

# MVP Medicare Advantage Plans Benefits at a Glance 2020

Capital District, Southern Tier, Central New York, Vermont



	<b>MVP® WellSelect®</b> with Part D (PPO)	<b>MVP GoldSecure</b> with Part D (HMO-POS)	<b>MVP GoldValue</b> with Part D (HMO-POS)	<b>MVP GoldPPO</b> with Part D (PPO)	<b>MVP Preferred Gold</b> with Part D (HMO-POS)
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## Monthly premium

<b>Lower premium with EPIC and/or Low Income Subsidy</b>	\$0	\$39	\$89	\$115	\$139
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## Doctor visits

<b>Primary care</b>	IN \$0 co-pay / OUT \$60 co-pay	\$0 co-pay	\$0 co-pay	IN \$0 co-pay / OUT \$60 co-pay	\$0 co-pay
<b>Specialist</b> No referrals!	IN \$50 co-pay / OUT \$60 co-pay	\$45 co-pay	\$40 co-pay	IN \$50 co-pay / OUT \$60 co-pay	\$30 co-pay
<b>Routine hearing and vision</b>	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay
<b>Mental health specialist</b>	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$30 co-pay
<b>Chiropractic</b>	\$15 co-pay	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$10 co-pay

## Emergency care

<b>Emergency room care</b> Worldwide coverage	\$90 co-pay	\$90 co-pay	\$90 co-pay	\$90 co-pay	\$90 co-pay
<b>Urgently needed care</b> Worldwide coverage	\$60 co-pay	\$55 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay
<b>Ambulance (ground)</b>	\$200 co-pay	\$200 co-pay	\$175 co-pay	\$175 co-pay	\$100 co-pay

## Out-of-network coverage

<b>Non-urgent and non-emergency services and admissions</b> Some services excluded	\$60 co-pay office visits, 40% co-insurance other	30% co-insurance, MVP pays 70%, up to \$4,000 per year	30% co-insurance, MVP pays 70%, up to \$4,000 per year	\$60 co-pay office visits, 40% co-insurance other	30% co-insurance, MVP pays 70%, up to \$4,000 per year
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## Hospital services

<b>Observation stays</b> Not inpatient admission	IN \$350 co-pay / OUT 40% co-insurance	\$300 co-pay	\$300 co-pay	IN \$250 co-pay / OUT 40% co-insurance	\$225 co-pay
<b>Inpatient hospital stays</b> Emergency admissions covered worldwide	IN \$365 per day for days 1-5, \$0 per day for days 6+ / OUT non-emergency admissions 40% co-insurance	\$360 per days for days 1-5, \$0 per day for days 6+	\$350 per day for days 1-5, \$0 per day for days 6+	IN \$320 per day for days 1-5, \$0 per day for days 6+ / OUT non emergency admissions 40% co-insurance	\$305 per day for days 1-5, \$0 per day for days 6+

## Outpatient (same day) surgery

Office visit co-pay may apply

<b>Ambulatory surgical center</b>	IN \$225 co-pay / OUT 40% co-insurance	\$175 co-pay	\$175 co-pay	IN \$100 co-pay / OUT 40% co-insurance	\$75 co-pay
<b>Outpatient Hospital</b>	IN \$350 co-pay / OUT 40% co-insurance	\$300 co-pay	\$250 co-pay	IN \$200 co-pay / OUT 40% co-insurance	\$175 co-pay

## Diagnostic services

Office visit co-pay may apply

<b>Outpatient x-ray (radiology)</b>	IN and OUT \$60 co-pay	\$45 co-pay	\$40 co-pay	IN \$50 co-pay / OUT \$60 co-pay	\$30 co-pay
<b>Outpatient CT scans, PET scans, and MRIs</b>	IN \$100 co-pay / OUT 40% co-insurance	\$100 co-pay	\$100 co-pay	IN \$100 co-pay / OUT 40% co-insurance	\$60 co-pay
<b>Lab</b>	IN \$0 co-pay / OUT 40% co-insurance	\$0 co-pay	\$0 co-pay	IN \$0 co-pay / OUT 40% co-insurance	\$0 co-pay

