

MVP Medicare Advantage Plans Benefits at a Glance 2022

Rochester and Buffalo



MVP Medicare Secure with Part D (HMO-POS)	MVP Medicare Patriot Plan™ with Part D (PPO)	MVP Medicare WellSelect® with Part D (PPO)	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.

	\$15	\$45	\$80	\$211
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Doctor visits (IN = In-network providers, OUT = out-of-network providers)

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

Emergency care

Emergency room care Worldwide coverage	\$90 co-pay	\$90 co-pay	\$90 co-pay	\$90 co-pay
Urgently needed care Worldwide coverage	\$65 co-pay	\$40 co-pay	\$65 co-pay	\$65 co-pay
Ambulance (ground)	\$200 co-pay	\$150 co-pay	\$200 co-pay	\$150 co-pay

Out-of-network coverage

Non-urgent and non-emergency services and admissions Some services excluded	30% co-insurance, MVP pays 70%, up to \$2,500 per year	\$60 co-pay for office visits, 40% co-insurance for other	\$60 co-pay office visits, 40% co-insurance other	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.

Inpatient hospital stays Emergency admissions covered worldwide	\$385 per day for days 1–5, \$0 per day for days 6+	IN \$375 per day for days 1–5, \$0 per day for days 6+ / OUT 40% co-insurance	IN \$360 per day for days 1–5, \$0 per day for days 6+ / OUT 40% co-insurance	\$365 per day for days 1–5, \$0 per day for days 6+
Observation stays Not inpatient admission	\$400 co-pay	IN \$300 co-pay / OUT 40% co-insurance	IN \$300 co-pay / OUT 40% co-insurance	\$325 co-pay
Outpatient hospital/ambulatory surgical center (same day surgery)	\$400 co-pay / \$325 co-pay	IN \$300 / \$200 co-pay / OUT 40% co-insurance	IN \$400 / \$300 co-pay / OUT 40% co-insurance	\$325 co-pay / \$225 co-pay

Diagnostic services

Office visit co-pay may apply.

Outpatient x-ray (radiology)	\$50 co-pay	IN \$50 co-pay / OUT \$60 co-pay	IN \$50 co-pay / OUT \$60 co-pay	\$40 co-pay
Outpatient CT scans, PET scans, and MRIs	\$200 co-pay	IN \$125 co-pay / OUT 40% co-insurance	IN \$150 co-pay / OUT 40% co-insurance	\$150 co-pay
Lab	\$10 co-pay	IN \$0 co-pay / OUT 40% co-insurance	IN \$10 co-pay / OUT 40% co-insurance	\$10 co-pay
Diagnostic procedures	\$20 co-pay	IN \$10 co-pay / OUT 40% co-insurance	IN \$20 co-pay / OUT 40% co-insurance	\$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.

	\$7,550	IN only \$7,550 / IN and out combined \$11,300	IN only \$7,550 / IN and out combined \$11,300	\$7,550
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Questions? Call 1-800-324-3899 or visit JoinMVPmedicare.com. Email 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 Phylera 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 Secure	MVP Medicare Patriot Plan™	MVP Medicare WellSelect®	MVP Medicare Preferred Gold
Preventive dental	Based on your plan, one or two cleanings, exams, and sets of x-rays per year, covered up to the maximum benefit amount for each service. 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!			
Hearing aids	\$699 or \$999 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
Eyewear allowance	\$150 per year	\$175 per year	\$175 per year	\$225 per year
Over-the-counter allowance	Not covered	\$25 per quarter	\$25 per quarter	\$50 per quarter
Transportation to medical appointments	Not covered	Unlimited free rides to VA facilities / 12 free one-way rides to other appts. per year	Not covered	12 free one-way rides per year
Preferred diabetic supplies (OneTouch, FreeStyle, Precision, Prodigy)	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
MVP virtual care services	\$0 co-pay for emergency, urgent, and everyday health care, mental health, psychiatry, physical therapy, and nutrition support. All from your smartphone, phone, tablet, or computer.			
Mom's Meals	14 free refrigerated meals after an in-patient hospital stay discharge.			
Gia®—Your 24/7 health care connection	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.

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 Secure	MVP [®] Medicare Patriot Plan SM	MVP [®] Medicare WellSelect [®]	MVP Medicare Preferred Gold
Deductible: \$300 Tiers 3–5	Deductible: \$250 Tiers 3–5	Deductible: \$250 Tiers 3–5	No deductible
<p>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.</p>			
Tier 1 \$0 no deductible	Tier 1 \$0 no deductible	Tier 1 \$0 no deductible	Tier 1 \$0
Tier 2 \$10 no deductible	Tier 2 \$15 no deductible	Tier 2 \$10 no deductible	Tier 2 \$10
Tier 3 \$47 after deductible	Tier 3 \$45 after deductible	Tier 3 \$47 after deductible	Tier 3 \$40
Tier 4 25% after deductible	Tier 4 25% after deductible	Tier 4 25% after deductible	Tier 4 27%
Tier 5 25% after deductible	Tier 5 27% after deductible	Tier 5 25% after deductible	Tier 5 33%
<p>Coverage Gap: If your total drug costs in 2022 reach \$4,430, your cost for prescription drugs changes. You pay:</p>			
<p>25% for generic drugs and 25% for contracted brands</p>	<p>25% for generic drugs and 25% for contracted brands</p>	<p>25% for generic drugs and 25% for contracted brands</p>	<p>Tier 1 \$0 Tiers 2–5 25% for generic drugs and 25% for contracted brands</p>
<p>Catastrophic Coverage: 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.