

Compare our plans so you understand your options.

	UVM Health Advantage Select (PPO)	UVM Health Advantage Secure (PPO)	UVM Health Advantage Preferred (PPO)
Monthly premium May be lower with VPharm, NYS EPIC and/or Low Income Subsidy assistance.	\$0	\$50	\$130
Doctor visits (IN = In-network providers, OUT = out-of-network providers)			
Primary care	IN \$0 co-pay / OUT \$5 co-pay	IN \$0 co-pay / OUT \$5 co-pay	IN \$0 co-pay / OUT \$5 co-pay
Specialist	IN \$35 co-pay / OUT \$50 co-pay	IN \$30 co-pay / OUT \$40 co-pay	IN \$25 co-pay / OUT \$35 co-pay
MVP Virtual care services	\$0 co-pay	\$0 co-pay	\$0 co-pay
Emergency care			
Emergency care Worldwide coverage	\$90 co-pay	\$90 co-pay	\$90 co-pay
Urgent care Worldwide coverage	\$50 co-pay	\$30 co-pay	\$30 co-pay
Ambulance (ground)	\$250 co-pay	\$200 co-pay	\$150 co-pay
Out-of-network coverage			
Non-urgent and non-emergency services and admissions Some services excluded	\$50 co-pay office visits, 40% co-insurance other	\$40 co-pay office visits, 30% co-insurance other	\$35 co-pay office visits, 20% co-insurance other
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 \$450 per day for days 1-2, \$0 per day for days 3+ / OUT \$500 per day for days 1-5; \$0 per day for days 6+	IN \$400 per day for days 1-2, \$0 per day for days 3+ / OUT \$350 per day for days 1-4, \$0 per day for days 5+	IN \$350 per day for days 1-2, \$0 per day for days 3+ / OUT \$325 per day for days 1-4, \$0 per day for days 5+
Observation stays Not inpatient admission	IN and OUT \$285 co-pay	IN \$200 co-pay / OUT \$250 co-pay	IN \$175 co-pay / OUT \$225 co-pay
Outpatient hospital	IN and OUT \$285 co-pay	IN \$200 co-pay / OUT \$250 co-pay	IN \$175 co-pay / OUT \$225 co-pay
Ambulatory surgical center (same day surgery)	IN \$200 co-pay / OUT \$250 co-pay	IN \$150 co-pay / OUT \$200 co-pay	IN \$125 co-pay / OUT \$175 co-pay
Outpatient physical, speech and occupational therapy	IN \$20 co-pay / OUT \$50 co-pay	IN \$20 co-pay / OUT \$40 co-pay	IN \$15 co-pay / OUT \$35 co-pay
Cardiac rehabilitation	\$0 co-pay	\$0 co-pay	\$0 co-pay
Diagnostic services Office visit co-pay may apply.			
Outpatient x-ray (radiology)	IN and OUT \$10 co-pay	IN and OUT \$10 co-pay	IN and OUT \$10 co-pay
Outpatient CT scans, PET scans and MRIs	IN \$160 co-pay / OUT 40% co-insurance	IN \$125 co-pay / OUT 30% co-insurance	IN \$125 co-pay / OUT 20% co-insurance
Lab	IN \$0 / OUT 40% co-insurance	IN \$0 co-pay / OUT 30% co-insurance	IN and OUT \$0 co-pay
Plus more value!			
Dental coverage	Preventive services: two cleanings, two exams and two sets of x-rays covered in full. Comprehensive services: \$100 deductible; 20-50% co-insurance for other covered services (see page 13 for details)	Preventive services: two cleanings, two exams and two sets of x-rays covered in full. Comprehensive services: \$100 deductible; 20-50% co-insurance for other covered services (see page 13 for details)	Preventive services: two cleanings, two exams and two sets of x-rays covered in full. Comprehensive services: \$100 deductible; 20-50% co-insurance for other covered services (see page 13 for details)
Hearing aid allowance / routine hearing exam	\$500 allowance every 3 years IN \$0 co-pay / OUT \$50 co-pay	\$750 allowance every 3 years IN \$0 co-pay / OUT \$40 co-pay	\$1,000 allowance every 3 years IN \$0 co-pay / OUT \$35 co-pay
Eyewear allowance / routine eye exam	\$150 per year / IN \$0 co-pay / OUT \$50 co-pay	\$175 per year / IN and OUT \$0 co-pay	\$225 per year / IN and OUT \$0 co-pay
Preferred diabetic supplies (OneTouch, Freestyle, Precision and Prodigy brands)	\$0 co-pay	\$0 co-pay	\$0 co-pay
Over-the-counter purchases	\$25 allowance per quarter	\$35 allowance per quarter	\$35 allowance per quarter
Transportation	12 free rides to or from medical appointments	24 free rides to or from medical appointments	36 free rides to or from 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: \$6,700 / IN and OUT combined: \$6,700	IN only: \$5,000 / IN and OUT combined: \$6,000	IN only: \$5,000 / IN and OUT combined: \$6,000

Prescription drug benefits.

Start with the Medicare Part D Formulary, the list of drugs our plans cover. It includes hundreds of generic and brand-name medications categorized into different “tiers,” identifying the specific costs associated with generic, brand, preferred and specialty drugs. Check the Formulary to confirm how your prescriptions are covered and what you will pay.

Part D coverage is divided into four payments stages. Depending on your medication spending, you might move from one stage to another during the year.

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Deductible: \$250 Tiers 3-5	Deductible: \$150 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
Tier 2 \$10 no deductible	Tier 2 \$10 no deductible	Tier 2 \$10
Tier 3 \$47 after deductible	Tier 3 \$42 after deductible	Tier 3 \$40
Tier 4 \$100 after deductible	Tier 4 \$100 after deductible	Tier 4 \$100
Tier 5 28% after deductible	Tier 5 27% after deductible	Tier 5 27%
<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>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.