



2027 Medicare Employer Group Training

Annual Required Training for Employer Group Waiver Plans (EGWP)

Employer Group Waiver Plans (EGWP)

Employer Group Plans

- An Employer Group plan is a medical plan **offered by an employer** to its **retirees**.
- Employer Groups can elect to offer their retirees Medicare plans administered by private insurers for medical coverage.
- **Employer Groups can choose to offer retirees several options for Medicare Coverage**, including MA plans, Part D PDP plans, Medigap plans, or Cost plans.
- In most cases, the Employer Group is billed by the plan, and **retirees pay the group for their coverage**.

Waivers

- EGWPs are expected **to follow all Parts C and D requirements** except those that are explicitly **waived**.
- Examples of waived requirements:
 - Groups can subsidize premium amounts based on employment class.
 - Enrollment restricted to Medicare eligible and employer's criteria.
 - May have different annual enrollment periods.
 - Enrollees may be permitted to live out of the service area.
 - Reduced enrollee cost sharing for Part D.
 - Lower deductible.

When to Sign Up for Medicare

Options When Turning 65

Situation	Option
You (or your spouse) are still working at a job with more than 20 employees	You can wait until you (or your spouse) stop working to sign up for Part B (Medical Insurance)
You (or your spouse) are still working at a job with less than 20 employees	Typically, you must enroll in Medicare Part A and Part B
You receive insurance through the Marketplace, Medicaid, Essential Plan	You must enroll in Medicare Part A and Part B
You are no longer working	You must enroll in Medicare Part A and Part B

Medicare Secondary Payer (MSP)

What is Medicare Secondary Payer?

- Medicare Secondary Payer (MSP) rules determine whether Medicare pays first or second when a member has Medicare and other health coverage.
- Medicare does not always pay first.
- The order of payment depends on the member's situation and type of coverage.
- Medicare is always primary once the employee retires.
- MSP applies to employees and spouses age 65 or older, who are entitled to Medicare and who are still actively employed and eligible for health coverage through the employer's health plan.

Active Employee Over 65

Employee is still working at an employer **that has 20 or more employees:**

Can delay Medicare Part B enrollment

- If actively working, or covered under a spouse's active employer plan
- May enroll in Part B when employment or employer coverage ends

Part A is optional

- If eligible for premium-free Part A, may enroll at age 65 or later

Coordination of Benefits

- **Employer Group Health Plan** = Pays First
- **Medicare** = Pays Second

Actively Employed (20+ Employees)

Employee has three options:

1. Accept the employer health plan and delay Medicare enrollment.
2. Decline employer coverage and rely wholly on Medicare.
3. Have employer coverage and Medicare at the same time.

If they keep their employer coverage and enroll into Medicare, the employer coverage will be primary.

Actively Employed (Less than 20 Employees)

Employee is over 65 and still working at an employer that **has fewer than 20 employees**:

Enroll in Medicare Part A & Part B

- If the employer coverage is not part of a multi-employer group health plan, the member should enroll in both Medicare Part A and Part B.

Coordination of Benefits

- **Medicare** = Pays First
- **Employer Health Plan** = Pays Second

Multi-Employer Group Plan Exception

- If the employer participates in a multi-employer group health plan, the member may be able to delay Part B enrollment depending on the plan's Medicare coordination rules.

Active Employee & EGWP Available

Situation

An individual is:

1. Medicare-eligible
2. Still actively employed
3. Offered an employer-sponsored Medicare EGWP for retirees

Enrollment Rules

- ✗ Cannot enroll in the retiree EGWP while actively employed
- ✓ Must remain enrolled in the employer's active commercial health plan
- ✓ May become eligible for the EGWP when employment ends and retiree eligibility requirements are met

COBRA Coverage & Medicare

What Happens When a COBRA Member Becomes Medicare-Eligible?

COBRA coverage generally ends when Medicare begins

- If an individual is enrolled in COBRA and becomes entitled to Medicare, COBRA coverage typically ends when Medicare coverage starts.

