

# MVP Medicare Advantage Plans Benefits at a Glance 2022

Capital District, Southern Tier, Central New York



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)
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**Monthly premium** May be lower with NYS EPIC and / or Low Income Subsidy assistance. You must continue to pay your Part B premium.

	\$0	\$125	\$40	\$90	\$140
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**Doctor visits** (IN = In-network providers, OUT = out-of-network providers)

<b>Primary care</b>	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
<b>Specialist</b> 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
<b>Mental health specialist</b>	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
<b>MVP virtual care services</b>	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
<b>Routine eye exams</b>	IN and OUT \$0 co-pay	IN and OUT \$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
<b>Routine hearing exams</b>	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
<b>Chiropractic</b>	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
<b>Outpatient physical, speech, and occupational therapy</b>	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
<b>Cardiac rehabilitation</b>	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

**Emergency care**

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

**Out-of-network coverage**

<b>Non-urgent and non-emergency services and admissions</b> 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
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**Hospital, surgery, and rehabilitation services** Skilled nursing facility care at a post-acute rehabilitation center is covered for all plans.

<b>Inpatient hospital stays</b> 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 day 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+
<b>Observation stays</b> Not inpatient admission	IN \$350 / OUT 40% co-insurance	IN \$250 / OUT 40% co-insurance	\$300 co-pay	\$300 co-pay	\$225 co-pay
<b>Outpatient hospital/ ambulatory surgical center</b> (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.

<b>Outpatient x-ray</b> (radiology)	IN and OUT \$60 co-pay	IN \$50 co-pay / OUT \$60 co-pay	\$45 co-pay	\$40 co-pay	\$30 co-pay
<b>Outpatient CT scans, PET scans, and MRIs</b>	IN \$150 co-pay / OUT 40% co-insurance	IN \$150 co-pay / OUT 40% co-insurance	\$150 co-pay	\$150 co-pay	\$100 co-pay
<b>Lab</b>	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
<b>Diagnostic procedures</b>	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

**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
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**Questions? Call 1-800-324-3899 or visit [JoinMVPmedicare.com](https://JoinMVPmedicare.com). Email [ShopMVPMedicare@mvphealthcare.com](mailto:ShopMVPMedicare@mvphealthcare.com).**  
Seven days a week, 8 am–8 pm Eastern Time. April 1–September 30, Monday–Friday, 8 am–8 pm (TTY: 1-800-662-1220).

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: 1-800-662-1220). 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: 1-800-662-1220). If your coverage is through an employer-sponsored plan, check with the former employer for your benefit information. This is not a contract. These benefit charts are for general reference only. All benefits are subject to federal Medicare program medical necessity guidelines.

MVP Health Plan, Inc. is an HMO-POS/PPO/MSA organization with a Medicare contract. Enrollment in 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. Virtual care services from MVP Health Care are provided by UCM Digital Health, Amwell, and Phylsera at no cost-share for members. (Plan exceptions may apply.) Members' direct or digital provider visits may be subject to co-pay/cost-share per plan. SilverSneakers is a registered trademark of Tivity Health, Inc. SilverSneakers On-Demand is a trademark of Tivity Health, Inc. ©2021 Tivity Health, Inc. All rights reserved.

# Well-Being Benefits and Extras

MVP is committed to helping you along your path to better health. Our Medicare Advantage plans include valuable benefits, wellness programs, and extra support to help you live healthy and stay well.

