

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to an MVP Medicare Advisor at **1-800-324-3899** (TTY: 1-800-662-1220), seven days a week, 8 am–8 pm Eastern Time. From April 1–September 30, call Monday–Friday, 8 am–8 pm.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit joinmvpmedicare.com or call **1-800-324-3899** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the Medicare Part D Formulary to make sure the drugs you currently take are covered, and determine if there are any restrictions. If your drug(s) are not listed or if there are additional requirements or limits on coverage, the Medicare Part D Formulary will also provide additional guidance on how you can ask MVP to make an exception to our rules.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or co-payments/co-insurance may change on January 1, 2023.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services provided by a non-contracted provider, the provider must agree to treat you. Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory). In addition, you may pay a higher co-payment or co-insurance for services received by non-contracted providers.

For MVP DualAccess (HMO D-SNP):

This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

MVP Health Care restricts D-SNP enrollment to individuals who are deemed fully dual eligible by New York State.



For MVP® SmartFund® (MSA):

MSA Plans combine a high-deductible Medicare Advantage Plan and a trust or custodial savings account (as defined and/or approved by the IRS). The plan deposits money from Medicare into the account. You can use this money to pay for your health care costs, but only Medicare-covered expenses count toward your deductible. The amount deposited is usually less than your deductible amount, so you generally have to pay money out-of-pocket before your coverage begins.

Medicare MSA Plans do not cover prescription drugs. If you join a Medicare MSA Plan, you can also join any separate Medicare Prescription Drug Plan.

There are additional restrictions to join an MSA plan, and enrollment is for a full calendar year unless you meet certain exceptions. Those who disenroll during the calendar year will owe a portion of the account deposit back to the plan. Contact the plan at **1-800-324-3899** for additional information.