Enroll in Medicare Part B right away

- COBRA is not considered active employer coverage for Medicare enrollment purposes.
- Individuals should not delay Part B enrollment.

No Special Enrollment Period (SEP) when COBRA ends

- Waiting until COBRA ends may result in:
 - A late enrollment penalty
 - A gap in health coverage

Spouses and Dependents May Continue COBRA

- Spouses and dependents can generally remain on COBRA coverage for up to 36 months, even if the Medicare-eligible individual enrolls in Medicare.

When Can Members Enroll?

Members may enroll:

- When they become eligible for retiree coverage.
- During employer-sponsored enrollment periods.
- When retiring from active employment.
- During other employer-defined enrollment opportunities.

Important Difference

Individual Medicare Plans

- Must follow Medicare election periods.

EGWPs

- May enroll during employer-established enrollment periods

Common Medicare COB Scenarios

Situation	Primary Payer	Secondary Payer
Active employee age 65+ (20+ employees)	Employer Group Health Plan	Medicare
Active employee age 65+ (fewer than 20 employees)	Medicare	Employer Group Health Plan
Retiree Coverage / EGWP	Medicare	Retiree Plan
Disabled (100+ employees)	Group Health Plan	Medicare
Disabled (fewer than 100 employees)	Medicare	Group Health Plan
ESRD (first 30 months)	Group Health Plan	Medicare
ESRD (after 30 months)	Medicare	Group Health Plan
Workers' Compensation Claim	Workers' Compensation	Medicare
No-Fault/Liability Claim	No-Fault/Liability Insurance	Medicare

MVP EGWP Plans

EGWP Service Area

EGWP West Region

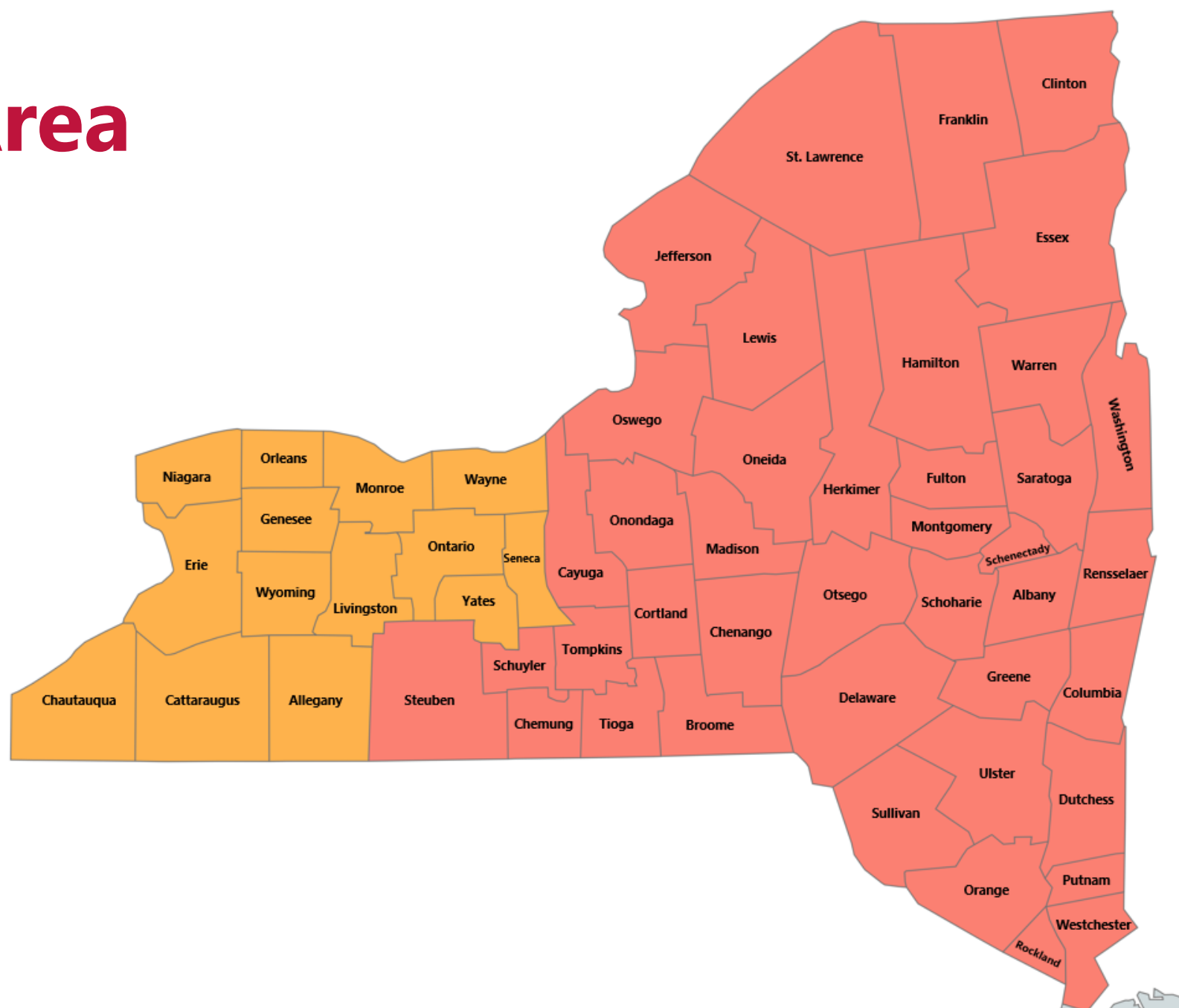
HMO-POS (H3305)

