

2027 Summary of Benefits

MVP Health Plan, Inc.

MVP DualAccess with Part D (HMO D-SNP)

H3305: Plan 033

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/HMO D-SNP organization with a Medicare contract and a contract with the New York State Medicaid program. Enrollment in the 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."

MVP DualAccess (HMO D-SNP) is a Dual Eligible Special Needs Plan (D-SNP) for Medicare beneficiaries who are also eligible for Medicaid. This is a Medicare Advantage plan that covers prescription drugs. The amount that a member pays for premiums, deductibles, co-payments, and/or co-insurance may vary based on the level of Medicaid eligibility and "Extra Help" a member receives. To enroll in this plan, you must be enrolled in one of the following Medicare Savings Programs.

- **Qualified Medicare Beneficiary (QMB):** Medicaid covers your Medicare cost-shares, including deductibles, premiums, co-payments, and co-insurance for medical services. You are not eligible for full Medicaid benefits from your state Medicaid program. You will only pay co-payments for Part D prescription drugs.
- **Qualified Medicare Beneficiary Plus (QMB Plus):** Medicaid covers your Medicare cost-shares, including deductibles, premiums, co-payments, and co-insurance for medical services. You are also eligible for full Medicaid benefits from your state Medicaid program. You will only pay co-payments for Part D prescription drugs.
- **Full Benefit Dual Eligible (FBDE):** You are eligible for full Medicaid benefits from your state Medicaid program. In addition, Medicaid may cover some of your Medicare cost-sharing for medical services, depending on your state's Medicaid program.

To join **MVP DualAccess (HMO D-SNP)** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. You must also be enrolled in one of the Medicare Savings Programs listed above. Our service area includes the following counties in New York: Albany, Columbia, Dutchess, Greene, Monroe, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, and Westchester.

MVP DualAccess (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

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Premiums and Benefits	MVP DualAccess (HMO D-SNP)	What you should know
Monthly Plan Premium	You pay \$0.	You must continue to pay your Part B premium if not paid by Medicaid. (\$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>	\$9,820 annually.	So long as Medicaid continues to pay your Medicare deductible, coinsurance, and copayments, you will not have a maximum out-of-pocket responsibility.
Inpatient Hospital Coverage <i>(Services may require Authorization)</i>	You pay \$0 co-pay.	Our plan covers an unlimited number of days for an inpatient hospital stay. Medicare benefit periods do not apply.
Outpatient Hospital Coverage <i>(Services may require Authorization)</i>	You pay \$0 co-pay for outpatient hospital surgery.	Additional cost share may be required for provider services at the outpatient facility.
Ambulatory Surgical Center (ASC) Services	You pay \$0 co-pay per visit at a certified ambulatory surgical center.	There is no coinsurance, copayment, or deductible for surgery provided at an ambulatory surgical center. Additional cost share may be required for provider services at the ambulatory surgical center.

Premiums and Benefits	MVP DualAccess (HMO D-SNP)	What you should know
Doctor Visits • Primary Care Providers • Specialists (Services may require Authorization)	You pay \$0 co-pay per visit. You pay \$0 co-pay per visit.	Additional cost sharing may apply to services during a doctor's visit, for example a test or labs.
Preventive Care	You pay \$0 co-pay.	Specific preventive services with \$0 cost share are found in the EOC.
Emergency Care	You pay \$0 co-pay per visit.	If you are admitted to the hospital within 24 hours, the Emergency Care co-pay is waived and you will be responsible for the Inpatient Care cost-share. Emergency care is provided worldwide.
Urgently Needed Services	You pay \$0 co-pay per visit.	Urgently needed services are provided worldwide.

Premiums and Benefits	MVP DualAccess (HMO D-SNP)	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)	You pay \$0 co-pay. You pay \$0 co-pay. You pay \$0 co-pay. You pay \$0 co-pay.	If you receive multiple services, even from the same provider, you will be responsible for multiple cost shares.

Premiums and Benefits	MVP DualAccess (HMO D-SNP)	What you should know
Over-the-Counter (OTC) Items OTC Allowance	\$20 allowance per month.	Allowance is received monthly. Monthly allowance can be used towards eligible over-the-counter medicine and health-related purchases from select pharmacies or by mail order. Allowance amount does not carry over from month to month. If you have been determined to be eligible for additional SSBCI (Special Supplemental Benefits for the Chronically Ill), this monthly allowance is combined with that for the Food and Produce and General Supports for Living benefit. Eligible members can combine the monthly allowance with the Chronic Condition Food and Produce and General Supports for Living benefit.
Arthritis Post-Joint Replacement Procedure Care Kit	Customizable care kit	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 shoe laces, laces designed for those with special needs, sock-aid, and long handled shower sponge through our approved contracted vendor.

