

MVP Medicare Advantage Plans Benefits at a Glance 2020

Hudson Valley



	MVP® WellSelect® with Part D (PPO)	MVP GoldSecure with Part D (HMO-POS)	MVP GoldValue with Part D (HMO-POS)	MVP GoldPPO with Part D (PPO)	MVP Preferred Gold with Part D (HMO-POS)
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Monthly premium

Lower premium with EPIC and/or Low Income Subsidy	\$0	\$39	\$89	\$124	\$139
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Doctor visits

Primary care	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
Specialist 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
Routine hearing and vision	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay
Mental health specialist	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$30 co-pay
Chiropractic	\$15 co-pay	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$10 co-pay

Emergency care Worldwide coverage!

Emergency room care	\$90 co-pay	\$90 co-pay	\$90 co-pay	\$90 co-pay	\$90 co-pay
Urgently needed care Outside U.S. takes emergency room co-pay	\$60 co-pay	\$55 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay
Ambulance (ground)	\$200 co-pay	\$200 co-pay	\$175 co-pay	\$175 co-pay	\$100 co-pay

Out-of-network coverage

Non-urgent and non-emergency services and admissions <small>Some services excluded</small>	\$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

Observation stays 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
Inpatient hospital stays 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

Ambulatory surgical center	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
Outpatient Hospital	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

Outpatient x-ray (radiology)	IN and OUT \$60 co-pay	\$45 co-pay	\$40 co-pay	IN \$50 co-pay / OUT \$60 co-pay	\$30 co-pay
Outpatient CT scans, PET scans, and MRIs	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
Lab	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

Skilled nursing facility 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
Home health care 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
Outpatient physical, speech, and occupational therapy visits	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!

Eyewear allowance	n/a	\$125 allowance every year	\$125 allowance every year	n/a	\$175 allowance every year
Dental allowance	\$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 New York State

You may be eligible for New York State’s EPIC (Elderly Pharmaceutical Insurance Coverage) program. EPIC members may pay lower premiums and co-pays.

Call EPIC Monday–Friday, 8:30 am–5:00 pm at **1-800-332-3742** (TTY: **1-800-290-9138**) for more information.

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**)。

MVP WellSelect® \$325 Deductible / Tiers 3-5	MVP GoldSecure \$150 Deductible / Tiers 3-5	MVP GoldValue No deductible	MVP Gold PPO No deductible	MVP Preferred Gold No deductible
After deductible is met, your co-pay for a 30-day supply from a participating retail pharmacy				
Tier 1 \$0 no deductible	Tier 1 \$0 no deductible	Tier 1 \$0	Tier 1 \$0	Tier 1 \$0
Tier 2 \$12 no deductible	Tier 2 \$10 no deductible	Tier 2 \$15	Tier 2 \$10	Tier 2 \$10
Tier 3 \$47 after deductible	Tier 3 \$47 after deductible	Tier 3 \$45	Tier 3 \$35	Tier 3 \$35
Tier 4 25% after deductible	Tier 4 26% after deductible	Tier 4 27%	Tier 4 26%	Tier 4 27%
Tier 5 27% after deductible	Tier 5 30% after deductible	Tier 5 33%	Tier 5 33%	Tier 5 33%
After your deductible is met, your co-pay for a 90-day supply from the CVS Caremark Mail Service Pharmacy				
Tier 1 \$0 no deductible	Tier 1 \$0 no deductible	Tier 1 \$0	Tier 1 \$0	Tier 1 \$0
Tier 2 \$24 no deductible	Tier 2 \$20 no deductible	Tier 2 \$30	Tier 2 \$20	Tier 2 \$20
Tier 3 \$94 after deductible	Tier 3 \$94 after deductible	Tier 3 \$90	Tier 3 \$70	Tier 3 \$70
Tier 4 25% after deductible	Tier 4 26% after deductible	Tier 4 27%	Tier 4 26%	Tier 4 27%
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				
25% for generic drugs and 25% for Medicare-contracted brands	25% for generic drugs and 25% for Medicare-contracted brands	Tier 1 \$0 Tiers 2-5 25% for generic drugs and 25% for Medicare-contracted brands	Tier 1 \$0 Tiers 2-5 25% for generic drugs and 25% for Medicare-contracted brands	Tier 1 \$0 Tiers 2-5 25% for generic drugs and 25% 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.