- Preferred Gold (801)
- Preferred Gold Rx (803)
PPO (H9615)
 - USA Care (807)

EGWP East Region

HMO-POS (H3305)

- Preferred Gold (801) ***NEW***
- Preferred Gold Rx (804)
PPO (H9615)
 - USA Care (807)



2027 Employer Group Portfolio

2027 Plan Name	Options
HMO-POS (H3305)	
MVP Preferred Gold with Part D (HMO-POS)	Base, Standard, Buy-Up
MVP Preferred Gold without Part D (HMO-POS)	Buy-Up
PPO Plans (H9615)	
MVP USA Care with Part D (PPO)	Base, Standard, Buy-Up, Premier
PDP Plan (S0586)	
MVP RxCare (PDP)	N/A

2027 Cost Share Changes

Preferred Gold HMO-POS

Plan Benefit Package	Benefit Category	2026 Benefit	2027 Benefit
Preferred Gold Base	Skilled Nursing	\$218 per day (21-100)	\$221 per day (21-100)
	Emergency Care	\$115 co-pay	\$115 co-pay
	Urgent Care	\$40 co-pay	\$40 co-pay
	OT/PT/ST	\$35 co-pay	\$35 co-pay
Preferred Gold Standard and Buy-up	No Changes	N/A	N/A

USA Care PPO

Plan Benefit Package	Benefit Category	2026 Benefit	2027 Benefit
USA Care Base	Skilled Nursing	\$218 per day (21-100)	\$221 per day (21-100)
	Emergency Care	\$115 copay	\$115 copay
	OT/PT/ST	\$35 co-pay	\$35 co-pay
USA Care Standard, Buy-up and Premier	No Changes	N/A	N/A

Diabetic Test Strip Changes

Preferred Test Strips

- Accu-chek (Roche)
- Freestyle (Abbott)
- Prodigy

We will no longer be covering (without a PA):

- Precision
- One Touch



Vendors

Lincare, **Byram**, and **Edgepark** are specialty DME supply companies use to dispense, bill, and manage diabetic supplies, especially when those supplies are **covered under the medical benefit** rather than pharmacy.

