

2020 Summary of Benefits

MVP Health Plan, Inc.

MVP[®] WellSelect[®] PPO with Part D (PPO)

MVP Gold PPO with Part D (PPO)

H9615: Plan 008, Plan 007

This is a summary of drug and health services covered by MVP Health Plan January 1, 2020 - December 31, 2020.

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.

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 **WellSelect PPO with Part D (PPO)** or **Gold PPO with Part D (PPO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our Capital District/Southern Tier/Central NY/ VT service area includes the following counties in New York: Albany, Broome, Cayuga, Chenango, Chemung, Clinton, Columbia, Cortland, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Oswego, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Steuben, St. Lawrence, Tioga, Tompkins, Warren and Washington; and Vermont: Addison, Bennington, Caledonia, Chittenden, Essex, Franklin, Grand Isle, Lamoille, Orange, Orleans, Rutland, Washington, Windham, and Windsor.

WellSelect PPO with Part D (PPO) and **Gold PPO with Part D (PPO)** have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are in our network, you will pay less for your covered services to, you can also use providers that are not in our network and will pay more for your covered services.

Premiums and Benefits	MVP® WellSelect® PPO with Part D	Gold PPO with Part D	What you should know
Monthly Plan Premium	You pay \$0	You pay \$115.00	You must continue to pay your Part B premium (\$135.50 in 2019. This amount may change in 2020.)
Deductible	This plan does not have a medical deductible.	This plan does not have a medical deductible.	
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	\$6,700 In-Network and \$10,000 In/Out-of-Network combined annually	\$5,800 In-Network and \$10,000 In/Out-of-Network combined annually	The most you pay for co-pays, co-insurance and other costs for medical services for the year.
Inpatient Hospital Coverage (Services may require Authorization)	In-Network: \$365 co-pay per day for days 1 through 5 You pay nothing per day for days 6 through 90 You pay nothing per day for days 91 and beyond Out-of-Network: 40% of the cost	In-Network: \$320 co-pay per day for days 1 through 5 You pay nothing per day for days 6 through 90 You pay nothing per day for days 91 and beyond Out-of-Network: 40% of the cost	Our plan covers an unlimited number of days for an inpatient hospital stay. Copayment is applied to each new inpatient hospital stay. Medicare benefit periods do not apply.
Outpatient Hospital Coverage (Services may require Authorization)	In-Network: • You pay \$350 co-pay for Outpatient Hospital surgery. • You pay \$225 co-pay for care in a certified ambulatory surgical center. Out-of-Network: 40% of the cost	In-Network: • You pay \$200 co-pay for Outpatient Hospital surgery. • You pay \$100 co-pay for care in a certified ambulatory surgical center. • Out-of-Network: 40% of the cost	Physician surgery co-pay also applies for outpatient hospital or ambulatory surgery.

Premiums and Benefits	MVP [®] WellSelect [®] PPO with Part D	Gold PPO with Part D	What you should know
Doctor Visits <ul style="list-style-type: none"> Primary Care Providers Specialists (Services may require Authorization) 	<ul style="list-style-type: none"> In-Network: you pay \$0 co-pay per PCP visit Out-of-Network: You pay \$60 co-pay per PCP visit In-Network: you pay \$50 co-pay per Specialist visit Out-of-Network: you pay \$60 co-pay per Specialist visit 	<ul style="list-style-type: none"> In-Network: you pay \$0 co-pay per PCP visit Out-of-Network: You pay \$60 co-pay per PCP visit In-Network: you pay \$50 co-pay per Specialist visit Out-of-Network: you pay \$60 co-pay per Specialist visit 	Cost sharing applies to each service you receive, including multiple services from the same provider.
Preventive Care	In-Network/Out-of-Network: You pay nothing	In-Network/Out-of-Network: You pay nothing	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	In-Network/Out-of-Network: You pay \$90 co-pay per visit	In-Network/Out-of-Network: You pay \$90 co-pay per visit	If you are admitted to the hospital within 24 hours, co-pay is waived.
Urgently Needed Services	In-Network/Out-of-Network: You pay \$60 co-pay per visit	In-Network/Out-of-Network: You pay \$50 co-pay per visit	Urgently Needed Services are provided worldwide.

