



## MVP Medicare Preferred Gold without Part D (HMO-POS) offered by MVP Health Plan, Inc.

# Annual Notice of Changes for 2025

You are currently enrolled as a member of MVP Medicare Preferred Gold without Part D (HMO-POS). Next year, there will be changes to the plan's costs and benefits. *Please see page 4 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [mvphealthcare.com](http://mvphealthcare.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*).

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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### What to do now

#### 1. **ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to medical care costs (doctor, hospital).
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals, and other providers will be in our network next year.
- Think about whether you are happy with our plan.

#### 2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

**3. CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in MVP Medicare Preferred Gold without Part D (HMO-POS).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with MVP Medicare Preferred Gold without Part D (HMO-POS).
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

**Additional Resources**

- Please contact our Member Services number at **1-800-665-7924** for additional information. (TTY users should call 711.) Hours are Monday - Friday, 8 am - 8 pm Eastern Time. From Oct. 1 - Mar. 31, call us seven days a week, 8 am - 8 pm. This call is free.
- This information is available in a different format, including braille and large print (phone numbers are in Section 8 of this booklet).
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**About MVP Medicare Preferred Gold without Part D (HMO-POS)**

- MVP Medicare Preferred Gold without Part D (HMO-POS) is an (HMO-POS) plan with a Medicare contract. Enrollment in MVP Medicare Preferred Gold without Part D (HMO-POS) depends on contract renewal.
- When this document says "we," "us," or "our," it means MVP Health Plan, Inc. When it says "plan" or "our plan," it means MVP Medicare Preferred Gold without Part D (HMO-POS).
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

***Annual Notice of Changes for 2025***  
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## Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for MVP Medicare Preferred Gold without Part D (HMO-POS) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly plan premium</b></p> <p>(See Section 2.1 for details.)</p>	\$0	\$0
<p><b>Maximum out-of-pocket amounts</b></p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services.</p> <p>(See Section 2.2 for details)</p>	<p>From network providers: \$6,700</p>	<p>From network providers: \$7,200</p>
<p><b>Doctor office visits</b></p>	<p><b>Primary care visits:</b> <b>In-Network</b> You pay \$0 per visit</p> <p><b>Out-of-Network</b> You pay 30% coinsurance of the total cost. Once out-of-network (POS) annual limit of \$4,000 is reached you pay 100% of the cost for out-of-network services.</p> <p><b>Specialist visits:</b> <b>In-Network</b> You pay a \$30 copayment per visit</p> <p><b>Out-of-Network</b> You pay 30% coinsurance of the total cost. Once out-of-network (POS) annual limit of \$4,000 is reached you pay 100% of the cost for out-of-network services</p>	<p><b>Primary care visits:</b> <b>In-Network</b> You pay \$0 per visit</p> <p><b>Out-of-Network</b> You pay 30% coinsurance of the total cost. Once out-of-network (POS) annual limit of \$4,000 is reached you pay 100% of the cost for out-of-network services.</p> <p><b>Specialist visits:</b> <b>In-Network</b> You pay a \$40 copayment per visit</p> <p><b>Out-of-Network</b> You pay 30% coinsurance of the total cost. Once out-of-network (POS) annual limit of \$4,000 is reached you pay 100% of the cost for out-of-network services</p>

**Inpatient Hospital stays****In-Network**

You pay a copayment of \$350 for Medicare-covered hospital stays per day for days 1 - 5

You pay a \$0 copayment per days 6 – 90

\$1,750 maximum out-of-pocket per Medicare-covered inpatient hospital stay

**Out-of-Network**

You pay a coinsurance of 30% of the total cost. Once out-of-network (POS) annual limit of \$4,000 is reached you pay 100% of the cost for out-of-network services.

**In-Network**

You pay a copayment of \$375 for Medicare-covered hospital stays per day for days 1 - 5

You pay a \$0 copayment per day for days 6 - 90

\$1,875 maximum out-of-pocket per Medicare-covered inpatient hospital stay

**Out-of-Network**

You pay a coinsurance of 30% of the total cost. Once out-of-network (POS) annual limit of \$4,000 is reached you pay 100% of the cost for out-of-network services.

## SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in MVP Medicare Preferred Gold without Part D (HMO-POS) in 2025

If you do nothing by December 7, 2024, we will automatically enroll you in our *MVP Medicare Preferred Gold without Part D (HMO-POS)*. This means starting January 1, 2025, you will be getting your medical coverage through MVP Medicare Preferred Gold without Part D (HMO-POS). If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for “Extra Help,” you may be able to change plans during other times.

## SECTION 2 Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

### Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
<p><b>Maximum out-of-pocket amount</b></p> <p><b>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</b></p>	<p>From network providers: \$6,700</p>	<p>From network providers: \$7,200</p> <p>Once you have paid \$7,200 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year</p>

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## Section 2.3 – Changes to the Provider Network

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Updated directories are located on our website at [mvphealthcare.com](http://mvphealthcare.com). You may also call Member Services for updated provider information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider Directory* [mvphealthcare.com/findadoctor](http://mvphealthcare.com/findadoctor) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

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## Section 2.4 – Changes to Benefits and Costs for Medical Services

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We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.



<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Ambulance services</b>	<b>In- and Out-of-Network</b> You pay a \$100 copayment for each Medicare-covered ground ambulance service  You pay a \$200 copayment for each Medicare-covered air ambulance service	<b>In- and Out-of-Network</b> You pay a \$200 copayment for each Medicare-covered ground ambulance service  You pay a \$400 copayment for each Medicare-covered air ambulance service

<p><b>Dental services</b></p>	<p><b>Preventive and Comprehensive Dental</b></p> <p>Annual Maximum Plan Benefit Coverage Amount: \$2,000 combined Preventive and Comprehensive services, per calendar year for In- and Out-of-Network benefits (services above the limit are your responsibility)</p> <p><b>Preventive Dental</b> (Oral Exams, Prophylaxis, Fluoride, X-Rays)</p> <p><b>In-network:</b> You pay a \$0 copayment</p> <p><b>Out-of-network:</b> You pay a 20% coinsurance</p> <p><b>Comprehensive Dental</b> (Diagnostic Services, Restorative Services, Endodontics, Periodontics, Extractions, Prosthodontics, Oral/Maxillofacial Surgery, Other Services):</p> <p><b>In-network:</b> You pay a \$0 copayment</p> <p><b>Out-of-network:</b> You pay a 20%-50% coinsurance</p> <p>Payment limited to established Fee Schedule. If your provider does not participate in the Plan's network and charges more than the maximum allowable benefit, you will be responsible for the additional cost. Service category maximums may apply. See the</p>	<p><b>Preventive and Comprehensive Dental</b></p> <p>You receive a \$1,000 allowance per year on a prepaid debit card that can be used for any preventive or comprehensive dental service. Allowance can be used at any dental provider</p>
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Cost	2024 (this year)	2025 (next year)
	Evidence of Coverage for more information	
<p><b>Diabetes self-management training, diabetic services and supplies</b></p>	<p><b>In-Network</b>            You pay a \$0 copayment per item for each 30-day supply of FreeStyle, OneTouch, Precision, and Prodigy brand blood glucose test strips or non-preferred strips that have prior authorization</p> <p>You pay a \$0 copayment for Medicare covered diabetic supplies</p> <p>You pay 5% of the total cost for diabetic related therapeutic shoes</p> <p>You pay 5% of the total cost for diabetic related custom molded shoe inserts (must be used with diabetic shoes)</p> <p>You pay a \$0 copayment for Medicare-covered diabetes self-management training</p>	<p><b>In-Network</b>            You pay a \$0 copayment per item for each 30-day supply of FreeStyle, OneTouch, Precision, and Prodigy brand blood glucose test strips or non-preferred strips that have prior authorization</p> <p>You pay a \$0 copayment for Medicare covered diabetic supplies</p> <p>You pay 10% of the total cost for diabetic related therapeutic shoes</p> <p>You pay 10% of the total cost for diabetic related custom molded shoe inserts (must be used with diabetic shoes)</p> <p>You pay a \$0 copayment for Medicare-covered diabetes self-management training</p>
<p><b>Emergency care</b></p>	<p><b>In- and Out-of-Network</b>            You pay a \$95 copayment for each emergency room visit. You do not pay this amount if you are admitted to the hospital as an Inpatient within 24 hours for the same condition</p>	<p><b>In- and Out-of-Network</b>            You pay a \$110 copayment for each emergency room visit. You do not pay this amount if you are admitted to the hospital as an Inpatient within 24 hours for the same condition</p>