	MVP® Medicare WellSelect®	MVP® Medicare WellSelect® Plus	MVP Medicare Secure	MVP Medicare Secure Plus	MVP Medicare Preferred Gold
<b>Preventive dental</b>	Two cleanings, two exams, and two sets of x-rays per year, covered up to the maximum benefit amount for each service. <b>You can choose to add even more dental coverage to meet your needs, for services like root canals, crowns, and partial dentures—for \$25 per month!</b>				
<b>Hearing aids</b>	\$699 or \$999 co-pay per hearing aid	\$499 or \$799 co-pay per hearing aid	\$699 or \$999 co-pay per hearing aid	\$699 or \$999 co-pay per hearing aid	\$499 or \$799 co-pay per hearing aid
<b>Eyewear allowance</b>	\$150 per year	\$225 per year	\$175 per year	\$175 per year	\$225 per year
<b>Over-the-counter allowance</b>	Not covered	\$50 per quarter	\$25 per quarter	\$25 per quarter	\$50 per quarter
<b>Transportation to medical appointments</b>	Not covered	12 free one-way rides per year	Not covered	Not covered	12 free one-way rides per year
<b>Preferred diabetic supplies</b> (OneTouch, FreeStyle, Precision, Prodigy)	\$5 co-pay	\$5 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
<b>MVP virtual care services</b>	\$0 co-pay for emergency, urgent, and everyday health care, mental health and psychiatry, physical therapy, and nutrition support. All from your smartphone, phone, tablet, or computer.				
<b>Mom's Meals</b>	14 free refrigerated meals after an in-patient hospital stay discharge.				
<b>Gia®—Your 24/7 health care connection</b>	Gia expertly assesses your health needs and quickly refers you the right care. Access MVP's free virtual care services, or when necessary, get referred to in-person care (co-pays may apply).				

Refer to the MVP Medicare Advantage 2022 Health Plans brochure for more information about these benefits. Or visit [JoinMVPMedicare.com/extrabenefits](https://JoinMVPMedicare.com/extrabenefits).

**MVP Living Well Advantage:** Free programs, benefits, and memberships—available on all plans!  
 SilverSneakers® membership • Up to \$200 in WellBeing Rewards • Living Well in-person and virtual classes • ChooseHealthy® discounts • Medication Therapy Management Program • Diabetes Prevention Program • Case Management

# MVP Medicare Part D 2022

MVP® Medicare WellSelect®	MVP® Medicare WellSelect® Plus	MVP Medicare Secure	MVP Medicare Secure Plus	MVP Medicare Preferred Gold
Deductible: \$300 Tiers 3–5	No deductible	Deductible: \$150 Tiers 3–5	No deductible	No deductible
<p><b>Initial Coverage:</b> 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.</p>				
Tier 1 <b>\$0</b> no deductible	Tier 1 <b>\$0</b>	Tier 1 <b>\$0</b> no deductible	Tier 1 <b>\$0</b>	Tier 1 <b>\$0</b>
Tier 2 <b>\$12</b> no deductible	Tier 2 <b>\$10</b>	Tier 2 <b>\$10</b> no deductible	Tier 2 <b>\$15</b>	Tier 2 <b>\$10</b>
Tier 3 <b>\$47</b> after deductible	Tier 3 <b>\$35</b>	Tier 3 <b>\$47</b> after deductible	Tier 3 <b>\$45</b>	Tier 3 <b>\$35</b>
Tier 4 <b>25%</b> after deductible	Tier 4 <b>26%</b>	Tier 4 <b>25%</b> after deductible	Tier 4 <b>27%</b>	Tier 4 <b>27%</b>
Tier 5 <b>27%</b> after deductible	Tier 5 <b>33%</b>	Tier 5 <b>30%</b> after deductible	Tier 5 <b>33%</b>	Tier 5 <b>33%</b>
<p><b>Coverage Gap:</b> If your total drug costs in 2022 reach \$4,430, your cost for prescription drugs changes. You pay:</p>				
<b>25%</b> for generic drugs and <b>25%</b> for contracted brands	Tier 1 <b>\$0</b> Tiers 2–5 <b>25%</b> for generic drugs and <b>25%</b> for contracted brands	<b>25%</b> for generic drugs and <b>25%</b> for contracted brands	Tier 1 <b>\$0</b> Tiers 2–5 <b>25%</b> for generic drugs and <b>25%</b> for contracted brands	Tier 1 <b>\$0</b> Tiers 2–5 <b>25%</b> for generic drugs and <b>25%</b> for contracted brands
<p><b>Catastrophic Coverage:</b> If your true out-of-pocket costs reach \$7,050, your cost for prescriptions is reduced. You pay the greater of 5% or \$3.95 for generics and \$9.85 for brand-name drugs.</p>				

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