

2027 Summary of Benefits

MVP Health Plan, Inc.

MVP Medicare Secure Plus Choice with Part D (PPO)

H9615: Plan 025

This is a summary of drug and health services covered by MVP Health Plan January 1, 2027 - December 31, 2027.

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 Plus Choice with Part D (PPO)** 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, Central NY service area includes the following counties in New York: Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Columbia, Cortland, Delaware, Fulton, Greene, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Oswego, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Steuben, Tioga, Tompkins, Warren, or Washington.

MVP Medicare Secure Plus Choice with Part D (PPO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are in our network, you will pay less for your covered services. But if you want to, you can also use providers that are not in our network and will pay more for your covered services.

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Premiums and Benefits	MVP Medicare Secure Plus Choice with Part D (PPO)	What you should know
Monthly Plan Premium	You pay \$256.00.	You must continue to pay your Part B premium. (\$206.50 in 2026. This amount may change in 2027.)
Deductible	This plan does not have a medical deductible.	
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	\$7,500 In-Network In/Out-of-Network \$12,500 combined 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)	In-Network: You pay \$400 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. Out-of-Network: You pay 40% co-insurance.	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)	In-Network: You pay \$300 co-pay for outpatient hospital surgery. Out-of-Network: You pay 40% co-insurance.	Physician surgery co-pay also applies to outpatient hospital surgery.

Premiums and Benefits	MVP Medicare Secure Plus Choice with Part D (PPO)	What you should know
Ambulatory Surgical Center (ASC) Services (Services may require Authorization)	In-Network: You pay \$200 co-pay for care in a certified ambulatory surgical center. Out-of-Network: You pay 40% co-insurance.	Physician surgery co-pay also applies to ambulatory surgery.
Doctor Visits • Primary Care Providers • Specialists (Services may require Authorization)	In-Network: You pay \$0 per PCP visit. Out-of-Network: you pay 30% co-insurance per PCP visit. In-Network: You pay \$40 co-pay per Specialist visit. Out-of-Network: You pay 40% co-insurance per Specialist visit.	Cost sharing applies to each service you receive, including multiple services from the same provider.
Preventive Care	In-Network/Out-of-Network: You pay \$0 co-pay.	Any additional services approved by Medicare during the contract year will be covered. There are items not covered at \$0.
Emergency Care	In-Network/Out-of-Network: You pay \$100 co-pay per visit.	If you are admitted to the hospital within 24 hours, co-pay is waived. Emergency care is provided worldwide.
Urgently Needed Services	In-Network/Out-of-Network: You pay \$20 co-pay per visit. You pay \$100 co-pay for Worldwide Urgent Care coverage.	Urgently needed services are provided worldwide.

Premiums and Benefits	MVP Medicare Secure Plus Choice with Part D (PPO)	What you should know
Diagnostic Services/ Labs/ Imaging • Diagnostic radiology service (e.g., MRI) • Lab services • Diagnostic tests and procedures • Outpatient x-rays (Services may require Authorization)	In-Network: You pay \$40-\$250 co-pay. Out-of-Network: You pay 40% co-insurance. In-Network: You pay \$0 co-pay. Out-of-Network: You pay 40% co-insurance. In-Network: You pay \$10 co-insurance. Out-of-Network: You pay 40% co-insurance. In-Network: You pay \$40 co-pay. Out-of-Network: You pay 40% co-insurance.	Cost sharing applies to each service you receive, including multiple services from the same provider.

Premiums and Benefits	MVP Medicare Secure Plus Choice with Part D (PPO)	What you should know
Hearing Services • Diagnostic Hearing exam • Routine Hearing exam • Hearing aid	In-Network: You pay \$0 co-pay. Out-of-Network: You pay \$60 co-pay. In-Network: You pay \$0 co-pay. Out-of-Network: You pay 50% co-insurance. In-Network: You pay \$699-\$999 per hearing aid or up to \$600 per ear toward the cost of two hearing aids every year. Out-of-Network: You pay 80% co-insurance.	Routine hearing exams limited to one (1) per calendar year.
Medicare-covered Dental Services	In-network: You pay \$35 co-pay for Medicare-covered dental services. Out-network: You pay 40% co-insurance for Medicare-covered dental services.	Medicare covers dental services in a limited number of circumstances.

Premiums and Benefits	MVP Medicare Secure Plus Choice with Part D (PPO)	What you should know
Supplemental Preventive Dental Services	You pay \$0 co-pay for in-network covered preventive services. For out-of-network services, you pay \$0 up to the covered preventive services fee schedule and are responsible for any charges in excess. Annual maximum on the covered preventative services is two (2) oral exams, two (2) prophylaxis (cleanings) and one (1) dental x-ray.	Once the annual maximum benefit is used, you are responsible for 100% of the cost of any supplemental dental services. Covered services received through an out-of-network provider will be reimbursed up to the plans allowed amount per the fee schedule. Coverage is limited to specific dental codes. See the Evidence of Coverage for more information.
Supplemental Comprehensive Dental Services	You pay \$0 co-pay per service for comprehensive dental services through in and out-of-network providers. You receive a \$300 allowance per calendar year to use for covered comprehensive dental services through in and out-of-network providers. The allowance does not apply to the covered preventive dental services.	

Premiums and Benefits	MVP Medicare Secure Plus Choice with Part D (PPO)	What you should know
Over-the Counter (OTC) Items • OTC Allowance • Arthritis Post-Joint Replacement Procedure Care Kit	\$20 Allowance per quarter; no rollover Customizable care kit.	Allowance is received quarterly to be used towards 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. Members who 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, alternative shoelaces, laces designed for those with special needs, sock-aid, and long handled shower sponge through our approved contracted vendor.