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Emergency Transportation</b>	<p>You pay a \$100 copayment for Emergency ambulance transportation from the scene of an emergency to the nearest medical treatment facility</p> <p>Transportation back to the United States from another country is not covered</p>	<p>You pay a \$200 copayment for Emergency ambulance transportation from the scene of an emergency to the nearest medical treatment facility</p> <p>Transportation back to the United States from another country is not covered</p>
<b>Inpatient hospital care</b>	<p><b>In-Network</b> You pay a \$350 copayment per day for days 1 - 5 of a Medicare-covered inpatient hospital stay</p> <p>You pay a \$0 copayment per day for days 6 - 90</p> <p>\$1,750 maximum out-of-pocket per Medicare-covered inpatient hospital stay</p>	<p><b>In-Network</b> You pay a \$375 copayment per day for days 1 - 5 of a Medicare-covered inpatient hospital stay</p> <p>You pay a \$0 copayment per day for days 6 - 90</p> <p>\$1,875 maximum out-of-pocket per Medicare-covered inpatient hospital stay</p>
<b>Inpatient services in a psychiatric hospital</b>	<p><b>In-Network</b> You pay a copayment of \$350 for Medicare-covered inpatient hospital stays for days 1 - 5</p> <p>You pay a \$0 copayment per day for days 6 - 90</p> <p>\$1,750 maximum out-of-pocket per Medicare-covered inpatient hospital stay</p>	<p><b>In-Network</b> You pay a copayment of \$375 for Medicare-covered inpatient hospital stays for days 1 - 5</p> <p>You pay a \$0 copayment per day for days 6 - 90</p> <p>\$1,875 maximum out-of-pocket per Medicare-covered inpatient hospital stay</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Outpatient diagnostic tests and therapeutic services and supplies</b></p>	<p><b>In-Network</b>            You pay a \$10 copayment for each Medicare-covered diagnostic procedure and/or test</p> <p>You pay a \$0 to \$10 copayment for each Medicare-covered lab service</p> <p>You pay a \$30 copayment for each Medicare-covered X-ray or diagnostic mammogram service</p> <p>You pay a \$30 for each Medicare-covered ultrasound</p> <p>You pay a \$10 for each Medicare-covered EKG, EEG, echocardiogram or stress test</p> <p>You pay 20% of the total cost for each Medicare-covered radiation therapy service</p> <p>You pay a \$100 copayment for each Medicare-covered diagnostic radiology PET, CAT, MRI, MRA or NUC service</p>	<p><b>In-Network</b>            You pay a \$10 copayment for each Medicare-covered diagnostic procedure and/or test</p> <p>You pay a \$0 copayment for each Medicare-covered lab service</p> <p>You pay a \$50 copayment for each Medicare-covered X-ray or diagnostic mammogram service</p> <p>You pay a \$50 for each Medicare-covered ultrasound</p> <p>You pay a \$10 for each Medicare-covered EKG, EEG, echocardiogram or stress test</p> <p>You pay 20% of the total cost for each Medicare-covered radiation therapy service</p> <p>You pay a \$200 copayment for each Medicare-covered diagnostic radiology PET, CAT, MRI, MRA or NUC service</p>
<p><b>Outpatient hospital observation</b></p>	<p><b>In-Network</b>            You pay a \$250 copayment for each Medicare-covered outpatient hospital observation service</p>	<p><b>In-Network</b>            You pay a \$350 copayment for each Medicare-covered outpatient hospital observation service</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers</b></p>	<p><b>In-Network</b>            You pay a \$150 copayment for each Medicare-covered ambulatory surgical center visit</p> <p>You pay a \$250 copayment for each Medicare-covered outpatient hospital visit</p>	<p><b>In- Network</b>            You pay a \$250 copayment for each Medicare-covered ambulatory surgical center visit</p> <p>You pay a \$350 copayment for each Medicare-covered outpatient hospital visit</p>
<p><b>Physician/Practitioner services, including doctor's office visits</b></p>	<p><b>In-Network</b>            You pay a \$0 copayment for each Medicare-covered PCP office or telehealth visit</p> <p>You pay a \$30 copayment for each Medicare-covered specialist office or telehealth visit</p> <p>You pay a \$0 copayment for each Medicare-covered hearing exam</p> <p>You pay a \$30 copayment for each Medicare-covered dental service</p> <p>You pay a \$30 copayment for each Medicare-covered outpatient mental health individual or group therapy visit</p>	<p><b>In-Network</b>            You pay a \$0 copayment for each Medicare-covered PCP office or telehealth visit</p> <p>You pay a \$40 copayment for each Medicare-covered specialist office or telehealth visit</p> <p>You pay a \$0 copayment for each Medicare-covered hearing exam</p> <p>You pay a \$30 copayment for each Medicare-covered dental service</p> <p>You pay a \$30 copayment for each Medicare-covered outpatient mental health individual or group therapy visit</p>
<p><b>Podiatry services</b></p>	<p><b>In-Network</b>            You pay a \$30 copayment for each Medicare-covered podiatry visit.</p>	<p><b>In-Network</b>            You pay a \$40 copayment for each Medicare-covered podiatry visit.</p>

