MVP HEALTH CARE
625 State Street
Schenectady, NY 12305-2111
mvphealthcare.com

Preferred Gold with Part D (HMO-POS) – Buy-Up
2027 Employer Group Benefits

BENEFITS	YOU PAY
DOCTORS VISITS	
Primary Care	$10
Specialist	$15
Chiropractor	$15
Allergy Injection (allergy serum covered)	$10 Primary care; $15 Specialist
Acupuncture (10 visits)	50%
PREVENTIVE CARE	
Annual Wellness Exam	Covered in full
Medicare-covered screenings - mammogram, prostate, Pap tests, bone mass measurement	Covered in full (Office visit copay may apply)
Pneumonia and Flu Shots	Covered in full (Office visit copay may apply)
HOSPITAL SERVICES	
Inpatient Acute Hospital Stays Inpatient Mental Health Care (190 days per lifetime)	Covered in full
Observation Stays	Covered in full
OUTPATIENT SERVICES	
Ambulatory Surgical Center - same day surgery & other services	Covered in full
Outpatient Hospital - same day surgery & other services	Covered in full
Home Health Services	Covered in full
Hospice	Covered by Medicare
EMERGENCY CARE – worldwide coverage	
Emergency Room Care	$65
Urgently Needed Care	$15
Ambulance Transportation	$50
DIAGNOSTIC SERVICES - office visit copay may apply	
X-rays (Radiology)	$15
Lab Tests	$0
CT Scans, PET Scans, MRIs, Nuclear Medicine	$15
REHABILITATION	
Skilled Nursing Facility	$0 each day, days 1-20; $135 each day, days 21-100
Physical, Occupational, and Speech Therapy (therapy caps apply)	$15
OUT-OF-NETWORK AND TRAVEL COVERAGE (POS)	
Care from providers (doctors, hospitals and other facilities) that are not part of MVP's network. (Not all services are covered out of network).	No Deductible. Member pays 30%. $5000 maximum annual benefit.

MEMBER PROTECTION	YOU PAY
Maximum Annual Out-of-Pocket Protection (Excludes: Part D costs, acupuncture, eyewear, hearing aids and dental if applicable)	$4000

BENEFITS	YOU PAY
ADDITIONAL COVERAGE	
Diabetic Glucose Strips - must be preferred brands*	$0
Durable Medical Equipment (DME)	20%
Part B Drugs Purchased at Pharmacy	$15
Part B Drugs Professionally Administered (chemotherapy)	$15
Radiation Therapy	$0
Outpatient Dialysis	$0
Eyewear Allowance Dental Coverage Hearing Aid Allowance	$100 eyewear allowance every two years Medicare-covered dental benefits only TruHearing Advanced $699/TruHearing Premium $999 copay per ear, 2 per year or $600 allowance per ear, 2 per year through TruHearing catalog

ENHANCED PRESCRIPTION DRUG COVERAGE – No Deductible		
Initial Coverage Stage	**Retail Pharmacy (30-day supply)**	**Mail Order (up to 90-day supply)**
Tier 1 - Preferred generic drugs	$0 copayment	$0 copayment
Tier 2 - Generic drugs	$10 copayment	$20 copayment
Tier 3 - Preferred brand-name drugs	$30 copayment	$60 copayment
Tier 4 - Non-preferred drugs	$60 copayment	$120 copayment
Tier 5 - Specialty drugs	$60 copayment	Not Available
Catastrophic Coverage Stage	When you have paid $2,400 out-of-pocket, your cost for covered Part D drugs is reduced to $0.	
Additional Coverage	Your plan also covers the following: Erectile dysfunction drugs. Insulin drugs have a $35 maximum copay for a 30-day supply. Tier 1 drugs are available up to a 100-day supply.	

WELL-BEING PROGRAMS	
24-Hour Nurse Line	Nurse available 24 hours per day, 7 days per week to answer health questions via telephone or email.
SilverSneakers Fitness Program	Free fitness center membership--visit any participating fitness center or join online classes from home.

Exclusions & Non-covered Services

Neither MVP nor Original Medicare will pay for certain items or services, including cosmetic surgery, custodial care, and experimental procedures and items. For a complete list of excluded services, refer to your Evidence of Coverage (your contract). Unless expressly indicated in the contract, all non-medically necessary services are not covered. Even if you receive the services at an emergency facility, the excluded services are still not covered.

This information is a brief summary, not a comprehensive description of benefits. Some services may require prior authorization from MVP. For more information, refer to your Evidence of Coverage (your contract).

*Preferred Brand Diabetic Test Strips: Accu-Chek, FreeStyle, and Prodigy