

MVP Medicare Advantage Plans Benefits at a Glance 2021

Capital District, Southern Tier, Central New York, Vermont



MVP Medicare WellSelect [®] with Part D (PPO)	MVP Medicare WellSelect [®] Plus with Part D (PPO)	MVP Medicare Secure with Part D (HMO-POS)	MVP Medicare Secure Plus with Part D (HMO-POS)	MVP Medicare Preferred Gold with Part D (HMO-POS)
--	---	---	--	---

Monthly premium May be lower with NYS EPIC, VPharm, and /or Low Income Subsidy assistance.

	\$0	\$116	\$40	\$90	\$140
--	-----	-------	------	------	-------

Doctor visits (IN = In-network providers, OUT = out-of-network providers)

Primary care	IN \$0 co-pay / OUT \$60 co-pay	IN \$0 co-pay / OUT \$60 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Specialist No referrals!	IN \$45 co-pay / OUT \$60 co-pay	IN \$50 co-pay / OUT \$60 co-pay	\$40 co-pay	\$40 co-pay	\$30 co-pay
Mental health specialist	IN \$40 co-pay / OUT \$60 co-pay	IN \$40 co-pay / OUT \$60 co-pay	\$40 co-pay	\$40 co-pay	\$30 co-pay
MVP Telemedicine services	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Chiropractic	IN \$15 co-pay / OUT \$20 co-pay	IN \$10 co-pay / OUT \$20 co-pay	\$10 co-pay	\$10 co-pay	\$10 co-pay
Outpatient physical, speech, and occupational therapy	IN \$30 co-pay / OUT \$60 co-pay	IN \$20 co-pay / OUT \$60 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay
Cardiac rehabilitation	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay

Emergency care

Emergency room care Worldwide coverage	\$90 co-pay	\$90 co-pay	\$90 co-pay	\$90 co-pay	\$90 co-pay
Urgently needed care Worldwide coverage	\$65 co-pay	\$50 co-pay	\$55 co-pay	\$50 co-pay	\$50 co-pay
Ambulance (ground)	\$200 co-pay	\$175 co-pay	\$200 co-pay	\$175 co-pay	\$100 co-pay

Out-of-network coverage

Non-urgent and non-emergency services and admissions Some services excluded	\$60 co-pay office visits, 40% co-insurance other	\$60 co-pay office visits, 40% co-insurance other	30% co-insurance, MVP pays 70%, up to \$4,000 per year	30% co-insurance, MVP pays 70%, up to \$4,000 per year	30% co-insurance, MVP pays 70%, up to \$4,000 per year
---	--	--	---	---	---

Hospital, surgery, and rehabilitation services Skilled nursing facility care at a post-acute rehabilitation center is covered for all plans.

Inpatient hospital stays Emergency admissions covered worldwide	IN \$385 per day for days 1–5, \$0 per day for days 6+ / OUT 40% co-insurance	IN \$320 per day for days 1–5, \$0 per day for days 6+ / OUT 40% co-insurance	\$360 per days for days 1–5, \$0 per day for days 6+	\$350 per day for days 1–5, \$0 per day for days 6+	\$325 per day for days 1–5, \$0 per day for days 6+
Observation stays Not inpatient admission	IN \$350 / OUT 40% co-insurance	IN \$250 / OUT 40% co-insurance	\$300 co-pay	\$300 co-pay	\$225 co-pay
Outpatient hospital/ ambulatory surgical center (same day surgery)	IN \$350 / \$225 co-pay / OUT 40% co-insurance	IN \$250 / \$150 co-pay / OUT 40% co-insurance	\$300 co-pay / \$175 co-pay	\$300 co-pay / \$175 co-pay	\$200 co-pay / \$100 co-pay

Diagnostic services Office visit co-pay may apply.

Outpatient x-ray (radiology)	IN and OUT \$60 co-pay	IN \$50 co-pay / OUT \$60 co-pay	\$45 co-pay	\$40 co-pay	\$30 co-pay
Outpatient CT scans, PET scans, and MRIs	IN \$135 co-pay / OUT 40% co-insurance	IN \$125 co-pay / OUT 40% co-insurance	\$125 co-pay	\$125 co-pay	\$75 co-pay
Lab	IN \$0 co-pay / OUT 40% co-insurance	IN \$0 co-pay / OUT 40% co-insurance	\$0 co-pay	\$0 co-pay	\$0 co-pay
Diagnostic procedures	IN \$20 co-pay / OUT 40% co-insurance	IN \$10 co-pay / OUT 40% co-insurance	\$10 co-pay	\$10 co-pay	\$10 co-pay

Plus more value!