Cost	2024 (this year)	2025 (next year)
<b>Skilled nursing facility (SNF)</b>	<p><b>In-Network</b> You pay a copayment of \$0 in a network skilled nursing facility or days 1 - 20</p> <p>You pay a copayment of \$203 in a network skilled nursing facility for days 21 - 100</p>	<p><b>In-Network</b> You pay a copayment of \$0 in a network skilled nursing facility for days 1 - 20</p> <p>You pay a copayment of \$214 in a network skilled nursing facility for days 21 - 100</p>
<b>Transportation Benefit (non-emergency)</b>	<p><b>In-Network</b> You pay a \$0 copayment of the cost of eligible trips 12 One-way Rides, 30 miles max per year to a plan approved health-related location via taxi, rideshare services, van or medical transport</p>	<p><b>In-Network</b> You pay a \$0 copayment of the cost of eligible trips 12 One-way Rides, 30 miles max per year to a plan approved health-related location via taxi, rideshare services, van or medical transport. Unlimited rides to a VA facility with a 45-mile max</p>
<b>Urgently needed services</b>	<p><b>In- and Out-of-Network</b> You pay a \$55 copayment for each Medicare-covered urgently needed care visit in the United States and its territories</p> <p>You pay a \$95 copayment for each non-Medicare covered urgently needed care visit outside the United States and its territories</p>	<p><b>In- and Out-of-Network</b> You pay a \$45 copayment for each Medicare-covered urgently needed care visit in the United States and its territories</p> <p>You pay a \$110 copayment for each non-Medicare covered urgently needed care visit outside the United States and its territories</p>
<b>Vision care – extra benefits</b>	<p>Allowance of \$225 toward non-Medicare covered eyewear (such as eyeglass frames and lenses and/or contact lenses) annually</p>	<p>Allowance of \$150 toward non-Medicare covered eyewear (such as eyeglass frames and lenses and/or contact lenses) annually</p>

## SECTION 4 Deciding Which Plan to Choose

### Section 4.1 – If you want to stay in MVP Medicare Preferred Gold without Part D (HMO-POS)

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our MVP Medicare Preferred Gold without Part D (HMO-POS).

### Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 6), or call Medicare (see Section 8.2).

#### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from MVP Medicare Preferred Gold without Part D (HMO-POS).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from MVP Medicare Preferred Gold without Part D (HMO-POS).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll Contact Member Services if you need more information on how to do so.
  - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.



## SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New York, the SHIP is called Health Insurance Information Counseling and Assistance Program (HIICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call New York HIICAP at **1-800-701-0501**.

## SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
- The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
- Your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** New York has a program called Elderly Pharmaceutical Coverage program (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.

## SECTION 8 Questions?

### Section 8.1 – Getting Help from MVP Medicare Preferred Gold without Part D (HMO-POS)

Questions? We’re here to help. Please call the MVP Medicare Customer Care Center at **1-800-665-7924**. (TTY only, call 711.) We are available for phone calls Monday - Friday, 8 am - 8 pm Eastern Time. From Oct. 1 - Mar. 31, call us seven days a week, 8 am - 8 pm. Calls to these numbers are free.

#### **Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the 2025 *Evidence of Coverage* for MVP Medicare Preferred Gold without Part D (HMO-POS). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at **mvphealthcare.com**. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### **Visit Our Website**

You can also visit our website at **mvphealthcare.com**. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

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## Section 8.2 – Getting Help from Medicare

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2025***

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.