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Diagnostic Services/ Labs/ Imaging <ul style="list-style-type: none"> Diagnostic radiology service (e.g., MRI) Lab services Diagnostic tests and procedures Outpatient x-rays (Services may require Authorization) 	<ul style="list-style-type: none"> In-Network: You pay \$100 co-pay Out-of-Network: You pay 40% In-Network: You pay \$0 co-pay Out-of-Network: You pay 40% In-Network: You pay \$20 co-pay Out-of-Network: You pay 40% In-Network: You pay \$60 co-pay Out-of-Network: You pay \$60 co-pay 	<ul style="list-style-type: none"> In-Network: You pay \$100 co-pay Out-of-Network: You pay 40% In-Network: You pay \$0 co-pay Out-of-Network: You pay 40% In-Network: You pay \$10 co-pay Out-of-Network: You pay 40% In-Network: You pay \$50 co-pay Out-of-Network: You pay \$60 co-pay 	<p>Prior authorization is required for some services by your doctor or other network provider. Please contact the plan for more information.</p> <p>Cost sharing applies to each service you receive, including multiple services from the same provider.</p>
Hearing Services <ul style="list-style-type: none"> Hearing exam Hearing aid 	<ul style="list-style-type: none"> In-Network: You pay \$20 co-pay Out-of-Network: You pay \$60 co-pay In-Network: \$699-\$999 per hearing aid Out-of-Network: You pay 100% 	<ul style="list-style-type: none"> In-Network: You pay \$20 co-pay Out-of-Network: You pay \$60 co-pay In-Network: \$499-\$799 per hearing aid Out-of-Network: You pay 100% 	<p>Hearing Aids must be ordered through TruHearing.</p>
Dental Services <ul style="list-style-type: none"> Oral exam & Cleaning 	<ul style="list-style-type: none"> \$240 Annual Preventive Dental Allowance 	<ul style="list-style-type: none"> \$240 Annual Preventive Dental Allowance 	<p>Payment limited to Fee Schedule.</p>
Vision Services <ul style="list-style-type: none"> Eye Exam Post-cataract Surgery Eyewear 	<ul style="list-style-type: none"> In-Network: You pay \$20 co-pay Out-of-Network: You pay \$60 co-pay In-Network: You pay 20% Out-of-Network: You pay 40% 	<ul style="list-style-type: none"> In-Network: You pay \$20 co-pay Out-of-Network: You pay \$60 co-pay In-Network: You pay 20% Out-of-Network: You pay 40% 	

Premiums and Benefits	MVP® WellSelect® PPO with Part D	Gold PPO with Part D	What you should know
<p>Mental Health Services</p> <ul style="list-style-type: none"> • Inpatient visit • Outpatient group therapy visit/Outpatient individual therapy visit (Services may require Authorization) 	<ul style="list-style-type: none"> • In-Network: \$350 co-pay per day for days 1 through 5. You pay nothing per day for days 6 through 90. You pay nothing per day for days 91 and beyond Out-of-Network: You pay 40% • In-Network: You pay \$40 outpatient group/individual therapy visit Out-of-Network: You pay \$60 co-pay 	<ul style="list-style-type: none"> • In-Network: \$320 co-pay per day for days 1 through 5. You pay nothing per day for days 6 through 90. You pay nothing per day for days 91 and beyond Out-of-Network: You pay 40% • In-Network: You pay \$40 outpatient group/individual therapy visit Out-of-Network: You pay \$60 co-pay 	<p>Our plan covers up to 190 days in a lifetime for Inpatient Mental Health care in a Psychiatric Hospital.</p>
<p>Skilled Nursing Facility (Services may require Authorization)</p>	<p>In-Network: You pay nothing per day for days 1 through 20. You pay \$178 co-pay per day for days 21 through 100 Out-of-Network: You pay 40%</p>	<ul style="list-style-type: none"> • In-Network: You pay nothing per day for days 1 through 20. You pay \$178 co-pay per day for days 21 through 100 Out-of-Network: You pay 40% 	<p>Our plan covers up to 100 days in a SNF.</p>

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<p>Physical Therapy (Services may require Authorization)</p>	<p>In-Network: You pay \$30 co-pay Out-of-Network: You pay \$60 co-pay</p>	<p>In-Network: You pay \$20 co-pay Out-of-Network: You pay \$60 co-pay</p>	<p>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.</p>
<p>Ambulance (Services may require Authorization)</p>	<p>In-Network: You pay \$200 co-pay Out-of-Network: You pay \$200 co-pay</p>	<p>In-Network: You pay \$175 co-pay Out-of-Network: You pay \$175 co-pay</p>	<p>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.</p>

Premiums and Benefits	MVP® WellSelect® PPO with Part D	Gold PPO with Part D	What you should know
Transportation	Not covered	Not covered	
Medicare Part B Drugs (Services may require Authorization)	<ul style="list-style-type: none"> In-Network: You pay 20% Out-of-Network: You pay 40% 	<ul style="list-style-type: none"> In-Network: You pay 20% Out-of-Network: You pay 40% 	You pay a 20% co-insurance for Part B drugs purchased at a pharmacy, administered by a pharmacist, or administered by your doctor. (An office visit co-pay may also apply.)
Foot Care (podiatry services) <ul style="list-style-type: none"> • Foot exams and treatment • Routine foot care (Services may require Authorization) 	<ul style="list-style-type: none"> • In-Network: You pay \$50 co-pay • Out-of-Network: You pay \$60 co-pay • In-Network: You pay \$50 co-pay • Out-of-Network: You pay \$60 co-pay 	<ul style="list-style-type: none"> • In-Network: You pay \$50 co-pay • Out-of-Network: You pay \$60 co-pay • In-Network: You pay \$50 co-pay • Out-of-Network: You pay \$60 co-pay 	Foot exams and treatment only if you have diabetes-related nerve damage and/or meet certain conditions.

