



MVP Medicare Preferred Gold without Part D (HMO-POS) offered by MVP HEALTH PLAN, INC.

Annual Notice of Change for 2027

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, 2026, you'll stay in MVP Medicare Preferred Gold without Part D (HMO-POS).
- To change to a **different plan**, visit [Medicare.gov](https://www.medicare.gov) or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at mvphealthcare.com or call MVP Medicare Customer Care Center at 1-800-665-7924 (TTY users call 711) to get a copy by mail.

More Resources

- This information is available in a different format, including braille and large print.
- 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.

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 MVP HEALTH PLAN, INC. 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, 2026, you'll automatically be enrolled in MVP Medicare Preferred Gold without Part D (HMO-POS).** Starting January 1, 2027, you'll

get your medical coverage through MVP HEALTH PLAN, INC. Go to Section 3 for more information about how to change plans and deadlines for making a change.

- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty that is added to your monthly premium if you enroll in Medicare drug coverage in the future.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (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 <u>most</u> 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

In-Network

You pay a \$30
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

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**

Inpatient hospital stays

Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.

In-Network

You pay a \$375
copayment for a
Medicare-covered
inpatient hospital stay
per day for days 1 - 5

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

**You pay a \$0
copayment for a
Medicare-covered
inpatient hospital stay
per day for days 6 - 90**

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

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

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

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.

	2026 (this year)	2027 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers count toward your in-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 2027 *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. You may have a special enrollment period if your provider leaves the plan network.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Dental services	Supplemental Preventive and Comprehensive Dental Annual Maximum Plan Benefit Coverage Amount: \$1,000 combined allowance per calendar year for services in the following categories. Preventive Dental: Oral Exams, Prophylaxis (cleanings), Fluoride Treatments, X-rays, Other Diagnostic Dental Services and Other Preventive Dental Services. Comprehensive Dental: Restorative Services, Endodontics, Periodontics, Prosthodontics, Maxillofacial	Supplemental Preventive and Comprehensive Dental Preventive Dental: In-network: Annual maximum benefit is 2 Oral Exams, 2 Prophylaxis (cleanings) and 1 X-ray per calendar year. Out-of-network: Preventive dental services are available through in-network providers only. You are responsible for 100% of costs through a non-network provider.

	2026 (this year)	2027 (next year)
	Prosthetics, Implant Services, Oral and Maxillofacial Surgery and Adjunctive General Services. Benefit can be used at in and out-of-network providers. Once the annual maximum benefit is used, you are responsible for 100% of the cost of any supplemental dental services.	The annual allowance does not apply to preventive dental services. Coverage is limited to specific dental codes. See the Evidence of Coverage for more information. Comprehensive Dental: In-network: Annual Maximum Plan Benefit Coverage Amount: \$300 allowance per calendar year for services in the following categories: Restorative Services, Endodontics, Periodontics, Prosthodontics, Maxillofacial Prosthetics, Oral and Maxillofacial Surgery, and Adjunctive General Services. Out-of-network: Comprehensive dental services are available through in-network providers only. You are responsible for 100% of costs through a non-network provider. Coverage is limited to specific dental codes. See

	2026 (this year)	2027 (next year)
		the Evidence of Coverage for more information.
Outpatient diagnostic tests and therapeutic services and supplies	In-Network You pay a \$0 copayment for each Medicare-covered lab service You pay a \$10 copayment for each Medicare-covered diagnostic procedure/test You pay a \$30 copayment for each Medicare-covered X-ray or diagnostic mammogram service You pay a \$30 copayment for each Medicare-covered ultrasound You pay a \$10 copayment for each Medicare-covered EKG, EEG, echocardiogram or stress test You pay 20% of the total cost for each Medicare-covered radiation therapy service You pay a \$150 copayment for each Medicare-covered diagnostic radiology PET, CAT, MRI, MRA or NUC service	In-Network You pay a \$0 copayment for each Medicare-covered lab service You pay a \$10 copayment for each Medicare-covered diagnostic procedure/test You pay a \$30 copayment for each Medicare-covered X-ray or diagnostic mammogram service You pay a \$30 copayment for each Medicare-covered ultrasound You pay a \$10 copayment for each Medicare-covered EKG, EEG, echocardiogram or stress test You pay 20% of the total cost for each Medicare-covered radiation therapy service You pay a \$100 copayment for each Medicare-covered diagnostic radiology PET, CAT, MRI, MRA or NUC service

	2026 (this year)	2027 (next year)
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 \$218 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 \$221 in a network skilled nursing facility for days 21 - 100

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 type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our MVP Medicare Preferred Gold without Part D (HMO-POS).

If you want to change plans for 2027, 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). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with Medicare separate drug coverage,** you can enroll in a Part D plan, and you'll automatically be 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 [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* 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, 2027, 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 separate Medicare drug coverage) between January 1 – March 31, 2027.

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 separate 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.

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 2027 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *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*).

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 [Medicare.gov](https://www.medicare.gov)**

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

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

- **Visit [Medicare.gov](https://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 2027***

The *Medicare & You 2027* 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 [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.