Instead of a member going to the pharmacy, supplies are:

1. Ordered by a provider
2. Filled by Lincare / Byram / Edgepark
3. Shipped to the member's home
4. Billed to insurance under medical

Lincare

- Often respiratory-related equipment
- CPAP, oxygen

Byram

- Diabetic and medical supplies

Edgepark

- Broad medical and diabetic supply distribution

Out-of-Area Coverage

Out-of-Area Coverage

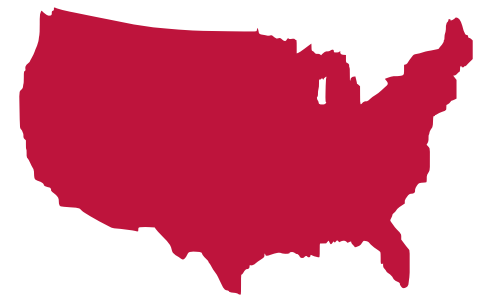
MVP Medicare plans **do not** utilize the Cigna Network.

- Members can see any provider who accepts Medicare.
 - [Find Healthcare Providers: Compare Care Near You | Medicare](#)

“Opt-Out of Medicare”

- Providers who opt out of Medicare **can’t bill Medicare** for services.
- Neither Medicare or the private insurance plan will reimburse the member for charges from a provider who has opted out of Medicare.

USA Care



- USA Care members are not restricted to a particular provider network.
 - Direct provider contracts with MVP are not required.
 - Members can see any providers **that accept Medicare**.
- Members are not required to live in the service area.
 - 50% of group must live in MVP service area.
- USA Care members do not need referrals or prior authorizations.
 - Except for Skilled Nursing Facility and Acute Rehab Facility.
 - Prior authorization still required for pharmacy when indicated.

Supplemental Benefits

TruHearing

MVP partners with TruHearing to provide members access to affordable hearing care, discounted hearing aids, and a national network of hearing providers.

TruHearing specializes in administering hearing benefits on behalf of health plans.

Benefits for Members

- Lower hearing aid costs than traditional retail pricing
- Access to a nationwide network of licensed hearing professionals.
- Assistance scheduling hearing exams and fittings
- Follow-up care and support after receiving hearing aids
- Warranty protection, trial periods, and battery replacement benefits for eligible devices.

Hearing Aid Benefit

Option 1: TruHearing Hearing Aids

Choose up to 2 hearing aids per year

- TruHearing Advanced: \$699 copay per hearing aid
- TruHearing Premium: \$999 copay per hearing aid
- Significant savings compared to typical retail pricing
- Includes fitting, follow-up support, and warranty protections

Option 2: Allowance Toward Major Brands

Flexibility to choose from leading manufacturers

- \$600 allowance per ear
- Discounted pricing available through TruHearing
- Apply allowance toward hearing aids from major national brands
- Access to a broader selection of hearing aid models

HMO Plans:

- Must use TruHearing provider

PPO Plans:

- Limited out-of-network hearing aid coverage.
- Please refer to the Evidence of Coverage (EOC) for details.



Eyewear Allowance

\$100 Allowance Every 24 Months

Use the allowance toward:

- Frames
- Prescription Lenses
- Contact Lenses

Flexibility for Members

- Use any vision provider
- Choice of glasses or contacts
- Benefit available once every 24 months



Optional Dental Rider

- **Prepaid Benefits Card**

- Preferred Gold - \$240 Annual Allowance
- USA Care - \$300 Annual Allowance



- ➔ No Network – use with a dentist of your choice
- ➔ No balance billing or member submission of claims* – Pay at the counter
- ➔ Use on Preventive and Comprehensive services

* If your dentist will not accept your payment card (Mastercard), you can submit receipts for reimbursement

Post-Discharge Meal Delivery Benefit

Administered by **NationsBenefits**

Supporting members during recovery after an inpatient hospital stay.

What's Included?