## Rehabilitation

<b>Skilled nursing facility</b> Post acute rehabilitation center	IN \$0 per day for days 1-20, \$178 per day for days 21-100 / OUT 40% co-insurance	\$0 per day for days 1-20, \$178 per day for days 21-100	\$0 per day for days 1-20, \$178 per day for days 21-100	IN \$0 per day for days 1-20, \$178 per day for days 21-100 / OUT 40% co-insurance	\$0 per day for days 1-20, \$178 per day for days 21-100
<b>Home health care</b> Medically necessary	IN \$0 co-pay / OUT 40% co-insurance	\$0 co-pay	\$0 co-pay	IN \$0 co-pay / OUT 40% co-insurance	\$0 co-pay
<b>Outpatient physical, speech, and occupational therapy visits</b>	IN \$30 co-pay / OUT \$60 co-pay	\$20 co-pay	\$20 co-pay	IN \$20 co-pay / OUT \$60 co-pay	\$20 co-pay

## More value for your monthly premium!

<b>Eyewear allowance</b>	n/a	\$125 allowance every year	\$125 allowance every year	n/a	\$175 allowance every year
<b>Dental allowance</b>	\$240 allowance for preventive services	\$240 allowance for preventive services	\$240 allowance for preventive services	\$240 allowance for preventive services	\$300 allowance for any service

See **Wellness Benefits + Extras** on the reverse for benefits included in all plans!

## Maximum out-of-pocket protection

The most you pay for covered medical services in a calendar year (does not include part D drug costs.)

Once you have paid the maximum amount, MVP pays 100% of the cost of covered services, including Part B drugs, through December 31.	IN only: \$6,700 / IN and OUT combined: \$10,000	\$6,700	\$6,700	IN only: \$5,800 / IN and OUT combined: \$10,000	\$4,800
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**Questions? We can help!** Call **1-800-324-3899** or visit **JoinMVPmedicare.com**. Email **ShopMVPMedicare@mvphealthcare.com**.

Monday-Friday, 8 am-6 pm Eastern Time, October 1-March 31 call Saturdays, 8 am-12 pm, (TTY: 1-800-662-1220)

# MVP Medicare Part D 2020

Find out if you qualify for programs that can reduce your premium.

## Getting Extra Help—Low Income Subsidy

You may be able to get Extra Help—also called Low Income Subsidy (LIS)—to help reduce your monthly prescription drug premium and drug co-pays. To see if you qualify for Extra Help, call **1-800-MEDICARE (1-800-633-4227)** 24 hours a day, seven days a week.

Or call the Social Security Office at **1-800-772-1213** Monday–Friday, 7 am–7 pm (TTY: **1-800-325-0778**)  
Or call your state Medicaid office.

## Part D and Veterans Administration

If you receive VA prescription benefits, you are not required to join Medicare Part D. But, some drugs may not be covered under your VA plan. Call your local VA office for more information.

## State Pharmaceutical Assistance Program

You may qualify for help paying your monthly plan premium and drug copays. Call the program in your state to ask if you qualify:

**New York**  
EPIC (Elderly Pharmaceutical Insurance Coverage)  
**1-800-332-3742** (TTY: **1-800-290-9138**)

**Vermont**  
VPharm (Vermont Prescription Assistance)  
**1-800-250-8427**

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.

