



2023 Medicare Advantage Plans

Benefits at a Glance

**Capital District,
Southern Tier, and
Central New York**

Albany, Allegany, Broome, Cattaraugus,
Cayuga, Chautauqua, Chemung, Chenango,
Columbia, Cortland, Delaware, Fulton,
Greene, Herkimer, Jefferson, Lewis, Madison,
Montgomery, Oneida, Onondaga, Oswego,
Otsego, Rensselaer, Saratoga, Schenectady,
Schoharie, Schuyler, Steuben, Tioga,
Tompkins, Warren, and Washington

Let's talk!

Call 1-800-324-3899 TTY 711
Or visit joinMVPMedicare.com



Well-Being Benefits and Extras

MVP is committed to supporting you along every step of your personal health journey. Our Medicare Advantage plans include extra benefits, programs, and services to help you live your best life.

	MVP Medicare WellSelect	MVP Medicare Patriot Plan	MVP Medicare WellSelect Plus
Preventive dental	Two cleanings, two exams, and two sets of x-rays per year, covered up to the maximum benefit amount for each service		
Comprehensive dental	Add coverage to meet your needs for \$25 per month!	Add coverage to meet your needs for \$25 per month!	\$100 deductible; 20-50% co-insurance, up to \$1,000 per year
Hearing aids from TruHearing	Choose the right coverage for you! Pay \$699 or \$999 per hearing aid OR get up to \$600 per hearing aid toward your choice of top models, batteries included		
Eyewear allowance	\$150 per year	\$175 per year	\$225 per year
Over-the-counter allowance	\$25 per quarter	\$25 per quarter	\$50 per quarter
Transportation to medical appointments (30 mile max per ride)	14 one-way rides per year	Unlimited rides to VA, 24 one-way rides to other appointments	24 one-way rides per year
Meal delivery	14 free refrigerated meals after an in-patient hospital stay discharge		
Gia® by MVP	\$0 virtual care to address an immediate or same-day health need, available 24/7		
Preferred diabetic supplies (OneTouch, FreeStyle, Precision, Prodigy)	\$5 co-pay	\$0 co-pay	\$5 co-pay

Refer to the MVP Medicare Advantage Plans brochure for detailed benefit information.

MVP Living Well Advantage: Free programs, benefits, and memberships—available on all plans! For more information visit JoinMVPMedicare.com/extrabenefits.

- SilverSneakers® membership
- Access to the GetSetUp online community
- Living Well in-person and virtual classes
- Medication Therapy Management Program
- Health and Care Management Programs

	MVP Medicare Secure	MVP Medicare Secure Plus	MVP Medicare Preferred Gold with Part D	MVP Medicare Preferred Gold without Part D
Preventive dental	Two cleanings, two exams, and two sets of x-rays per year, covered up to the maximum benefit amount for each service			
Comprehensive dental	Add coverage to meet your needs for \$25 per month!	Add coverage to meet your needs for \$25 per month!	\$100 deductible; 20-50% co-insurance, up to \$1,000 per year	\$100 deductible; 20-50% co-insurance, up to \$1,000 per year
Hearing aids from TruHearing	Choose the right coverage for you! Pay \$699 or \$999 per hearing aid OR get up to \$600 per hearing aid toward your choice of top models, batteries included			
Eyewear allowance	\$175 per year	\$175 per year	\$225 per year	\$225 per year
Over-the-counter allowance	\$25 per quarter	\$25 per quarter	\$50 per quarter	\$25 per quarter
Transportation to medical appointments (30 mile max per ride)	14 one-way rides per year	12 one-way rides per year	24 one-way rides per year	Not covered
Meal delivery	14 free refrigerated meals after an in-patient hospital stay discharge			
Gia® by MVP	\$0 virtual care to address an immediate or same-day health need, available 24/7			
Preferred diabetic supplies (OneTouch, FreeStyle, Precision, Prodigy)	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay

Look inside for at-a-glance plan comparisons.

MVP Medicare Advantage Plans Benefits at a Glance / Capital District, Southern Tier, Central New York

