Gold without Part D (HMO-POS).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*, which is located on our website at **mvphealthcare.com.** You may also call the MVP Medicare Customer Care Center to ask us to mail you an *Evidence of Coverage*.

More Resources

- Per the final rule CMS-4205-F released on April 4, 2024, §§ 422.2267(e)(31)(ii) and 423.2267(e)(33)(ii), plans must provide a Notice of Availability of language assistance services and auxiliary aids and services that at a minimum states that our plan provides language assistance services and appropriate auxiliary aids and services free of charge. Our plan must provide the notice in English and at least the 15 languages most commonly spoken by people with limited English proficiency in the relevant state or states in our plan's service area and must provide the notice in alternate formats for people with disabilities who require auxiliary aids and services to ensure effective communication.
- Call MVP Medicare Customer Care Center at 1-800-665-7924 (TTY users call 711) for more information. Hours are Monday - Friday, 8 am - 8 pm Eastern Time. From Oct. 1 - Mar. 31, call us seven days a week, 8 am - 8 pm. This call is free.
- This information is available in a different format, including braille and large print (phone numbers are in Section 8 of this booklet).

About MVP Medicare Preferred Gold without Part D (HMO-POS)

- MVP Medicare Preferred Gold without Part D (HMO-POS) is an (HMO-POS) plan with a Medicare contract. Enrollment in MVP Medicare Preferred Gold without Part D (HMO-POS) depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means . When it says “plan” or “our plan,” it means MVP Medicare Preferred Gold without Part D (HMO-POS).
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in MVP Medicare Preferred Gold without Part D (HMO-POS).** Starting January 1, 2026, you’ll get your medical and drug coverage through MVP HEALTH PLAN, INC. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* *Your premium can be higher than this amount. Go to Section 1.1 for details.	$0	$0
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: $7,200	From network providers: $7,200
Primary care office visits	**In-Network** You pay a $0 copayment per visit **Out-of-Network** You pay 30% coinsurance of the total cost. Once out-of-network (POS) annual limit of $4,000 is reached you pay 100% of the cost for out-of-network services	**In-Network** You pay a $0 copayment per visit **Out-of-Network** You pay 30% coinsurance of the total cost. Once out-of-network (POS) annual limit of $4,000 is reached you pay 100% of the cost for out-of-network services
Specialist office visits	**In-Network** You pay a $30 copayment per visit **Out-of-Network** You pay 30% coinsurance of the total cost. Once out-of-	**In-Network** You pay a $30 copayment per visit **Out-of-Network** You pay 30% coinsurance of the total cost. Once out-of-

	2025 (this year)	2026 (next year)
	network (POS) annual limit of $4,000 is reached you pay 100% of the cost for out-of-network services	network (POS) annual limit of $4,000 is reached you pay 100% of the cost for out-of-network services
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	**In-Network** You pay a $375 copayment for a Medicare-covered inpatient hospital stayper day for days 1 - 5 You pay a $0 copayment for a Medicare-covered inpatient hospital stay per day for days 6 - 90 $1,875 maximum out-of-pocket per Medicare-covered inpatient hospital stay **Out-of-Network** You pay 30% coinsurance of the total cost. Once out-of-network (POS) annual limit of $4,000 is reached you pay 100% of the cost for out-of-network services	**In-Network** You pay a $375 copayment for a Medicare-covered inpatient hospital stay per day for days 1 - 5 You pay a $0 copayment for a Medicare-covered inpatient hospital stay per day for days 6 - 90 $1,875 maximum out-of-pocket per Medicare-covered inpatient hospital stay **Out-of-Network** You pay 30% coinsurance of the total cost. Once out-of-network (POS) annual limit of $4,000 is reached you pay 100% of the cost for out-of-network services

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$0	$0

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B for the rest of the calendar year.

	2025 (this year)	2026 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers **count** toward yourin-network maximum out-of-pocket amount. Our costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	From network providers: $7,200	From network providers: $7,200 Once you've paid $7,200 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* mvphealthcare.com/findadoctor to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at mvphealthcare.com.
- Call MVP Medicare Customer Care Center at 1-800-665-7924 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call MVP Medicare Customer Care Center at 1-800-665-7924 (TTY users call 711) for help.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Ambulance services	**In- and Out-of-Network** You pay a $150 copayment for each Medicare-covered ground ambulance service You pay a $250 copayment for each Medicare-covered air ambulance service	**In- and Out-of-Network** You pay a $200 copayment for each Medicare-covered ground ambulance service You pay a $300 copayment for each Medicare-covered air ambulance service
Emergency care	**In- and Out-of-Network** You pay a $110 copayment for each emergency room visit. You do not pay this amount if you are admitted to the hospital as an Inpatient within 24 hours for the same condition	**In- and Out-of-Network** You pay a $115 copayment for each emergency room visit. You do not pay this amount if you are admitted to the hospital as an Inpatient within 24 hours for the same condition
Emergency Transportation	You pay a $150 copayment for Emergency ambulance transportation from the scene of an emergency to the nearest medical treatment facility Transportation back to the United States from another country is not covered	You pay a $200 copayment for Emergency ambulance transportation from the scene of an emergency to the nearest medical treatment facility Transportation back to the United States from another country is not covered