Premiums and Benefits	MVP Medicare Secure Plus Choice with Part D (PPO)	What you should know
Vision Services • Diagnostic eye exam (Medicare Covered) • Routine eye exam (non-Medicare-covered) • Post-cataract surgery eyewear • Eyewear allowance	In-Network: You pay \$20 co-pay per diagnostic eye exam. Out-of-Network: You pay 40% coinsurance per diagnostic eye exam. In-Network/Out-of-Network: You pay \$0 co-pay per routine eye exam. In-Network: You pay 20% co-insurance. Out-of-Network: You pay 40% coinsurance \$175 every year eyewear allowance.	Routine eye exams are limited to one (1) per calendar year. Out-of-Network routine eye exams have a \$70 maximum payable benefit per calendar year.

Premiums and Benefits	MVP Medicare Secure Plus Choice with Part D (PPO)	What you should know
Ambulance (Services may require Authorization)	In-Network/Out-of-Network: You pay \$200 co-pay for ground ambulance. In-Network/Out-of-Network: You pay \$300 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. 24 One-Way Rides, 30-mile max per year for medical appointments.	Must use plan approved vendor.
Medicare Part B Drugs (Services may require Authorization) • Insulin Drugs	In-Network: You pay 20% co-insurance. Out-of-Network: You pay 40% Your maximum cost share will not exceed \$35.	The co-insurance you pay is based on the type of Part B drugs purchased at a pharmacy, administered by a pharmacist or by your doctor. (An office visit co-pay may also apply.) Part B drugs may be subject to Step Therapy requirements.

Premiums and Benefits	MVP Medicare Secure Plus Choice with Part D (PPO)	What you should know
Foot Care (podiatry services) • Diagnostic Foot exams and treatment • Routine foot care (Services may require Authorization)	In-Network: You pay \$40 co-pay. Out-of-Network: You pay 40% co-insurance In-Network: You pay \$0 co-pay.	Routine foot care if you have diabetes-related nerve damage and/or meet certain conditions.
Medical Equipment/ Supplies • Durable Medical Equipment (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Diabetes supplies (Services may require Authorization)	In-Network: You pay 20% co-insurance. Out-of-Network: You pay 40% co-insurance. In-Network: You pay 0-20% co-insurance. Out-of-Network: You pay 40% co-insurance. In-Network: You pay \$0 co-pay for a 30-day supply of Preferred brand blood glucose test strips and glucometers. You pay 40% co-insurance for a 30-day supply of non-preferred strips that have prior authorization. Out-of-Network: You pay 40% co-insurance.	MVP's preferred brand of blood glucose test strips and glucometers are Freestyle, Accu-Check, and Prodigy.

Premiums and Benefits	MVP Medicare Secure Plus Choice with Part D (PPO)	What you should know
Medical Equipment/ Supplies Cont'd - Blood Pressure Cuff - Home and Bathroom Safety Devices and Modifications	One basic blood pressure cuff per year at no cost. \$250 allowance per year in total for select items from our contracted vendor.	Must have diagnoses of Hypertension. One approved basic blood pressure cuff from our contracted vendor will be covered per year. 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 be covered and only through our approved contracted vendor.
Meal Benefit	14 Meals over 7 days post inpatient hospital discharge.	Post-Hospitalization meals are covered through contracted vendor and set-up through Care Management program. 14 meals / 7 days benefit. No limit to number of times benefit can be accessed in a calendar year so long as it is preceded by a hospitalization.

Premiums and Benefits	MVP Medicare Secure Plus Choice with Part D (PPO)	What you should know
Fitness Benefit - SilverSneakers® Wellness Programs Be Well Rewards Program	In-Network: No cost for SilverSneakers® membership and to use SilverSneakers® fitness locations and virtual resources. Plus, you get access to GetSetUp, with thousands of live online classes to ignite your interests in topics like cooking, technology, and art. Out-of-Network: You pay 50% co-insurance. With the MVP Be Well Rewards Program, Medicare members are rewarded with 100 points once they complete an annual wellness visit. Then members can redeem their reward points for a \$100 gift card.	The maximum reimbursement amount for Out-of-Network is \$70 per month. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2026 Tivity Health, Inc. All rights reserved.
MVP Virtual Care Services	You pay \$0 co-pay per visit using remote access technology.	Gia virtual care services generally start at \$0, but a member cost-share may apply for specialty providers, in-person visits, and referrals. Refer to Gia for estimated costs at the time of service. Eligibility, covered services, and age limits may apply. For serious or life-threatening emergencies call 911.

Outpatient Prescription Drugs			
Benefits	MVP Medicare Secure Plus Choice with Part D (PPO)		What you should know
	Retail Rx 30-day supply	Mail Order up to 90-day supply, except Tier 1 which is 100-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	\$500 Deductible. Tier 1 and Plan-covered Insulin Drugs are not subject to deductible.		
Initial Coverage			You pay this amount for each prescription until your yearly drug costs reach \$2,400. 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 1: Preferred Generic	You pay \$0.	You pay \$0.	
Tier 2: Generic	You pay \$2	You pay \$4.	
Tier 3: Preferred Brand	You pay 16%	You pay 16%.	
Tier 4: Non-Preferred Drugs	You pay 41%.	You pay 41%.	
Tier 5: Specialty Tier	You pay 28%.	Not available.	
Plan-covered Insulin Drugs	You pay up to \$35.	You pay up to \$70.	
Catastrophic Coverage			You pay this amount after your yearly out-of-pocket costs reach \$2,400.
Tiers 1- 5: You pay \$0 co-payment for all drug tiers.			

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 **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. Members’ direct or digital provider visits may be subject to co-pay/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)。