Premiums and Benefits	MVP DualAccess (HMO D-SNP)	What you should know
Preventive Dental Services: Oral Exams, Prophylaxis, Fluoride, X-Rays)	In-network: You pay a \$0 copayment.	Service limitations apply based on established fee schedule, including type of service, number and frequency. Benefit is available through in-network providers only. See the Evidence of Coverage for more information.
Comprehensive Dental Services: Diagnostic Services, Restorative Services, Endodontics, Periodontics, Extractions, Prosthodontics, Oral/Maxillofacial Surgery, Other Services (Services may require Authorization)	In-network: You pay a \$0 copayment.	
Vision Services - Diagnostic eye exam - Post-cataract surgery eyewear - Eyewear allowance	You pay \$0 co-pay. You pay \$0 co-pay. \$175 every year eyewear allowance.	One (1) eye exam per year through a plan participating provider. Allowance for eyeglass frames and lenses and/or contact lenses annually through plan participating provider.

Premiums and Benefits	MVP DualAccess (HMO D-SNP)	What you should know
Mental Health Services • Inpatient visit • Outpatient group therapy visit • Outpatient individual therapy visit (Services may require Authorization)	You pay \$0 co-pay. You pay \$0 co-pay. You pay \$0 co-pay.	
Skilled Nursing Facility (SNF) (Services may require Authorization)	You pay \$0 co-pay.	
Physical Therapy (Services may require Authorization)	You pay \$0 co-pay.	
Ambulance (Services may require Authorization)	You pay \$0 co-pay.	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 to medical appointments.	Must use plan approved vendor. (30-mile, one-way limit)

Premiums and Benefits	MVP DualAccess (HMO D-SNP)	What you should know
Medicare Part B Drugs (Services may require Authorization)	You pay \$0 co-pay.	You pay a 0% co-insurance for 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.
Foot Care (podiatry services) • Diagnostic Foot exams and treatment • Routine foot care (Services may require Authorization)	You pay \$0 co-pay. 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)	You pay \$0 co-pay. You pay \$0 co-pay. You pay \$0 co-pay for a 30-day supply of brand blood glucose test strips and glucometers. You pay \$0 co-pay for a 30-day supply of non-preferred strips that have prior authorization.	MVP's preferred brand of blood glucose test strips and glucometers are Freestyle, AccuCheck, and Prodigy.

Premiums and Benefits	MVP DualAccess (HMO D-SNP)	What you should know
Fitness Programs - SilverSneakers® Wellness Programs Be Well Rewards Program	No cost for SilverSneakers® membership and to use SilverSneakers® fitness locations and virtual resources. 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.	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.	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.
Meal Delivery Service	14 meals 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 DualAccess (HMO D-SNP)	What you should know
SSBCI Additional Benefits - Food and Produce and General Supports for Living Flexible Benefit Card	\$50 allowance per month.	Food and Produce, and/or General Supports for Living; (utility payments for electricity, water, heat, internet and/or telephone). Unused allowance amount does not carry over from month to month. Benefit allowance is combined with the Over-the-Counter (OTC) monthly allowance for eligible members. Food and produce can be purchased through the plan approved vendor and/or select retail locations. The SSBCI Additional Benefits mentioned are part of special supplemental benefits for MVP Medicare Advantage members living with cancer, cardiovascular disorders, chronic heart failure, dementia, diabetes, chronic lung disorders and chronic and disabling mental health conditions. Not all plan members qualify. A chronic condition alone does not guarantee eligibility. All applicable eligibility requirements must be met before the benefits are provided. Review the Evidence of Coverage for more detailed information.
Hearing aids	\$0 co-pay on limited formulary of hearing aids from TruHearing - one aid per ear, every 3 years.	Must utilize a TruHearing provider and choose a hearing aid through the TruHearing catalog.

Understanding MVP DualAccess with Part D (HMO D-SNP)

Prescription Drug Coverage

Benefits	MVP DualAccess (HMO-DSNP)	What you should know
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MVP DualAccess includes Part D prescription drug coverage. The MVP Medicare Part D Formulary—the list of drugs our Medicare plans cover— includes hundreds of generic and brand-name medications categorized into different “tiers,” or cost levels. Check the Formulary to confirm how your prescriptions are covered and what you will pay. All Part D plans also have various payment stages, but you may continue to pay the same cost share as you fill prescriptions during the year and move through these stages

There are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December)

For specific information about your costs look at Chapter 6 in your *Evidence of Coverage*.