	2025 (this year)	2026 (next year)
Help with Certain Chronic Conditions	**In-Network** Not Covered	**In-Network** You pay $0 copayment for Medicare-covered eye exams for diabetic retinopathy screening by a network provider are covered once annually.
Partial Hospitalization	**In-Network** You pay a $30 copayment for each Medicare-covered partial hospitalization services	**In-Network** You pay a $50 copayment for each Medicare-covered partial hospitalization services
Partial Hospitalization Intensive Outpatient Services	**In-Network** You pay a $30 copayment for each Medicare-covered partial hospitalization services	**In-Network** You pay a $50 copayment for each Medicare-covered partial hospitalization services
Skilled nursing facility (SNF)	**In-Network** You pay a copayment of $0 in a network skilled nursing facility for days 1 - 20 You pay a copayment of $214 in a network skilled nursing facility for days 21 - 100	**In-Network** You pay a copayment of $0 in a network skilled nursing facility for days 1 - 20 You pay a copayment of $218 in a network skilled nursing facility for days 21 - 100
Supplemental Benefit-Post discharge In-home Medication Reconciliation	**In-Network** You pay a $0 copayment	**In-Network** Not Covered

	2025 (this year)	2026 (next year)
Urgently needed services	**In- and Out-of-Network** You pay a $45 copayment for each Medicare-covered urgently needed care visit in the United States and its territories You pay a $110 copayment for each non-Medicare covered urgently needed care visit outside the United States and its territories	**In- and Out-of-Network** You pay a $40 copayment for each Medicare-covered urgently needed care visit in the United States and its territories You pay a $115 copayment for each non-Medicare covered urgently needed care visit outside the United States and its territories
Vision care – extra benefits	**In- and Out-of-Network** Allowance of $175 toward non-Medicare covered eyewear (such as eyeglass frames and lenses and/or contact lenses) annually **Out-of-Network** $300 toward non-Medicare covered routine eye exam, annually	**In- and Out-of-Network** Allowance of $150 toward non-Medicare covered eyewear (such as eyeglass frames and lenses and/or contact lenses) annually **Out-of-Network** $70 toward non-Medicare covered routine eye exam, annually

SECTION 2 How to Change Plans

To stay in MVP Medicare Preferred Gold without Part D (HMO-POS), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, 2025, you'll automatically be enrolled in our MVP Medicare Preferred Gold without Part D (HMO-POS).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from MVP Medicare Preferred Gold without Part D (HMO-POS).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from MVP Medicare Preferred Gold without Part D (HMO-POS).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call MVP Medicare Customer Care Center at 1-800-665-7924 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (Go to Section 3).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (Go to Section 4), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, MVP Health Plan, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Section 2.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) between January 1 – March 31, 2026.

Section 2.2 Are there other times of the year to make a change?

In certain situations, people can have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 3 Get Help Paying for Prescription Drugs

You can qualify for help paying for prescription drugs. Different kinds of help are available:

Extra Help from Medicare. People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:

  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.
  - Your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** New York has a program called Elderly Pharmaceutical Insurance Coverage Program (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program. To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS**. The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the New York State Department of Health HIV Uninsured Care Programs. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you are currently enrolled, how to continue getting help, call New York State Department of Health HIV Uninsured Care Programs at **1-800-542-2437**. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-844-889-9792 (TTY users should call 711) or visit Medicare.gov.

SECTION 4 Questions?

Get Help from MVP Medicare Preferred Gold without Part D (HMO-POS)

- **Call MVP Medicare Customer Care Center at 1-800-665-7924. (TTY users call 711.)**

  We're available for phone calls Monday - Friday, 8 am - 8 pm Eastern Time. From Oct. 1 - Mar. 31, call us seven days a week, 8 am - 8 pm. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for MVP Medicare Preferred Gold without Part D (HMO-POS). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need

to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at **mvphealthcare.com** or call MVP Medicare Customer Care Center at 1-800-665-7924 (TTY users call 711) to ask us to mail you a copy.

- **Visit mvphealthcare.com**

  Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New York, the SHIP is called Health Insurance Information Counseling and Assistance Program (HIICAP).

Call New York Health Insurance Information Counseling and Assistance Program (HIICAP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call New York Health Insurance Information Counseling and Assistance Program (HIICAP) at 1-800-701-0501.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

  You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You* 2026**

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.