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**)。

<b>MVP® WellSelect®</b> \$325 Deductible / Tiers 3-5	<b>MVP GoldSecure</b> \$150 Deductible / Tiers 3-5	<b>MVP GoldValue</b> No deductible	<b>MVP Gold PPO</b> No deductible	<b>MVP Preferred Gold</b> No deductible
After deductible is met, your co-pay for a 30-day supply from a participating retail pharmacy				
Tier 1 <b>\$0</b> no deductible	Tier 1 <b>\$0</b> no deductible	Tier 1 <b>\$0</b>	Tier 1 <b>\$0</b>	Tier 1 <b>\$0</b>
Tier 2 <b>\$12</b> no deductible	Tier 2 <b>\$10</b> no deductible	Tier 2 <b>\$15</b>	Tier 2 <b>\$10</b>	Tier 2 <b>\$10</b>
Tier 3 <b>\$47</b> after deductible	Tier 3 <b>\$47</b> after deductible	Tier 3 <b>\$45</b>	Tier 3 <b>\$35</b>	Tier 3 <b>\$35</b>
Tier 4 <b>25%</b> after deductible	Tier 4 <b>26%</b> after deductible	Tier 4 <b>27%</b>	Tier 4 <b>27%</b>	Tier 4 <b>27%</b>
Tier 5 <b>27%</b> after deductible	Tier 5 <b>30%</b> after deductible	Tier 5 <b>33%</b>	Tier 5 <b>33%</b>	Tier 5 <b>33%</b>
After your deductible is met, your co-pay for a 90-day supply from the CVS Caremark Mail Service Pharmacy				
Tier 1 <b>\$0</b> no deductible	Tier 1 <b>\$0</b> no deductible	Tier 1 <b>\$0</b>	Tier 1 <b>\$0</b>	Tier 1 <b>\$0</b>
Tier 2 <b>\$24</b> no deductible	Tier 2 <b>\$20</b> no deductible	Tier 2 <b>\$30</b>	Tier 2 <b>\$20</b>	Tier 2 <b>\$20</b>
Tier 3 <b>\$94</b> after deductible	Tier 3 <b>\$94</b> after deductible	Tier 3 <b>\$90</b>	Tier 3 <b>\$70</b>	Tier 3 <b>\$70</b>
Tier 4 <b>25%</b> after deductible	Tier 4 <b>26%</b> after deductible	Tier 4 <b>27%</b>	Tier 4 <b>27%</b>	Tier 4 <b>27%</b>
not available	not available	not available	not available	not available
If your total drug costs in 2020 reach \$4,020 you enter the coverage gap and pay				
<b>25%</b> for generic drugs and <b>25%</b> for Medicare-contracted brands	<b>25%</b> for generic drugs and <b>25%</b> for Medicare-contracted brands	Tier 1 <b>\$0</b> Tiers 2-5 <b>25%</b> for generic drugs and <b>25%</b> for Medicare-contracted brands	Tier 1 <b>\$0</b> Tiers 2-5 <b>25%</b> for generic drugs and <b>25%</b> for Medicare-contracted brands	Tier 1 <b>\$0</b> Tiers 2-5 <b>25%</b> for generic drugs and <b>25%</b> for Medicare-contracted brands
Reaching the \$6,350 catastrophic coverage limit				

If your true out-of-pocket costs reach \$6,350 in 2020, you reach the catastrophic coverage limit and your cost for prescriptions is reduced to the greater of 5% or \$3.60 for generics and \$8.95 for brand-name drugs.

**Please note:** Drugs purchased outside the U.S. are not Medicare approved and are not covered.

If your coverage is through an employer-sponsored plan, check with the former employer for your benefit information. This is not a contract. These benefit charts are for general reference only. All benefits are subject to federal Medicare program medical necessity guidelines. MVP Health Plan, Inc. is an HMO-POS/PPO/MSA organization with a Medicare contract. Enrollment in 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. **myVisitNow** from MVP Health Care is powered by American Well. Regulatory restrictions may apply.

# Wellness Benefits + Extras

All plans include:

## **\$0 Cost SilverSneakers® Membership**

Enjoy a gym membership and classes at all 16,000+ participating locations across the U.S., as well access to online exercise videos, and the SilverSneakers GO™ app.

## **\$0 Cost Preferred Generic Drugs**

MVP Medicare Advantage plans feature \$0 co-pays on lots of popular prescriptions.

## **\$100 MVP Medicare WellBeing Rewards**

Get a \$100 gift card reward for completing select health and wellness activities that contribute to overall well-being.

## **\$0 Cost Preventive Services**

MVP's got you covered in full for Medicare-covered preventive care, like Annual Wellness Visits and mammograms.

## **\$0 Cost myVisitNow® 24/7 Online Doctor Visits**

See a doctor by video using your smartphone, tablet, or home computer anytime, day or night.

## **TruHearing® Hearing Aid Benefit**

Save thousands on high quality hearing aids at a great price.

## **Preferred Diabetic Supplies**

You pay a 10% co-insurance for OneTouch test strips and monitors.

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Visit [JoinMVPmedicare.com](http://JoinMVPmedicare.com)

