

## Benefits at a Glance

	UVM Health Advantage <b>Select</b> (PPO)	UVM Health Advantage <b>Secure</b> (PPO)	UVM Health Advantage <b>Preferred</b> (PPO)
<b>Monthly premium</b>	<b>\$0</b>	<b>\$50</b>	<b>\$130</b>
<b>Doctor visits</b> (IN = In-network, OUT = out-of-network)			
Primary care	IN \$0 co-pay / OUT \$5 co-pay	IN \$0 co-pay / OUT \$5 co-pay	IN \$0 co-pay / OUT \$5 co-pay
Specialist	IN \$35 co-pay / OUT \$50 co-pay	IN \$30 co-pay / OUT \$40 co-pay	IN \$25 co-pay / OUT \$35 co-pay
MVP virtual care services	\$0 co-pay	\$0 co-pay	\$0 co-pay
<b>Emergency care</b> Worldwide coverage			
Emergency room care	\$95 co-pay	\$95 co-pay	\$95 co-pay
Urgent care	\$50 co-pay	\$30 co-pay	\$30 co-pay
Ambulance (ground)	\$250 co-pay	\$200 co-pay	\$150 co-pay
<b>Out-of-network coverage</b>			
Non-urgent / non-emergency	\$50 co-pay office visits, 40% co-insurance other	\$40 co-pay office visits, 30% co-insurance other	\$35 co-pay office visits, 20% co-insurance other
<b>Hospital, surgery, rehabilitation services</b> Skilled nursing facility care is covered for all plans.			
Inpatient hospital stays emergency admissions	IN \$450 for days 1-2, \$0 for days 3+ / OUT \$500 for days 1-5; \$0 for days 6+	IN \$400 for days 1-2, \$0 for days 3+ / OUT \$350 for days 1-4, \$0 for days 5+	IN \$350 for days 1-2, \$0 for days 3+ / OUT \$325 for days 1-4, \$0 for days 5+
Observation stays (not inpatient)	IN and OUT \$285 co-pay	IN \$200 co-pay / OUT \$250 co-pay	IN \$175 co-pay / OUT \$225 co-pay
Outpatient hospital	IN and OUT \$285 co-pay	IN \$200 co-pay / OUT \$250 co-pay	IN \$175 co-pay / OUT \$225 co-pay
Ambulatory surgical center (same day surgery)	IN \$200 co-pay / OUT \$250 co-pay	IN \$150 co-pay / OUT \$200 co-pay	IN \$125 co-pay / OUT \$175 co-pay
Physical, speech and occupational therapy	IN \$20 co-pay / OUT \$50 co-pay	IN \$20 co-pay / OUT \$40 co-pay	IN \$15 co-pay / OUT \$35 co-pay
Cardiac rehabilitation	\$0 co-pay	\$0 co-pay	\$0 co-pay
<b>Diagnostic services</b> Office visit co-pay may apply.			
Outpatient x-ray (radiology)	IN and OUT \$10 co-pay	IN and OUT \$10 co-pay	IN and OUT \$10 co-pay
Outpatient CT scans, PET scans and MRIs	IN \$160 co-pay / OUT 40% co-insurance	IN \$125 co-pay / OUT 30% co-insurance	IN \$125 co-pay / OUT 20% co-insurance
Lab	IN \$0 / OUT 40% co-insurance	IN \$0 co-pay / OUT 30% co-insurance	IN and OUT \$0 co-pay
<b>Plus more value!</b>			
Preventive dental	Two cleanings, two exams, two sets of x-rays	Two cleanings, two exams, two sets of x-rays	Two cleanings, two exams, two sets of x-rays
Comprehensive dental	\$40 co-pay; 20-50% co-insurance, up to \$1,000 per year	\$35 co-pay; 20-50% co-insurance, up to \$1,000 per year	\$30 co-pay; 20-50% co-insurance, up to \$1,000 per year
Hearing aid benefit	\$699 or \$999 per hearing aid OR get up to \$600 per hearing aid toward your choice of top models, batteries included!		
Eyewear allowance / routine eye exam	IN \$0 co-pay / OUT \$50 co-pay \$150 per year	IN and OUT \$0 co-pay \$175 per year	IN and OUT \$0 co-pay \$225 per year
Over-the-counter purchases	\$25 allowance per quarter	\$35 allowance per quarter	\$35 allowance per quarter
Transportation	24 free rides to or from medical appointments	34 free rides to or from medical appointments	44 free rides to or from medical appointments
<b>Maximum out-of-pocket protection</b> The most you pay for covered medical services in a year.			
(not including Part D drug costs)	IN only \$6,700 / IN and OUT combined \$6,700	IN only \$5,000 / IN and OUT combined \$6,000	IN only \$5,000 / IN and OUT combined \$6,000

