

2022 Summary of Benefits

MVP Health Plan, Inc.

MVP® SmartFund MSA®

H5613: Plan 002

This is a summary of drug and health services covered by MVP Health Plan January 1, 2022- December 31, 2022.

MVP Health Plan, Inc. is an HMO-POS/PPO/MSA organization with a Medicare contract. Enrollment in MVP Health Plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage."

To join **MVP® SmartFund MSA®**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in New York: Albany, Broome, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Orange, Oswego, Otsego, Putnam, Rensselaer, Rockland, St. Lawrence, Saratoga, Schenectady, Schoharie, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, and Westchester. Also, the following counties in Vermont: Addison, Bennington, Caledonia, Chittenden, Essex, Franklin, Grand Isle, Lamoille, Orange, Orleans, Rutland, Washington, Windham, and Windsor.

You can go to any doctor, hospital, or other provider that accepts Medicare payment, the plan's terms and conditions for payment, and agrees to treat you.

Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.

MVP® SmartFund MSA® covers Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs. You may join a Medicare prescription drug plan.

Premiums and Benefits	MVP® SmartFund MSA®	MVP® SmartFund MSA® with Optional Supplemental Rider	What you should know
Monthly Plan Premium	You pay \$0.	You pay \$30.	You must continue to pay your Part B premium. (\$148.50 in 2021. This amount may change in 2022.)
Deductible	\$9,000 per year.	\$9,000 per year. Services covered under the Optional Supplemental Rider are not subject to the deductible.	You pay 100% of your Medicare-covered services until you meet the deductible amount. Once you meet your deductible, MVP pays 100% of your Medicare-covered services.
How much does Medicare deposit into my MSA bank account?	Medicare will deposit \$2,500 into your account.	Medicare will deposit \$2,500 into your account.	For members who join after January 1, 2022, this amount will be adjusted (pro-rated) for the number of months remaining in the year. If you leave the plan during the year, you will be required to repay a pro-rated portion of this contribution back to MVP and Medicare.
Inpatient Hospital Coverage	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	Our plan covers an unlimited number of days for an inpatient hospital stay. Medicare benefit periods do not apply.
Outpatient Hospital Coverage	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	

Premiums and Benefits	MVP [®] SmartFund MSA [®]	MVP [®] SmartFund MSA [®] with Optional Supplemental Rider	What you should know
Doctor Visits <ul style="list-style-type: none"> • Primary Care Providers • Specialists 	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	
Preventive Care	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.
Emergency Care	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	
Urgently Needed Services	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	

Premiums and Benefits	MVP [®] SmartFund MSA [®]	MVP [®] SmartFund MSA [®] with Optional Supplemental Rider	What you should know
<p>Diagnostic Services/Labs/Imaging</p> <ul style="list-style-type: none"> • Diagnostic radiology service (e.g., MRI) • Lab services Diagnostic tests and procedures • Outpatient x-rays 	<p>You pay nothing after you pay your deductible.</p>	<p>You pay nothing after you pay your deductible.</p>	

Premiums and Benefits	MVP® SmartFund MSA®	MVP® SmartFund MSA® with Optional Supplemental Rider	What you should know
<p>Hearing Services</p>	<p>You pay nothing after you pay your deductible. Only covers exam to diagnose and treat hearing and balance issues.</p>	<p>You pay nothing after you pay your deductible for diagnostic exam.</p> <p>Hearing Aid Coverage</p> <ul style="list-style-type: none"> • One routine hearing exam every year. • Three hearing aid fitting/evaluation visits every year. • TruHearing Advanced \$699. • TruHearing Premium \$999. <p>Maximum of two hearing aids per year are covered, limited to one per ear, per year. Hearing aids not subject to deductible.</p>	<p>Optional Supplemental Rider provides additional coverage.</p>

Premiums and Benefits	MVP® SmartFund MSA®	MVP® SmartFund MSA® with Optional Supplemental Rider	What you should know
<p>Preventative Dental Services</p> <ul style="list-style-type: none"> • Oral exam • Cleaning • X-rays 	<p>Not covered.</p>	<p>2 oral exams. 2 routine cleanings. 2 sets of bitewing x-rays.</p>	<p>Services paid against an established fee schedule.</p>
<p>Vision Services</p> <ul style="list-style-type: none"> • Eye exam • Post-cataract surgery eyewear 	<p>You pay nothing after you pay your deductible.</p> <p>Only covers exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening).</p> <p>Eyeglasses or contact lenses after cataract surgery.</p>	<p>You pay nothing after you pay your deductible for Medicare-covered services.</p> <p>Routine eye exam. You are covered for up to 1 every year.</p> <p>Our plan pays up to \$100 every year for contact lenses, eyeglasses (frames and lenses), and eyeglass lenses from an in-network provider.</p> <p>Routine eye exam and eyewear not subject to deductible.</p>	

Premiums and Benefits	MVP® SmartFund MSA®	MVP® SmartFund MSA® with Optional Supplemental Rider	What you should know
Mental Health Services <ul style="list-style-type: none"> • Inpatient visit • Outpatient group therapy visit / Outpatient individual therapy visit 	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.
Skilled Nursing Facility (SNF)	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	Our plan covers up to 100 days in a SNF.
Physical Therapy	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	Annual dollar limits apply to all outpatient therapy services. Dollar limit also applies to therapy services in a Skilled Nursing Facility (SNF) and hospital outpatient departments.
Ambulance	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	Paramedic Intercept may also be covered. These Advanced Life Support Services are separate from ambulance transportation and are covered if all of the following exist: 1. furnished in a rural area according to CMS or State; 2. through a contract with a volunteer ambulance service; 3. are medically necessary.
Transportation	Not covered.	Not covered.	

Premiums and Benefits	MVP® SmartFund MSA®	MVP® SmartFund MSA® with Optional Supplemental Rider	What you should know
Medicare Part B Drugs	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	
Foot Care (podiatry services) <ul style="list-style-type: none"> • Diagnostic Foot exams and treatment • Routine foot care 	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	Routine foot exams and treatment only if you have diabetes-related nerve damage and/or meet certain conditions.
Medical Equipment/ Supplies <ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Diabetes supplies 	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	
Wellness Programs: <ul style="list-style-type: none"> • SilverSneakers® 	Not covered.	SilverSneakers® Fitness Program - fitness center membership and classes, plus health education, YogaStretch, SilverSplash, CardioFit and Cardio Circuit available at select locations.	

Outpatient Prescription Drugs

Benefits	MVP [®] SmartFund MSA [®]	MVP [®] SmartFund MSA [®] with Optional Supplemental Rider	What you should know
Part D Prescription Drugs	Not covered.	Not covered.	MVP [®] SmartFund MSA [®] does not cover Part D prescription drugs. You may join a Medicare prescription drug plan.

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as braille, large print or audio.

For more information, please call us at the phone number below or visit us at joinmvpmedicare.com.

Toll-free **1-800-324-3899**, TTY users should call 1-800-662-1220.

From October 1 – March 31, you can call us seven days a week from 8 am–8 pm Eastern Time.

From April 1 – September 30, you can call us Monday – Friday from 8 am–8 pm Eastern Time.

You can see our plan’s provider directory at medicare.mvphealthcare.com/find-your-doctor.

MVP Health Plan, Inc. is an HMO-POS/PPO/MSA organization with a Medicare contract. Enrollment in the MVP Health Plan depends on contract renewal.

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).