	MVP Medicare WellSelect [®] with Part D (PPO)	MVP Medicare Patriot Plan [®] with Part D (PPO)	MVP Medicare WellSelect Plus [®] with Part D (PPO)	MVP Medicare Secure [®] with Part D (HMO-POS)	MVP Medicare Secure Plus [®] with Part D (HMO-POS)	MVP Medicare Preferred Gold [®] with Part D (HMO-POS)	MVP Medicare Preferred Gold [®] without Part D (HMO-POS)
Monthly premium <small>May be lower with NYS EPIC and / or Low Income Subsidy assistance. You must continue to pay your Part B premium.</small>	\$0	\$45	\$125	\$40	\$90	\$140	\$0
Doctor visits <small>(IN = In-network providers, OUT = out-of-network providers)</small>							
Primary care	IN \$0 co-pay / OUT \$60 co-pay	IN \$0 co-pay / OUT \$5 co-pay	IN \$0 co-pay / OUT \$60 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Specialist <small>No referrals!</small>	IN \$45 co-pay / OUT \$60 co-pay	IN \$40 co-pay / OUT \$50 co-pay	IN \$50 co-pay / OUT \$60 co-pay	\$40 co-pay	\$40 co-pay	\$30 co-pay	\$30 co-pay
Mental health specialist	IN \$40 co-pay / OUT \$60 co-pay	IN \$20 co-pay / OUT \$50 co-pay	IN \$40 co-pay / OUT \$60 co-pay	\$40 co-pay	\$40 co-pay	\$30 co-pay	\$30 co-pay
Virtual care services through Gia[™]	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Routine eye exams	IN and OUT \$0 co-pay	IN and OUT \$0 co-pay	IN and OUT \$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Routine hearing exams	IN \$0 co-pay / OUT \$60 co-pay	IN \$0 co-pay / OUT \$60 co-pay	IN \$0 co-pay / OUT \$60 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Chiropractic	IN \$15 co-pay / OUT \$20 co-pay	IN \$10 co-pay / OUT \$20 co-pay	IN \$10 co-pay / OUT \$20 co-pay	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$20 co-pay
Outpatient physical, speech, and occupational therapy	IN \$30 co-pay / OUT \$60 co-pay	IN \$40 co-pay / OUT \$60 co-pay	IN \$20 co-pay / OUT \$60 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay
Cardiac rehabilitation	IN \$0 co-pay / OUT \$60 co-pay	IN \$0 co-pay / OUT \$60 co-pay	IN \$0 co-pay / OUT \$60 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Emergency care <small>Worldwide coverage</small>							
Emergency room care	\$95 co-pay	\$95 co-pay	\$95 co-pay	\$95 co-pay	\$95 co-pay	\$95 co-pay	\$95 co-pay
Urgently needed care	\$60 co-pay	\$40 co-pay	\$50 co-pay	\$55 co-pay	\$50 co-pay	\$50 co-pay	\$55 co-pay
Ambulance <small>(ground)</small>	\$200 co-pay	\$150 co-pay	\$175 co-pay	\$200 co-pay	\$175 co-pay	\$100 co-pay	\$100 co-pay
Out-of-network coverage							
Non-urgent and non-emergency services and admissions <small>Some services excluded</small>	Up to \$60 co-pay for office visits, 40% co-insurance for other	Up to \$60 co-pay for office visits, 40% co-insurance for other	Up to \$60 co-pay for office visits, 40% co-insurance for 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	30% co-insurance, MVP pays 70%, up to \$4,000 per year	30% co-insurance, MVP pays 70%, up to \$4,000 per year
Hospital, surgery, and rehabilitation services <small>Skilled nursing facility care at a post-acute rehabilitation center is covered for all plans.</small>							
Inpatient hospital stays <small>Emergency admissions covered worldwide</small>	IN \$385 per day for days 1–5, \$0 per day for days 6+ / OUT 40% co-insurance	IN \$400 per day for days 1–5, \$0 per day for days 6+ / OUT 40% co-insurance	IN \$320 per day for days 1–5, \$0 per day for days 6+ / OUT 40% co-insurance	\$360 per day for days 1–5, \$0 per day for days 6+	\$350 per day for days 1–5, \$0 per day for days 6+	\$325 per day for days 1–5, \$0 per day for days 6+	\$350 per day for days 1–5, \$0 per day for days 6+
Observation stays <small>Not inpatient admission</small>	IN \$350 / OUT 40% co-insurance	IN \$350 co-pay / OUT 40% co-insurance	IN \$250 / OUT 40% co-insurance	\$300 co-pay	\$300 co-pay	\$225 co-pay	\$250 co-pay
Outpatient hospital / ambulatory surgical center <small>(same day surgery)</small>	IN \$350 / \$225 co-pay / OUT 40% co-insurance	IN \$350 / \$200 co-pay / OUT 40% co-insurance	IN \$250 / \$150 co-pay / OUT 40% co-insurance	\$300 co-pay / \$175 co-pay	\$300 co-pay / \$175 co-pay	\$200 co-pay / \$100 co-pay	\$250 co-pay / \$150 co-pay
Diagnostic services <small>Office visit co-pay may apply.</small>							
Outpatient x-ray <small>(radiology)</small>	IN and OUT \$60 co-pay	IN \$50 co-pay / OUT \$60 co-pay	IN \$50 co-pay / OUT \$60 co-pay	\$45 co-pay	\$40 co-pay	\$30 co-pay	\$30 co-pay
Outpatient CT scans, PET scans, and MRIs	IN \$150 co-pay / OUT 40% co-insurance	IN \$150 co-pay / OUT 40% co-insurance	IN \$150 co-pay / OUT 40% co-insurance	\$150 co-pay	\$150 co-pay	\$100 co-pay	\$100 co-pay
Lab	IN \$0 co-pay / OUT 40% co-insurance	IN \$0 co-pay / OUT 40% co-insurance	IN \$0 co-pay / OUT 40% co-insurance	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$10 co-pay
Diagnostic procedures	IN \$20 co-pay / OUT 40% co-insurance	IN \$10 co-pay / OUT 40% co-insurance	IN \$10 co-pay / OUT 40% co-insurance	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$10 co-pay
Maximum out-of-pocket protection <small>The most you pay for covered medical services in a calendar year (does not include Part D drug costs). If you reach the maximum amount, MVP pays 100% of the cost of covered services, including Part B drugs, through December 31.</small>	IN only \$7,550 / IN and OUT combined \$11,300	IN only \$7,550 / IN and OUT combined \$11,300	IN only \$6,500 / IN and OUT combined \$11,300	\$7,550	\$7,550	\$5,800	\$6,700

