

2027 Summary of Benefits

MVP Health Plan, Inc.

MVP Medicare Preferred Gold with Part D (HMO-POS)

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

MVP Medicare WellValue with Part D (HMO-POS)

H3305: Plan 015 Plan 007 and Plan 039

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 Preferred Gold with Part D (HMO-POS)**, **MVP Medicare Preferred Gold without Part D (HMO-POS)**, or **MVP Medicare WellValue with Part D (HMO-POS)** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our Rochester/Buffalo service area includes the following counties in New York: Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Seneca, Wayne, Wyoming, and Yates.

MVP Medicare Preferred Gold with Part D (HMO-POS), MVP Medicare Preferred Gold without Part D (HMO-POS) and MVP Medicare WellValue with Part D (HMO-POS) have 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. These plans have a POS (Point-of-Service) benefit.

- Services covered under POS are limited to \$4,000/year, and you pay 30% co-insurance for MVP Medicare Preferred Gold® with Part D and MVP Medicare Preferred Gold® without Part D.
- Services covered under POS are limited to \$4,000/year, and you pay 40% co-insurance for MVP Medicare WellValue® with Part D.

Not all services are covered under POS. Services not covered under POS are noted in the attached table and also in your EOC (Evidence of Coverage).

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Premiums and Benefits	MVP Medicare WellValue with Part D (HMO-POS)	MVP Medicare Preferred Gold with Part D (HMO-POS)	MVP Medicare Preferred Gold without Part D (HMO-POS)	What you should know
Monthly Plan Premium	You pay \$217.00	You pay \$277.00	You pay \$0	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.	This plan does not have a medical deductible.	This plan does not have a medical deductible.	
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	\$9,850 annually.	\$6,800 annually.	\$7,200 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)	You pay \$490 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.	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.	You pay \$375 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.	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)	You pay 20% co-insurance for outpatient hospital surgery.	You pay \$350 co-pay for outpatient hospital surgery.	You pay \$325 co-pay for outpatient hospital surgery.	Physician surgery co-pay also applies to outpatient hospital.

Premiums and Benefits	MVP Medicare WellValue with Part D (HMO-POS)	MVP Medicare Preferred Gold with Part D (HMO-POS)	MVP Medicare Preferred Gold without Part D (HMO-POS)	What you should know
Ambulatory Surgical Center (ASC) Services (Services may require Authorization)	You pay 15% co-insurance for care in a certified ambulatory surgical center.	You pay \$250 co-pay for care in a certified ambulatory surgical center.	You pay \$200 co-pay for care in a certified ambulatory surgical center.	Physician surgery co-pay also applies to ambulatory surgery.
Doctor Visits • Primary Care Providers • Specialists (Services may require Authorization)	You pay \$0 per PCP visit. You pay \$60 co-pay per Specialist visit.	You pay \$0 co-pay per visit. You pay \$40 co-pay per visit.	You pay \$0 co-pay per visit. You pay \$30 co-pay per visit.	Cost sharing applies to each service you receive, including multiple services from the same provider.
Preventive Care	You pay \$0 co-pay.	You pay \$0 co-pay.	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	You pay \$115 co-pay per visit.	You pay \$115 co-pay per visit.	You pay \$115 co-pay per visit.	If you are admitted to the hospital within 24 hours, co-pay is waived. Emergency care is provided worldwide.

Premiums and Benefits	MVP Medicare WellValue with Part D (HMO-POS)	MVP Medicare Preferred Gold with Part D (HMO-POS)	MVP Medicare Preferred Gold without Part D (HMO-POS)	What you should know
Urgently Needed Services	You pay \$40 co-pay per visit. In and Out-of-Network: You pay \$115 co-pay for Worldwide Urgent Care coverage.	You pay \$35 co-pay per visit. In and Out-of-Network: You pay \$115 co-pay for Worldwide Urgent Care coverage.	You pay \$40 co-pay per visit. In and Out-of-Network: You pay \$115 co-pay for Worldwide Urgent Care coverage.	Urgently needed services are provided worldwide.
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 \$55-\$375 co-pay. You pay \$0 co-pay. You pay 20% co-insurance. You pay \$55 co-pay.	You pay \$40-\$200 co-pay. You pay \$0 co-pay. You pay \$15 co-pay. You pay \$40 co-pay.	You pay \$30-\$100 co-pay. You pay \$0 co-pay. You pay \$10 co-pay. You pay \$30 co-pay.	Cost sharing applies to each service you receive, including multiple services from the same provider.
Hearing Services • Diagnostic & Routine Hearing exam	You pay \$0 co-pay per diagnostic/routine hearing exam.	You pay \$0 co-pay per diagnostic/routine hearing exam.	You pay \$0 co-pay per diagnostic/routine hearing exam.	Routine hearing exams not covered under POS. Routine hearing exams limited to one (1) per calendar year.