- 14 meals delivered to the member's home
- 2 meals per day
- Up to 7 days of meal delivery
- Available following a qualifying inpatient admission

Additional Features

- Accommodates multiple dietary needs
- No cost to the member
- Option to continue meal delivery at the member's expense after the covered benefit ends



Be Well Rewards

Earn a \$100 Reward Card

MVP Medicare Advantage members can **earn a \$100 reward card** by completing an **Annual Wellness Visit (AWV)**.

An AWV is a preventive care visit with a primary care provider that helps members:

- Review health history and risk factors
- Discuss preventive screenings and health goals
- Create a personalized prevention plan
- Support long-term health and wellness

Visit options: In-person or virtual

\$100 Reward Card Can Be Used At

 CVS  Home Depot  Kohl's  Panera



SilverSneakers

SilverSneakers provides access to fitness resources designed for older adults.

What's Included?

- Access to 15,000+ fitness locations nationwide
- National gyms and local community centers
- Join multiple participating locations
- **No cost** to the member

Fitness Anywhere

- Live online fitness classes and wellness workshops
- On-demand workout videos and instructional content
- Exercise from home or at a participating facility



Living Well Programs

Living Well programs are:

- Guided by the five dimensions of wellness
- Open and available to all, regardless of MVP members
- **Free or low-cost** to participate in
- Offered seasonally, in-person and virtually
- Organized in a variety of different formats such as fitness opportunities, wellness educational programs, one-time experiences and voucher/discount style offerings.



Programs Include:

- Cooking classes
- Meditation
- Yoga
- Dance
- Nature walks
- And More

Part D

Part D Benefits

- **Formulary**

- Tier 1 – Preferred Generic Drugs
 - Tier 2 – Generic Drugs
 - Tier 3 – Preferred Brand Name Drugs
 - Tier 4 – Non-Preferred Drugs
 - Tier 5 – Specialty Drugs (high-cost specialty generic and brand-name drugs)
- Copays/Coinsurance vary based on medication's tier
 - Deductible
 - **Part D deductible applies to tiers 3-5** (if the plan has a deductible)



CVS/Caremark

CVS/Caremark serves as MVP's Pharmacy Benefit Manager (PBM)

- Administers prescription drug benefits
- Maintains the pharmacy network
- Manages formulary and medication coverage

Members are not limited to CVS pharmacies

Members can fill prescriptions at a wide range of participating pharmacies, including:

National Chains: Costco Walmart

CVS Rite Aid

Walgreens

Plus: Many local and independent pharmacies and additional regional pharmacy chains.



Medicare Prescription Payment Plan (M3P)

- Created by the Inflation Reduction Act
- Members may defer prescription payment at the point of sale and move to monthly payment installments.
- The member will be billed from by MVP.
- Members must enroll in this program **prior** to picking up their prescriptions at the point of sale.
 - Auto-renews for those staying in the same plan

