

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	Tier 2	Tier 3	Tier 4	Tier 5
		Preferred Generic Drugs	Generic Drugs	Preferred Brand Name Drugs	Non-Preferred Drugs	Specialty Drugs
MVP Medicare Patriot Plan with Part D				<i>What you pay after deductible is met</i>		
Select Counties ¹	\$250	\$0	\$15	\$45	25%	27%
MVP Medicare Preferred Gold with Part D						
Rochester/ Buffalo Region ²	\$0	\$0	\$10	\$40	26%	33%
All Other Regions ⁴	\$0	\$0	\$10	\$35	26%	33%
MVP Medicare Secure Plus with Part D				<i>What you pay after deductible is met</i>		
All Regions ³	\$0	\$0	\$15	\$45	25%	33%
MVP Medicare WellSelect Plus with Part D						
Hudson Valley Region ⁵	\$0	\$0	\$10	\$35	25%	33%
All Other Regions ^{3,4}	\$0	\$0	\$10	\$35	25%	33%
MVP Medicare WellSelect with Part D				<i>What you pay after deductible is met</i>		
Rochester/ Buffalo Region ²	\$250	\$0	\$10	\$47	25%	25%
Hudson Valley Region ⁵	\$250	\$0	\$12	\$47	25%	27%
All Other Regions	\$300	\$0	\$12	\$47	25%	27%
MVP Medicare Secure with Part D				<i>What you pay after deductible is met</i>		
Rochester/ Buffalo Region ²	\$300	\$0	\$10	\$47	25%	25%
All Other Regions ⁴	\$150	\$0	\$10	\$47	25%	30%
MVP DualAccess		<i>What you pay after deductible is met</i>				
Select Counties ⁶	\$0-\$104*	Generic: \$0 / \$1.45 / \$4.15 / 15%** Brand: \$0 / \$4.30 / \$10.35 / 15%**				