Premiums and Benefits	MVP Medicare WellValue with Part D (HMO-POS)	MVP Medicare Preferred Gold with Part D (HMO-POS)	MVP Medicare Preferred Gold without Part D (HMO-POS)	What you should know
Supplemental Comprehensive Dental Services	This is not a covered benefit under this plan.	You pay \$0 co-pay per service for comprehensive dental services through in-network providers. You receive a \$300 allowance per calendar year to use for covered comprehensive dental services through in-network providers. The allowance does not apply to the covered preventive dental services.	You pay \$0 co-pay per service for comprehensive dental services through in-network providers. You receive a \$300 allowance per calendar year to use for covered comprehensive dental services through in-network providers. The allowance does not apply to the covered preventive dental services.	
Over-the Counter (OTC) Items • OTC Allowance	This is not a covered benefit under this plan.	\$25 Allowance per quarter.	\$25 Allowance per quarter.	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

Premiums and Benefits	MVP Medicare WellValue with Part D (HMO-POS)	MVP Medicare Preferred Gold with Part D (HMO-POS)	MVP Medicare Preferred Gold without Part D (HMO-POS)	What you should know
Over-the Counter (OTC) Items Cont'd Arthritis Post-Joint Replacement Procedure Care Kit	This is not a covered benefit under this plan.	Customizable care kit	Customizable care kit	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.
Vision Services - Diagnostic eye exam (Medicare Covered) - Routine eye exam (non-Medicare Covered) - Post-cataract surgery eyewear - Eyewear allowance	You pay \$20 co-pay per diagnostic eye exam. You pay \$0 co-pay per routine eye exam. You pay 20% co-insurance. \$150 every year eyewear allowance.	You pay \$40 co-pay per diagnostic eye exam. You pay \$0 co-pay per routine eye exam. You pay 20% co-insurance. \$175 every year eyewear allowance.	You pay \$30 per diagnostic eye exam. You pay \$0 co-pay per routine eye exam. You pay 20% co-insurance. \$150 every year eyewear allowance.	Routine eye exams are limited to one per calendar year. Out-of-Network routine eye exams have a \$70 maximum payable benefit per calendar year.

Premiums and Benefits	MVP Medicare WellValue with Part D (HMO-POS)	MVP Medicare Preferred Gold with Part D (HMO-POS)	MVP Medicare Preferred Gold without Part D (HMO-POS)	What you should know
Mental Health Services - Inpatient visit - Outpatient individual/group therapy visit (Services may require Authorization)	You pay \$415 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. You pay \$10 co-pay per individual/group therapy visit.	You pay \$400 co-pay per day for days 1-5. You pay \$0 co-pay per day for days 6-90. You pay \$0 co-pay per day for days 91 and beyond. You pay \$10 co-pay per individual/group therapy visit.	You pay \$375 co-pay per day for days 1-5. You pay \$0 co-pay per day for days 6-90. You \$0 co-pay per day for days 91 and beyond. You pay \$30 co-pay per individual/group therapy visit.	Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. Mental health services not covered under POS.
Skilled Nursing Facility (SNF) (Services may require Authorization)	You pay \$0 co-pay per day for days 1 through 20. You pay \$221 co-pay per day for days 21 through 100.	You pay \$0 co-pay per day for days 1 through 20. You pay \$221 co-pay per day for days 21 through 100.	You pay \$0 co-pay per day for days 1 through 20. You pay \$221 co-pay per day for days 21 through 100.	Our plan covers up to 100 days in a SNF. SNF services are not covered under POS.

Premiums and Benefits	MVP Medicare WellValue with Part D (HMO-POS)	MVP Medicare Preferred Gold with Part D (HMO-POS)	MVP Medicare Preferred Gold without Part D (HMO-POS)	What you should know
Physical Therapy (Services may require Authorization)	You pay \$35 co-pay per visit.	You pay \$20 co-pay per visit.	You pay \$20 co-pay per visit.	Annual dollar limits apply to all outpatient therapy services. Dollar limit also applies to therapy services in a Skilled Nursing Facility (SNF) and hospital outpatient departments.
Ambulance (Services may require Authorization)	You pay \$280 co-pay for ground ambulance. You pay \$500 co-pay for air ambulance.	You pay \$200 co-pay for ground ambulance. You pay \$400 co-pay for air ambulance.	You pay \$200 co-pay for ground ambulance. 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.

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Transportation	This is not a covered benefit under this plan.	You pay \$0 co-pay. 24 one-way rides per year for medical appointments.	You pay \$0 co-pay. 12 one-way rides per year for medical appointments. Additionally, Unlimited rides to a VA facility within a 45-mile max.	Must use plan approved vendor. (30-mile, one-way capitation)
Medicare Part B Drugs (Services may require Authorization) Insulin Drugs	You pay 20% co-insurance. In-Network: You pay 0%-20% co-insurance. You pay a maximum of \$35 per month supply of each covered insulin product on any tier.	You pay 0%-20% co-insurance. In-Network: You pay 0%-20% co-insurance. You pay a maximum of \$35 per month supply of each covered insulin product on any tier.	You pay 0%-20% co-insurance. In-Network: You pay 0%-20% co-insurance You pay a maximum of \$35 per month supply of each covered insulin product on any tier.	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 are not covered under POS. Part B drugs may be subject to Step Therapy requirements.

