

## Your Costs in the Initial Coverage Period

### Note:

1. Not all MVP Medicare Advantage plans are offered in each New York and Vermont county.
2. If you qualify for New York State EPIC (Elderly Pharmaceutical Insurance Coverage), Vermont VPharm, or Low Income Subsidy, the amounts below may be reduced.

## What You Pay for a 30-Day Supply From a Retail Pharmacy

MVP Medicare Advantage Plan and Coverage Areas	Deductible	Tier 1 Preferred Generic Drugs	Tier 2 Generic Drugs	Tier 3 Preferred Brand Name Drugs	Tier 4 Non-Preferred Drugs	Tier 5 Specialty Drugs
<b>MVP Medicare Patriot Plan with Part D</b>				<i>What you pay after deductible is met</i>		
Select Counties <sup>1</sup>	\$250	\$0	\$15	\$45	25%	27%
<b>MVP Medicare Preferred Gold with Part D</b>				<i>What you pay after deductible is met</i>		
Rochester/ Buffalo Region <sup>2</sup>	\$0	\$0	\$10	\$40	27%	33%
All Other Regions <sup>4</sup>	\$0	\$0	\$10	\$35	27%	33%
<b>MVP Medicare Secure Plus with Part D</b>				<i>What you pay after deductible is met</i>		
All Regions <sup>3</sup>	\$0	\$0	\$15	\$45	27%	33%
<b>MVP Medicare WellSelect Plus with Part D</b>				<i>What you pay after deductible is met</i>		
Hudson Valley Region <sup>5</sup>	\$0	\$0	\$10	\$35	25%	33%
All Other Regions <sup>3,4</sup>	\$0	\$0	\$10	\$35	26%	33%
<b>MVP Medicare WellSelect with Part D</b>				<i>What you pay after deductible is met</i>		
Rochester/ Buffalo Region <sup>2</sup>	\$250	\$0	\$10	\$47	25%	25%
Hudson Valley Region <sup>5</sup>	\$250	\$0	\$12	\$47	25%	27%
All Other Regions	\$300	\$0	\$12	\$47	25%	27%
<b>MVP Medicare Secure with Part D</b>				<i>What you pay after deductible is met</i>		
Rochester/ Buffalo Region <sup>2</sup>	\$300	\$0	\$10	\$47	25%	25%
All Other Regions <sup>4</sup>	\$150	\$0	\$10	\$47	25%	30%
<b>MVP DualAccess</b>				<i>What you pay after deductible is met</i>		
Select Counties <sup>6</sup>	\$0-\$99*	<b>Generic: \$0 / \$1.35 / \$3.95 / 15%**</b> <b>Brand: \$0 / \$4.00 / \$9.85 / 15%**</b>				

<sup>1</sup> MVP Medicare Patriot Plan is offered in the following New York counties: Albany, Allegany, Cattaraugus, Chautauqua, Dutchess, Erie, Genesee, Jefferson, Livingston, Monroe, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Seneca, St. Lawrence, Steuben, Ulster, Wayne, Westchester, Wyoming, and Yates.

<sup>2</sup> Rochester/Buffalo Region includes Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Seneca, Wayne, Wyoming, and Yates counties.

<sup>3</sup> MVP Medicare Secure Plus and MVP Medicare WellSelect Plus are not offered in the Rochester/Buffalo Region.

<sup>4</sup> Medicare Secure, MVP Medicare Preferred Gold, and MVP Medicare WellSelect Plus are not offered in Clinton, Essex, Franklin, Hamilton, and St. Lawrence counties in New York; and all counties in Vermont.

<sup>5</sup> Hudson Valley Region includes Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester counties.

<sup>6</sup> MVP DualAccess is offered in the following New York counties: Albany, Columbia, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, and Westchester.

\*Your deductible will be \$0–\$99 based on your level of “Extra Help.”

\*\* Cost-share for prescription drugs filled at any network pharmacy is based on your level of “Extra Help.”

## Tier Descriptions

### Tier 1–Preferred Generic Drugs–\$0 Cost

Tier 1 includes select generic drugs used to treat chronic conditions such as diabetes, high blood pressure, high cholesterol, and osteoporosis/ bone health.

### Tier 2–Generic Drugs

Tier 2 includes most other generic drugs on our Formulary. Generic drugs have the same active ingredients, strength, and effectiveness as the brand name versions, but generally at a much lower cost.

### Tier 3–Preferred Brand Name Drugs

Tier 3 includes preferred brand drugs that have the lowest cost-sharing for brand name drugs. Certain generic drugs may appear in Tier 3 due to potential safety concerns or the high cost of the drug.

### Tier 4–Non-Preferred Brand Drugs

Tier 4 includes all other non-preferred brand-name and generic drugs on our Formulary. Part D drugs excluded from our Formulary must go through an exception process in order for MVP to cover them. If they are approved, they will be covered in Tier 4.

### Tier 5–Specialty Drugs

Tier 5 includes high-cost specialty generic and brand-name drugs that cost \$670 or more for a one-month supply. Most drugs in/ Tier 5 are restricted to a one-month supply at retail, and are excluded from the mail order program and tier exception process.