



2026 Medicare Advantage Plans

BENEFITS AT A GLANCE



**Rochester
and Buffalo**

Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans,
Seneca, Wayne, Wyoming, and Yates Counties

Benefits That Support You

MVP is committed to providing the care, support, and benefits you deserve on your personal health journey.



Flexible Dental Benefit

Use an annual allowance toward covered preventive and comprehensive dental services from any dental provider you choose.

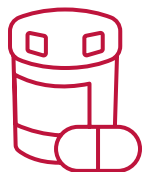


Over-the-Counter Allowance

Get a quarterly allowance to purchase over-the-counter medicine and health-related items from select pharmacy retailers.



Use one convenient prepaid card to pay for dental services and OTC items.



\$0 Generic Drugs

Save money with no co-pay for Tier 1 Preferred Generic Drugs. These common generic medications are used to treat high blood pressure, high cholesterol, diabetes, osteoporosis, acid reflux, and thyroid conditions.



Eyewear Allowance

Receive an annual allowance to use for glasses and contacts.



Care Guides

Have extra support to help you understand your plan and benefits, answer questions, make appointments, and more.



Be Well Rewards

Earn a \$100 reward card for completing your Annual Wellness Visit.

Look inside for additional plan details.

Rochester and Buffalo

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

Monthly Premium¹

Doctor Visits

	MVP MEDICARE WELLSELECT® with Part D (PPO)	MVP MEDICARE PREFERRED GOLD® with Part D (HMO-POS)	MVP MEDICARE PREFERRED GOLD® without Part D (HMO-POS)
Monthly Premium ¹	\$160	\$229	\$0
Primary Care	IN \$0 co-pay OUT 30% co-insurance	\$0 co-pay	\$0 co-pay
Specialist No Referrals!	IN \$55 co-pay OUT 40% co-insurance	\$40 co-pay	\$30 co-pay
Mental Health Specialist	IN \$10 co-pay OUT 30% co-insurance	\$10 co-pay	\$30 co-pay
Gia® Virtual Care Services	\$0 co-pay	\$0 co-pay	\$0 co-pay
Routine Eye Exams	IN \$0 co-pay OUT \$0 co-pay ²	\$0 co-pay ²	\$0 co-pay ²
Routine Hearing Exams	IN \$0 co-pay OUT \$60 co-pay	\$0 co-pay	\$0 co-pay
Chiropractic	IN \$15 co-pay OUT 40% co-insurance	\$15 co-pay	\$15 co-pay
Physical, Speech, and Occupational Therapy	IN \$35 co-pay OUT 40% co-insurance	\$20 co-pay	\$20 co-pay

Emergency Care Worldwide Coverage

Emergency Room Care	\$115 co-pay	\$115 co-pay	\$115 co-pay
Urgently Needed Care	\$40 co-pay	\$35 co-pay	\$40 co-pay
Ambulance (Ground)	\$320 co-pay	\$200 co-pay	\$200 co-pay

Out-of-Network Coverage Coverage for non-emergency care from Medicare providers outside the MVP Medicare provider network, anywhere in the U.S.

Non-Urgent and Non-Emergency Services Some services excluded	Up to 40% co-insurance for covered services	30% co-insurance for covered services, MVP pays 70%, up to \$4,000 per year	30% co-insurance for covered services, MVP pays 70%, up to \$4,000 per year
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Hospital, Surgery, and Rehabilitation Services All plans cover skilled nursing facility care at a post-acute rehabilitation center.

Inpatient Hospital Stays Emergency admissions covered worldwide	IN \$445 per day for days 1–5, \$0 per day for days 6+ OUT 40% co-insurance	\$375 per day for days 1–5, then \$0 per day for days 6+	\$375 per day for days 1–5, then \$0 per day for days 6+
Observation Stays Not inpatient admission	IN 20% co-insurance OUT 40% co-insurance	\$350 co-pay	\$325 co-pay
Outpatient Hospital/Ambulatory Surgical Center (Same day surgery)	IN 20%/15% co-insurance OUT 40% co-insurance	\$350 co-pay/\$250 co-pay	\$325 co-pay/\$200 co-pay

Diagnostic Services Office visit co-pay may apply.

