

2020 Summary of Benefits

MVP Health Plan, Inc.

MVP[®] SmartFund MSA[®]

H5613: Plan 002

This is a summary of drug and health services covered by MVP Health Plan January 1, 2020 - December 31, 2020.

MVP Health Plan, Inc. is an HMO-POS/PPO/MSA organization with a Medicare contract. Enrollment in the MVP Health Plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage."

To join **SmartFund MSA**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in New York: Albany, Broome, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Orange, Oswego, Otsego, Putnam, Rensselaer, Rockland, St. Lawrence, Saratoga, Schenectady, Schoharie, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, and Westchester.

You can go to any doctor, hospital, or other provider that accepts Medicare payment, the plan's terms and conditions for payment, and agrees to treat you.

Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.

SmartFund MSA covers Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs. You may join a Medicare prescription drug plan.

| Premiums and Benefits | MVP [®] SmartFund MSA [®] | MVP [®] SmartFund MSA [®] with Optional Supplemental Rider | What you should know |
|---|--|--|--|
| Monthly Plan Premium | You pay \$0 | You pay \$28 | You must continue to pay your Part B premium (\$135.50 in 2010. This amount may change in 2020). |
| Deductible | \$8,000 per year. | \$8,000 per year. Services covered under the Optional Supplemental Rider are not subject to the Deductible. | You pay 100% of your Medicare-covered services until you meet the deductible amount. Once you meet your deductible, MVP pays 100% of your Medicare-covered services. |
| How much does Medicare deposit into my MSA bank account? | Medicare will deposit \$2,500 into your account. | Medicare will deposit \$2,500 into your account. | For members who join after January 1, 2020, this amount will be adjusted (pro-rated) for the number of months remaining in the year. If you leave the plan during the year, you will be required to repay a pro-rated portion of this contribution back to MVP and Medicare. |
| Inpatient Hospital Coverage | You pay nothing after you pay your deductible. | You pay nothing after you pay your deductible. | Our plan covers an unlimited number of days for an inpatient hospital stay. Medicare benefit periods do not apply. |
| Outpatient Hospital Coverage | You pay nothing after you pay your deductible. | You pay nothing after you pay your deductible. | |
| Doctor Visits • Primary Care Providers • Specialists | You pay nothing after you pay your deductible. | You pay nothing after you pay your deductible. | |
| Preventive Care | You pay nothing after you pay your deductible. | You pay nothing after you pay your deductible. | Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost. |

| Premiums and Benefits | MVP [®] SmartFund MSA [®] | MVP [®] SmartFund MSA [®] with Optional Supplemental Rider | What you should know |
|--|--|--|----------------------|
| Emergency Care | You pay nothing after you pay your deductible. | You pay nothing after you pay your deductible. | |
| Urgently Needed Services | You pay nothing after you pay your deductible. | You pay nothing after you pay your deductible. | |
| Diagnostic Services/Labs/ Imaging <ul style="list-style-type: none"> • Diagnostic radiology service (e.g., MRI) • Lab services Diagnostic tests and procedures • Outpatient x-rays | You pay nothing after you pay your deductible. | You pay nothing after you pay your deductible. | |

| Premiums and Benefits | MVP [®] SmartFund MSA [®] | MVP [®] SmartFund MSA [®] with Optional Supplemental Rider | What you should know |
|--|---|---|---|
| Hearing Services | You pay nothing after you pay your deductible. Only covers Exam to diagnose and treat hearing and balance issues. | You pay nothing after you pay your deductible for diagnostic exam. Hearing Aid Coverage <ul style="list-style-type: none"> • One Routine hearing exam every year. • Three Hearing aid fitting/evaluation visits every year. • TruHearing Flyte Advanced \$699 • TruHearing Flyte Premium \$999 Maximum of two hearing aids per year are covered, limited to one per ear, per year. Hearing Aids not subject to Deductible. | Optional Supplemental Rider provides additional coverage. |
| Dental Services Oral exam & Cleaning | Not covered. | \$240 Annual Preventive Dental Allowance | Optional Supplemental Rider provides additional coverage. |