Premiums and Benefits	MVP Medicare WellValue with Part D (HMO-POS)	MVP Medicare Preferred Gold with Part D (HMO-POS)	MVP Medicare Preferred Gold without Part D (HMO-POS)	What you should know
Foot Care (podiatry services) - Diagnostic Foot exams and treatment - Routine foot care (Services may require Authorization)	You pay \$50 co-pay. You pay \$0 co-pay.	You pay \$40 co-pay. You pay \$0 co-pay.	You pay \$30 co-pay. You pay \$0 co-pay.	Routine Foot Care is covered at a \$0 cost-share for members with diabetes.
Medical Equipment/Supplies - Durable Medical Equipment (e.g., wheelchairs, oxygen) - Prosthetics (e.g., braces, artificial limbs) - Diabetes supplies (Services may require Authorization)	You pay 20% co-insurance. You pay 0-20% co-insurance. You pay \$10 co-pay for a 30-day supply of Preferred brand blood glucose test strips and glucometers. You pay \$10 co-pay for a 30-day supply of non-preferred strips that have prior authorization.	You pay 20% co-insurance. You pay 0-20% co-insurance. You pay \$0 co-pay for a 30-day supply of Preferred 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.	You pay 20% co-insurance. You pay 0-20% co-insurance. You pay \$0 co-pay for a 30-day supply of Preferred 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, Accu-Check, and Prodigy.

Premiums and Benefits	MVP Medicare WellValue with Part D (HMO-POS)	MVP Medicare Preferred Gold with Part D (HMO-POS)	MVP Medicare Preferred Gold without Part D (HMO-POS)	What you should know
Medical Equipment/Supplies Cont'd Blood Pressure Cuff	One basic blood pressure cuff per year at no cost.	One basic blood pressure cuff per year at no cost.	One basic blood pressure cuff per year at no cost.	Must have diagnoses of Hypertension. One approved basic blood pressure cuff from our contracted vendor will be covered per year.
Home and Bathroom Safety Devices and Modifications	This is not a covered benefit under this plan.	\$250 allowance per year in total for select items from our contracted vendor.	\$250 allowance per year in total for select items from our contracted vendor.	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 approved items will be covered and only through our approved contracted vendor.

Premiums and Benefits	MVP Medicare WellValue with Part D (HMO-POS)	MVP Medicare Preferred Gold with Part D (HMO-POS)	MVP Medicare Preferred Gold without Part D (HMO-POS)	What you should know
Meal Benefit	This is not a covered benefit under this plan.	14 Meals post inpatient hospital discharge.	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.
Fitness Programs SilverSneakers®	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.	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.	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.	SilverSneakers is a registered trademark of Tivity Health, Inc. © 2026 Tivity Health, Inc. All rights reserved.

Premiums and Benefits	MVP Medicare WellValue with Part D (HMO-POS)	MVP Medicare Preferred Gold with Part D (HMO-POS)	MVP Medicare Preferred Gold without Part D (HMO-POS)	What you should know
Wellness Programs • Be Well Rewards Program	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.	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.	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.	
MVP Virtual Care Services	You pay \$0 co-pay per visit using remote access technology.	You pay \$0 co-pay per visit using remote access technology.	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 WellValue with Part D (HMO-POS)		MVP Medicare Preferred Gold with Part D (HMO-POS)		MVP Medicare Preferred Gold without Part D (HMO-POS)	What you should know
	Retail Rx 30-day supply	Mail Order up to 90-day supply, except Tier 1 which is 100-day supply	Retail Rx 30-day supply	Mail Order up to 90-day supply except Tier 1 which is 100-day supply	Part D prescription drugs not covered.	You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy.
Deductible	\$700 Deductible. Tier 1 and Plan-covered Insulin Drugs are not subject to deductible.		\$400 Deductible. Tier 1 and Plan-covered Insulin Drugs are not subject to deductible.		Not covered.	
Initial Coverage Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drugs Tier 5: Specialty Tier Plan-covered Insulin Drugs	You pay \$0. You pay \$2 You pay 16% You pay 37%. You pay 25%. You pay up to \$35.	You pay \$0. You pay \$4 You pay 16% You pay 37%. Not available. You pay up to \$70.	You pay \$0. You pay \$2. You pay 16% You pay 40%. You pay 29%. You pay up to \$35.	You pay \$0. You pay \$4. You pay 16% You pay 40%. Not available. You pay up to \$70.	Not covered.	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.

Outpatient Prescription Drugs				
Benefits	MVP Medicare WellValue with Part D (HMO-POS)	MVP Medicare Preferred Gold with Part D (HMO-POS)	MVP Medicare Preferred Gold without Part D (HMO-POS)	What you should know
Catastrophic Coverage Tiers 1- 5: You pay \$0 co-payment for all drug tiers.			Not covered.	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 **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**.

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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).