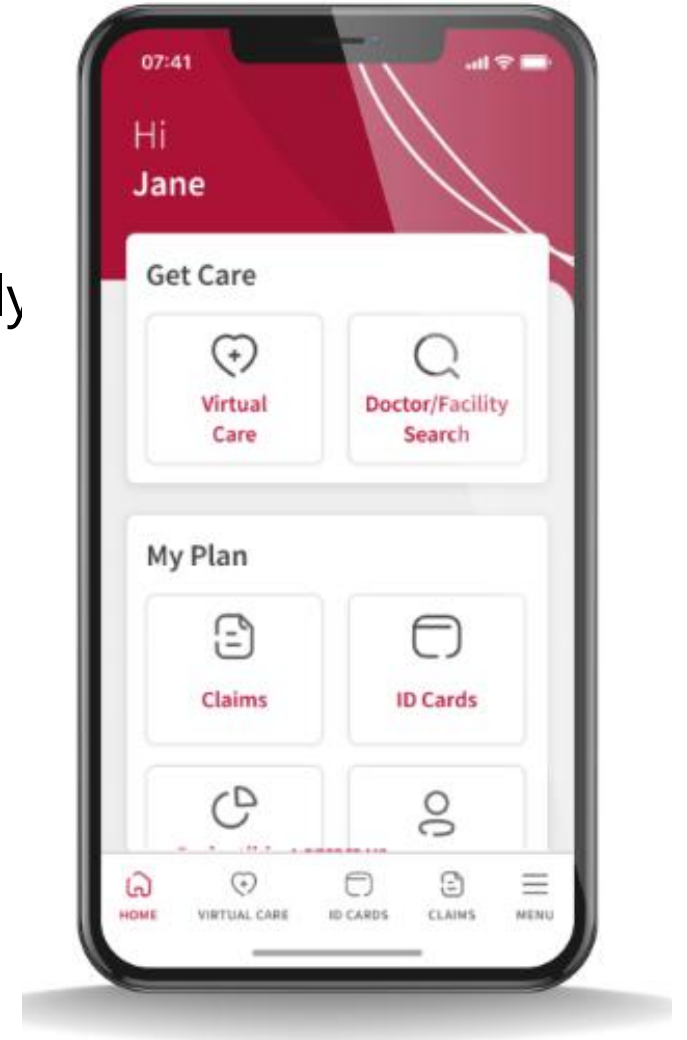


Virtual Care



A Guide to Your Health Plan

- View and share MVP Member ID cards with doctors and family
- Check the status of claims and see claims history
- Search for an in-person doctor or facility
- Get an overview of your coverage
- Check Deductibles & Limits
- Secure messaging with MVP
- Advice or information on various health topics
- Pay monthly premium
- Be connected to virtual care services



Virtual Care Options

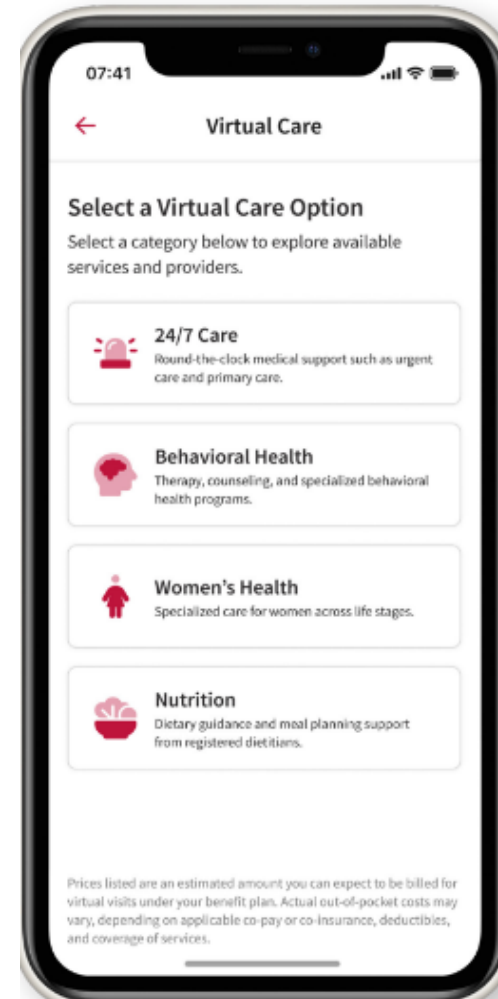


Most Gia virtual care services are \$0 for most members*

Urgent Care

Everyday Health Care

Behavioral Health Care



*Some virtual care services do have a cost share. Cost shares will be visible to members prior to selecting the service.

Galileo

Everyday Health Care

- Virtual primary care with multi-specialty providers and collaborative care model via text and video chat
- Prescriptions, lab tests, chronic care management
- Management of ongoing preventive care visits, health concerns, and chronic health conditions
- Thoughtful transitions to in-person care and referral reduction
- Full bilingual experience and Spanish-speaking providers



Test Your Knowledge!

- Congratulations! You have completed the 2027 MVP Medicare Employer Group Training.
- Reminder:** You must score an **85% or higher** on the knowledge check.
- You will be allowed multiple attempts to pass.
- You will receive a score upon completion.