| Premiums and Benefits | MVP [®] SmartFund MSA [®] | MVP [®] SmartFund MSA [®] with Optional Supplemental Rider | What you should know |
|--|---|--|---|
| <p>Vision Services</p> <ul style="list-style-type: none"> • Eye Exam • Post-cataract Surgery Eyewear | <p>You pay nothing after you pay your deductible.</p> <p>Only covers Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) Eyeglasses or contact lenses after cataract surgery.</p> | <p>You pay nothing after you pay your deductible for Medicare-covered services.</p> <ul style="list-style-type: none"> • Routine eye exam. You are covered for up to 1 every year • Our plan pays up to \$100 every year for contact lenses, eyeglasses (frames and lenses), and eyeglass lenses from an in-network provider. <p>Routine eye exam and eyewear not subject to Deductible.</p> | <p>Optional Supplemental Rider provides additional coverage.</p> |
| <p>Mental Health Services</p> <ul style="list-style-type: none"> • Inpatient visit • Outpatient group therapy visit/Outpatient individual therapy visit | <p>You pay nothing after you pay your deductible.</p> | <p>You pay nothing after you pay your deductible.</p> | <p>Our plan covers up to 190 days in a lifetime for Inpatient Mental Health care in a Psychiatric Hospital.</p> |
| <p>Skilled Nursing Facility</p> | <p>You pay nothing after you pay your deductible.</p> | <p>You pay nothing after you pay your deductible.</p> | <p>Our plan covers up to 100 days in a SNF.</p> |

| Benefits | SmartFund (MSA) | SmartFund (MSA) with Optional Supplemental Rider | What you should know |
|---|--|--|---|
| Physical Therapy | You pay nothing after you pay your deductible. | You pay nothing after you pay your deductible. | Annual dollar limits apply to all outpatient therapy services. Dollar limit also applies to therapy services in a Skilled Nursing Facility (SNF) and hospital outpatient departments. |
| Ambulance | You pay nothing after you pay your deductible. | You pay nothing after you pay your deductible. | Paramedic Intercept may also be covered. These Advanced Life Support Services are separate from ambulance transportation and are covered if all of the following exist: 1. furnished in a rural area according to CMS or State; 2. through a contract with a volunteer ambulance service; 3. are Medically Necessary. |
| Transportation | Not covered | Not covered | |
| Medicare Part B Drugs | You pay nothing after you pay your deductible. | You pay nothing after you pay your deductible. | You pay a 20% coinsurance for Part B drugs purchased at a pharmacy, administered by a pharmacist, or administered by your doctor. (An office visit copay may also apply.) |
| Foot Care (podiatry services) • Foot exams and treatment • Routine foot care | You pay nothing after you pay your deductible. | You pay nothing after you pay your deductible. | Foot exams and treatment only if you have diabetes-related nerve damage and/or meet certain conditions. |
| Medical Equipment/Supplies • Durable Medical Equipment (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Diabetes supplies | You pay nothing after you pay your deductible. | You pay nothing after you pay your deductible. | |

| Benefits | SmartFund (MSA) | SmartFund (MSA) with Optional Supplemental Rider | What you should know |
|--|-----------------|---|---|
| Wellness Programs: <ul style="list-style-type: none"> • SilverSneakers | Not Covered | SilverSneakers Fitness Program - fitness center membership and classes, plus health education, YogaStretch, SilverSplash, CardioFit and Cardio Circuit available at select locations. | Optional Supplemental Rider provides additional coverage. |
| Outpatient Prescription Drugs | | | |
| Benefits | SmartFund (MSA) | SmartFund (MSA) with Optional Supplemental Rider | What you should know |
| Part D Prescription Drugs | Not Covered | Not Covered | SmartFund (MSA) does not cover Part D prescription drugs. You may join a Medicare prescription drug plan. |

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy 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**.

This document is available in other formats such as Braille, large print or audio.

For more information, please call us at the phone number below or visit us at mvphealthcare.com.

Toll-free **1-800-324-3899**, TTY users should call **1-800-662-1220**.

From October 1 – March 31, you can call us Monday – Friday from 8 am – 6 pm and Saturday, 8 am – 12 pm Eastern Time.

From April 1 – September 30, you can call us Monday – Friday from 8 am – 6 pm Eastern Time.

You can see our plan's provider directory at our website at **mvphealthcare.com**.

MVP Health Plan, Inc. is an HMO-POS/PPO/MSA organization with a Medicare contract. Enrollment in the MVP Health Plan depends on contract renewal.

12981