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<p>Medical Equipment/Supplies</p> <ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Diabetes supplies (Services may require Authorization) 	<ul style="list-style-type: none"> • In-Network: You pay 20% • Out-of-Network: You pay 40% • In-Network: You pay 20% • Out-of-Network: You pay 40% • In-Network: You pay 10% for OneTouch brand blood glucose test strips and glucometers; you pay a 20% co-insurance for non-preferred strips that have prior authorization. • Out-of-Network: You pay 40% 	<ul style="list-style-type: none"> • In-Network: You pay 20% • Out-of-Network: You pay 40% • In-Network: You pay 20% • Out-of-Network: You pay 40% • In-Network: You pay 10% for OneTouch brand blood glucose test strips and glucometers; you pay a 20% co-insurance for non-preferred strips that have prior authorization. • Out-of-Network: You pay 40% 	
<p>Wellness Programs:</p> <ul style="list-style-type: none"> • SilverSneakers • WellBeing Rewards 	<ul style="list-style-type: none"> • No cost to use SilverSneakers fitness locations • \$100 reward card for completing health and wellness activities 	<ul style="list-style-type: none"> • No cost to use SilverSneakers fitness locations • \$100 reward card for completing health and wellness activities 	<ul style="list-style-type: none"> •
<p>myVisitNow[®] – 24/7 Online Doctor Visits</p>	<p>In-Network/Out-of-Network: You pay \$0 co-pay per visit using remote access technology</p>	<p>In-Network/Out-of-Network: You pay \$0 co-pay per visit using remote access technology</p>	<p>Using your smartphone, tablet or laptop, you can access doctors via video.</p>

Outpatient Prescription Drugs

Benefits	MVP® WellSelect® PPO with Part D		Gold PPO with Part D		What you should know
	Retail Rx 30-day supply	Mail Order Up to 90-day supply	Retail Rx 30-day supply	Mail Order Up to 90-day supply	You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy.
Deductible	\$325 Deductible Tier 1 and Tier 2 Drugs not subject to Deductible		No Deductible		
Initial Coverage					
Tier 1: Preferred Generic	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay this amount for each prescription until your yearly drug costs reach \$4,020. If you reside in a long-term care facility, only 30-day supply is available, and you pay the same as at a retail pharmacy.
Tier 2: Generic	You pay \$12	You pay \$24	You pay \$10	You pay \$20	
Tier 3: Preferred Brand	You pay \$47	You pay \$94	You pay \$35	You pay \$70	
Tier 4: Non-Preferred Drugs	You pay 25%	You pay 25%	You pay 27%	You pay 27%	
Tier 5: Specialty Tier	You pay 27%	Not available	You pay 33%	Not available	
Coverage Gap					
Tier 1: Preferred Generic	You pay 25%	You pay 25%	You pay \$0	You pay \$0	You pay this amount for each prescription until your yearly out-of-pocket costs reach \$6,350.
Other Generic Drugs (Tiers 2-5)	You pay 25%	You pay 25%	You pay 25%	You pay 25%	
Brand Name Drugs (Tiers 2-5)	You pay 25%	You pay 25%	You pay 25%	You pay 25%	
Catastrophic Coverage					
Tiers 1-5: You pay the greater of 5% of the cost or \$3.60 (generic)/\$8.95 (brand name)					You pay this amount after your yearly out-of-pocket costs reach \$6,350.

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 **mvphealthcare.com**.

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

From October 1 – March 31, you can call us Monday – Friday from 8 am – 6 pm and Saturdays 8 am – 12 pm Eastern Time.

From April 1 – September 30, you can call us Monday – Friday from 8 am – 6 pm Eastern Time.

You can see our plan’s provider directory at our website at **mvphealthcare.com**.

You can see our plan’s pharmacy directory at our website at **http://www.mvphealthcare.com/medicare/PartD/partd_index.html**.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at **http://www.mvphealthcare.com/medicare/PartD/partd_index.html**.

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. Out-of-network/non-contracted providers are under no obligation to treat MVP Health Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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