Understanding MVP DualAccess with Part D (HMO D-SNP) Prescription Drug Coverage

Benefits	MVP DualAccess (HMO-DSNP)		What you should know
Premiums and Benefits	Retail Rx 30-day supply	Mail Order up to 90-day supply, except Tier 1 and Tier 6 which is 100-day supply	
Deductible	Because we have no deductible, this payment stage doesn't apply to you.		
Initial Coverage Tiers 1-5:	For generic drugs (including brand drugs treated as generic), you pay: \$0 copay or \$1.65 copay or \$5.80 copay For all other drugs, you pay: \$0 copay or \$5.00 copay or \$14.40 copay per prescription, including each covered insulin product on these tiers. Cost sharing is based on your level of Extra Help.		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 6: Select Care Drugs:	You pay \$0 per prescription for Select Care Drugs on this tier.		
Catastrophic Coverage	Tiers 1-6: You pay \$0 co-payment for all drug tiers.		You pay this amount after your yearly out-of-pocket costs reach \$2,400.

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 **<http://www.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 our website at **mvphealthcare.com**.

You can see our plan's pharmacy directory at our website at **mvphealthcare.com/partD**.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at **mvphealthcare.com/partD**.

MVP Health Plan, Inc. is an HMO-POS/PPO/HMO D-SNP organization with a Medicare contract and a contract with the New York State Medicaid program. Enrollment in the 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. In-person visits and referrals are subject to 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).

Language Assistance

ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call **1-844-946-8010 (TTY 711).**

English

ATANSYON: Gen sèvis pou bay asistans nan lang ak lòt èd ki disponib gratis pou ou.
Rele **1-844-946-8010** (TTY 711).

**Kreyòl Ayisyen
(French Creole)**

אכטונג: שפראך הילף סערוויסעס און אנדערע הילף, זענען אוועילעבל פאר אייך אומזיסט. רופט **1-844-946-8010** (TTY 711).

**אידיש
(Yiddish)**

ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis.
Llame al **1-844-946-8010** (TTY 711).

**Español
(Spanish)**

UWAGA: Dostępne są bezpłatne usługi językowe oraz inne formy pomocy. Zadzwoń:
1-844-946-8010 (TTY 711).

**Polski
(Polish)**

请注意: 您可以免费获得语言协助服务和其他辅助服务。
请致电 **1-844-946-8010** (TTY 711)。

**繁體中文
(Chinese)**

ATANSYON: Available ang mga serbisong tulong sa wika at iba pang tulong nang libre.
Tumawag sa **1-844-946-8010** (TTY 711).

**Tagalog
(Tagalog-Filipino)**

ملاحظة **1-844-946-8010**:
خدمات المساعدة اللغوية والمساعدات الأخرى المجانية متاحة لك. اتصل بالرقم (TTY 711).

**لعرية
(Arabic)**

주의: 언어 지원 서비스 및 기타 지원을 무료로 이용하실 수 있습니다.
1-844-946-8010 (TTY 711). 번으로 연락해 주십시오.

**한국어
(Korean)**

ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика и другие виды помощи. Звоните по номеру **1-844-946-8010** (TTY 711).

**Русский
(Russian)**

ATTENZIONE: Sono disponibili servizi di assistenza linguistica e altri ausili gratuiti.
Chiamare il **1-844-946-8010** (TTY 711).

**Italiano
(Italian)**

VINI RE: Për ju disponohen shërbime asistence gjuhësore dhe ndihma të tjera falas.
Telefononi **1-844-946-8010** (TTY 711).

**Shqip
(Albanian)**

ΠΡΟΣΟΧΗ: Υπηρεσίες γλωσσικής βοήθειας και άλλα βοηθήματα είναι στη διάθεσή σας, δωρεάν. Καλέστε στο **1-844-946-8010** (TTY 711).

**Ελληνικά
(Greek)**

توجه فرمائیں: زبان میں معاونت کی خدمات اور دیگر معاونتیں آپ کے لیے بلا معاوضہ دستیاب ہیں۔ کال کریں **1-844-946-8010** (TTY 711) کریں

**اردو
(Urdu)**

ATTENTION : Des services d'assistance linguistique et d'autres ressources d'aide vous sont offerts gratuitement. Composez le **1-844-946-8010** (TTY 711).

**Français
(French)**