## Part D Prescription Drug Coverage

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Deductible: <b>\$250</b> Tiers 3-5	Deductible: <b>\$150</b> Tiers 3-5	No deductible
<b>Initial Coverage:</b> 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 <b>\$0</b> no deductible	Tier 1 <b>\$0</b> no deductible	Tier 1 <b>\$0</b>
Tier 2 <b>\$10</b> no deductible	Tier 2 <b>\$10</b> no deductible	Tier 2 <b>\$10</b>
Tier 3 <b>\$47</b> after deductible	Tier 3 <b>\$42</b> after deductible	Tier 3 <b>\$40</b>
Tier 4 <b>\$100</b> after deductible	Tier 4 <b>\$100</b> after deductible	Tier 4 <b>\$100</b>
Tier 5 <b>28%</b> after deductible	Tier 5 <b>27%</b> after deductible	Tier 5 <b>27%</b>
<b>Coverage Gap:</b> If your total drug costs in 2023 reach \$4,660, your cost for prescription drugs changes. You pay:		
<b>25%</b> for generic drugs and <b>25%</b> for contracted brands	<b>25%</b> for generic drugs and <b>25%</b> for contracted brands	<b>25%</b> for generic drugs and <b>25%</b> for contracted brands
<b>Catastrophic Coverage:</b> 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.

# Programs that focus on your health and well-being.

Live life to the fullest. UVM Health Advantage plans provide programs and benefits to help you better manage your health, and reduce the likelihood of health challenges down the road.



## \$0 Preferred Generic Drugs

Part D prescription drug coverage makes it easy to manage your prescription needs and expenses. Tier 1 of the Formulary, Preferred Generic Drugs, covers commonly used generic medications at no additional cost.



## Comprehensive Dental

Preventive services, including oral exams, routine cleaning and x-rays, are covered in full! Plans also include up to \$1,000 for other covered dental services each year.



## Hearing Aid Allowance/Routine Hearing Exams

Hearing exams from an in-network provider are covered in full. Your hearing benefit covers up to two hearing aids per year at low copayments, or you can apply an allowance to a broader catalogue of hearing aids.



## Eyewear Allowance/Routine Eye Exams

Coverage for routine eye exams with co-pays as low as \$0. You also get up to \$225 to use annually for any kind of eyewear, from glasses to prescription sunglasses to contact lenses.



## Over-the-Counter Allowance

All plans include a quarterly allowance to use on over-the-counter medicine and health-related purchases. Order online, through mail order, or shop at participating retailers.



## Transportation

All plans offer free one-way rides to medical appointments, via ride share, medical sedan, or wheelchair van.

Look inside for at-a-glance plan comparisons.

## Questions?

UVM Health Advantage Plan Guides are here to help. Get expert guidance to help you understand your options, and choose the plan that's right for you.

Call **1-833-825-5886** (TTY 711)  
Visit **UVMHealthAdvantage.com**

Seven days a week, 8 a.m. – 8 p.m. Eastern Time  
April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m.

MVP Health Care offers UVM Health Advantage plans in the following counties:  
**Vermont** – Addison, Bennington, Caledonia, Chittenden, Essex, Franklin, Grand Isle, Lamoille, Orange, Orleans, Rutland, Washington, Windham and Windsor  
**New York** – Clinton, Essex, Franklin, Hamilton and St. Lawrence

### Your Medicare Member Rights

MVP Health Care encourages members to learn about and exercise their rights and responsibilities, including timely access to covered services, privacy protections and the right to make decisions about health care. Visit [mvphealthcare.com](http://mvphealthcare.com) and select Notice of Privacy Practices & Compliance, then Medicare Member Rights and Responsibilities under Member Rights and Responsibilities, or refer to Chapter 8 of your plan's Evidence of Coverage.

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 (including sexual orientation and gender identity). Atención: Si habla español, tiene a su disposición servicios gratuitos de

asistencia lingüística. Llame al 1-844-946-8010 (TTY 711). 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 711)。

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. Other physicians/providers are available in the MVP Health Care network. For accommodations of persons with special needs at meetings call, 1-833-825-5886 (TTY 711).

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.

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# UVM Health Advantage

Created with You. Guided by Doctors.

## 2023 Medicare Plan Benefits at a Glance