Part D Prescription Drug Coverage

WellSelect	Patriot Plan	WellSelect Plus	Secure	Secure Plus	Preferred Gold with Part D
Deductible \$300 Tiers 3-5	Deductible \$250 Tiers 3-5	No deductible	Deductible \$150 Tiers 3-5	No deductible	No deductible

Initial Coverage: After your deductible is met, you pay your cost-share for covered prescription drugs. Your cost for a 30-day supply from a participating retail pharmacy is below. Or save money using the CVS Caremark Mail Service Pharmacy. A three-month supply of many prescriptions is available for only two co-pays. Refer to the Medicare Part D Formulary for details.

Tier 1 \$0 no deductible	Tier 1 \$0 no deductible	Tier 1 \$0	Tier 1 \$0 no deductible	Tier 1 \$0	Tier 1 \$0
Tier 2 \$12 no deductible	Tier 2 \$15 no deductible	Tier 2 \$10	Tier 2 \$10 no deductible	Tier 2 \$15	Tier 2 \$10
Tier 3 \$47 after deductible	Tier 3 \$45 after deductible	Tier 3 \$35	Tier 3 \$47 after deductible	Tier 3 \$45	Tier 3 \$35
Tier 4 25% after deductible	Tier 4 25% after deductible	Tier 4 25%	Tier 4 25% after deductible	Tier 4 25%	Tier 4 26%
Tier 5 27% after deductible	Tier 5 27% after deductible	Tier 5 33%	Tier 5 30% after deductible	Tier 5 33%	Tier 5 33%

Coverage Gap: If your total drug costs in 2023 reach \$4,660, your cost for prescription drugs changes. You pay:

25% for generic and contracted brand name drugs	25% for generic and contracted brand name drugs	Tier 1 \$0	25% for generic and contracted brand name drugs	Tier 1 \$0	Tier 1 \$0
		Tiers 2-5 25% for generic and contracted brand name drugs		Tiers 2-5 25% for generic and contracted brand name drugs	Tiers 2-5 25% for generic and contracted brand name drugs

Catastrophic Coverage: If your true out-of-pocket costs reach \$7,400, your cost for prescriptions is reduced. You pay the greater of 5% or \$4.15 for generics and \$10.35 for brand-name drugs.

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

Questions?

Call **1-800-324-3899** TTY 711

Visit **JoinMVPmedicare.com**

Email **ShopMVPMedicare@mvphealthcare.com**

Seven days a week, 8 am–8 pm Eastern Time.

April 1–September 30, Monday–Friday, 8 am–8 pm.

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MVP Health Plan, Inc. is an HMO-POS/PPO 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.

MVP virtual care services through Gia are available at no cost-share for most members. In-person visits and referrals are subject to cost-share per plan. SilverSneakers is a registered trademark of Tivity Health, Inc. SilverSneakers On-Demand is a trademark of Tivity Health, Inc. ©2022 Tivity Health, Inc. All rights reserved. GetSetUp is a third-party provider and is not owned or operated by Tivity Health, Inc. (“Tivity”) or its affiliates. Users must have Internet service to access online services. Internet service charges are responsibility of user. TruHearing® and (RE)™ are trademarks of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners. Retail pricing based on prices for comparable aids. Follow-up provider visits included for one year following hearing aid purchase. Free battery offer is not applicable to the purchase of rechargeable hearing aid models. Three-year warranty includes repairs and one-time loss and damage replacement. Hearing aid repairs and replacements are subject to provider and manufacturer fees. For questions regarding fees, contact a TruHearing hearing consultant.



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