	All plans include coverage for two cleanings, two exams, and two sets of bitewing x-rays per year. You can add more dental coverage, with \$1,000 in additional annual benefits.				
TruHearing hearing aid benefit/ routine hearing exams	\$699 or \$999 co-pay per hearing aid; IN \$20 co-pay / OUT \$60 co-pay	\$499 or \$799 co-pay per hearing aid; IN \$20 co-pay / OUT \$60 co-pay	\$699 or \$999 co-pay per hearing aid / \$20 co-pay	\$699 or \$999 co-pay per hearing aid / \$20 co-pay	\$499 or \$799 co-pay per hearing aid / \$20 co-pay
Eyewear allowance/ routine eye exams	Not covered; IN \$0 co-pay / OUT \$60 co-pay	Not covered; IN \$0 co-pay / OUT \$60 co-pay	\$125 allowance / \$0 co-pay	\$125 allowance / \$0 co-pay	\$175 allowance / \$0 co-pay
Preferred diabetic supplies (OneTouch brand)	\$5 co-pay	\$5 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Over-the-counter purchases	Not covered	\$50 allowance per quarter	\$25 allowance per quarter	\$25 allowance per quarter	\$50 allowance per quarter
Transportation	Not covered	12 free one-way rides to medical appointments	Not covered	Not covered	12 free one-way rides to medical appointments

Maximum out-of-pocket protection The most you pay for covered medical services in a calendar year (does not include Part D drug costs.) If you reach the maximum amount, MVP pays 100% of the cost of covered services, including Part B drugs, through December 31.

	IN only: \$7,550 / IN and OUT combined: \$11,300	IN only: \$6,500 / IN and OUT combined: \$11,300	\$7,550	\$7,550	\$5,800
--	---	---	---------	---------	---------

Questions? We can help! Call **1-800-324-3899** or visit **JoinMVPmedicare.com**. Email **ShopMVPMedicare@mvphealthcare.com**.

Monday–Friday, 8 am–8 pm Eastern Time. October 1–March 31 seven days a week, 8 am–8 pm (TTY: 1-800-662-1220).

MVP Medicare Part D 2021

MVP® Medicare WellSelect®	MVP® Medicare WellSelect® Plus	MVP® Medicare Secure	MVP® Medicare Secure Plus	MVP® Medicare Preferred Gold
Deductible: \$325 Tiers 3–5	No deductible	Deductible: \$150 Tiers 3–5	No deductible	No deductible

Initial Coverage: After your deductible is met, you pay your cost share for covered prescription drugs. Your cost for a 30-day supply from a participating retail pharmacy is below. Or save money using the CVS Caremark Mail Service Pharmacy. A three-month supply of many prescriptions is available for only two co-pays. Refer to the Medicare Part D Formulary for details.

Tier 1 \$0 no deductible	Tier 1 \$0	Tier 1 \$0 no deductible	Tier 1 \$0	Tier 1 \$0
Tier 2 \$12 no deductible	Tier 2 \$10	Tier 2 \$10 no deductible	Tier 2 \$15	Tier 2 \$10
Tier 3 \$47 after deductible	Tier 3 \$35	Tier 3 \$47 after deductible	Tier 3 \$45	Tier 3 \$35
Tier 4 25% after deductible	Tier 4 27%	Tier 4 26% after deductible	Tier 4 27%	Tier 4 27%
Tier 5 27% after deductible	Tier 5 33%	Tier 5 30% after deductible	Tier 5 33%	Tier 5 33%

Coverage Gap: If your total drug costs in 2021 reach \$4,130, your cost for prescription drugs changes. You pay:

25% for generic drugs and 25% for contracted brands	Tier 1 \$0	25% for generic drugs and 25% for contracted brands	Tier 1 \$0	Tier 1 \$0
	Tiers 2–5 25% for generic drugs and 25% for contracted brands		Tiers 2–5 25% for generic drugs and 25% for contracted brands	Tiers 2–5 25% for generic drugs and 25% for contracted brands

Catastrophic Coverage: If your true out-of-pocket costs reach \$6,550, your cost for prescriptions is reduced. You pay the greater of 5% or \$3.70 for generics and \$9.20 for brand-name drugs.

Please note: Drugs purchased outside the U.S. are not Medicare approved and are not covered.