Outpatient X-ray (Radiology)	IN \$55 co-pay OUT 40% co-insurance	\$40 co-pay	\$30 co-pay
Outpatient CT Scans, PET Scans, and MRIs	IN \$400 co-pay OUT 40% co-insurance	\$200 co-pay	\$150 co-pay
Laboratory	IN \$0 co-pay OUT 40% co-insurance	\$0 co-pay	\$0 co-pay
Diagnostic Procedures	IN 20% co-insurance OUT 40% co-insurance	\$15 co-pay	\$10 co-pay

Maximum Out-of-Pocket Protection³

¹May be lower with New York State EPIC and/or Low Income Subsidy assistance. You must continue to pay your Part B premium.

²Benefit maximum may apply to services from out-of-network providers.

³The most you pay for covered medical services in a calendar year. Once reached, MVP pays 100% of the cost of covered services, including Part B drugs, through December 31.

Part D Prescription Drug Coverage

MVP MEDICARE WELLSELECT® with Part D (PPO)	MVP MEDICARE PREFERRED GOLD® with Part D
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Deductible Stage

\$615 Deductible for Tiers 2–5 \$300 Deductible for Tiers 2–5

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.

TIER 1	\$0 No Deductible	\$0 No Deductible
TIER 2	\$2 After Deductible	\$2 After Deductible
TIER 3	16% After Deductible	16% After Deductible
TIER 4	25% After Deductible	25% After Deductible
TIER 5	25% After Deductible	25% After Deductible

Catastrophic Coverage Stage

The most you pay for covered prescriptions in 2026 is \$2,100. Once you have paid \$2,100 out of pocket, you will pay nothing for Part D drugs through December 31.

Mail Order Savings

Through the CVS Caremark® Mail Service Pharmacy, get a **three-month** supply of Tier 2 prescriptions for only **two** co-pays, or 100-day supply of \$0 Tier 1 prescriptions.

ⓘ Drugs purchased outside the United States are not covered.

Members Living With Diabetes

Plan-covered insulin is not subject to Part D deductibles and is covered at a maximum \$35 co-pay or the tier co-pay, whichever is less. Accu-chek, Freestyle, and Prodigy brand diabetic supplies are covered under all plans.

Well-Being Benefits and Extras

	MVP MEDICARE WELLSELECT® with Part D (PPO)	MVP MEDICARE PREFERRED GOLD® with Part D	MVP MEDICARE PREFERRED GOLD® without Part D
Dental Allowance	\$750 per year	\$1,500 per year	\$1,000 per year
Use your allowance at any dentist you choose, toward any preventive or comprehensive dental services			
Over-the-Counter Allowance (OTC)	\$25 per quarter	\$50 per quarter	\$25 per quarter
Eyewear Allowance	\$150 per year	\$175 per year	\$150 per year
Hearing Aids from TruHearing®	Choose the right coverage for you! Pay \$699 or \$999 per hearing aid, or get up to \$600 per hearing aid toward your choice of top models from the TruHearing catalog, rechargeable or batteries included		
Transportation to medical appointments, dental visits, and the pharmacy (30 mile max per ride)	Not Covered	24 one-way rides per year	12 one-way rides per year; Unlimited rides to a VA facility with a 45-mile max
Be Well Rewards	Earn a \$100 reward card for completing your Annual Wellness Visit		
Gia® by MVP Virtual Care Services	\$0 for virtual urgent care, primary care, nutrition, and some behavioral health services. Other specialty virtual care providers included in Gia may be subject to your plan co-pay		
SilverSneakers® Fitness Membership	A free fitness membership with access to thousands of fitness locations nationwide, live online classes and on-demand videos, and community group activities		
Meal Delivery	Not Covered	14 free refrigerated meals after an in-patient hospital stay discharge	

For detailed benefit information, refer to the MVP MEDICARE ADVANTAGE PLANS brochure.

Let's talk!

Have questions or need more information?

Call **1-800-324-3899** (TTY 711)

October 1–March 31, seven days a week, 8 am–8 pm Eastern Time.

April 1–September 30, call Monday–Friday, 8 am–8 pm.

Or visit **mvphealthcare.com/medicare**.



If your coverage is through an employer-sponsored plan, check with the former employer for your benefit information. This is not a contract. These benefit charts are for general reference only. All benefits are subject to federal Medicare program medical necessity guidelines.

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.

For accommodations of persons with special needs at meetings, call 1-800-324-3899 (711).

Select virtual care services through Gia are available at no cost share. Additional specialty providers in Gia, in-person visits, and referrals are subject to the applicable plan co-pay/cost-share. An estimated cost for these services will be listed in Gia at the time of service. For serious and life-threatening emergencies, please dial 911.

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