



625 State Street
Schenectady, NY 12305-2111
mvphealthcare.com

Preferred Gold HMO-POS with Part D Prescription Drug Employer Group 2024 Benefits

| BENEFITS | | YOU PAY |
|--|--|---|
| DOCTORS VISITS | | |
| Primary Care | | \$15 |
| Specialist | | \$30 |
| Chiropractor | | \$20 |
| Allergy Injection (allergy serum covered) | | \$15 Primary care; \$30 Specialist |
| Acupuncture (10 visits) | | 50% |
| PREVENTIVE CARE | | |
| Annual Wellness Exam | | Covered in full |
| Medicare-covered screenings - mammogram, prostate, Pap tests, bone mass measurement | | Covered in full (Office visit copay may apply) |
| Pneumonia and Flu Shots | | Covered in full (Office visit copay may apply) |
| HOSPITAL SERVICES | | |
| Inpatient Acute Hospital Stays Inpatient Mental Health Care (190 days per lifetime) | | \$250 per stay \$750 maximum per year |
| Observation Stays | | \$60 |
| OUTPATIENT SERVICES | | |
| Ambulatory Surgical Center - same day surgery & other services | | \$30 |
| Outpatient Hospital - same day surgery & other services | | \$60 |
| Home Health Services | | Covered in full |
| Hospice | | Covered by Medicare |
| EMERGENCY CARE | | |
| Emergency Room Care - worldwide coverage | | \$95 |
| Urgently Needed Care | | \$30 |
| Ambulance Transportation | | \$100 (per use) |
| DIAGNOSTIC SERVICES - office visit copay may apply | | |
| X-rays (Radiology) | | \$30 |
| Lab Tests | | \$10 |
| CT Scans, PET Scans, MRIs, Nuclear Medicine | | \$100 |
| REHABILITATION | | |
| Skilled Nursing Facility | | \$0 each day, days 1-20; \$196 each day, days 21-100 |
| Physical, Occupational, and Speech Therapy (therapy caps apply) | | \$30 |
| OUT-OF-NETWORK AND TRAVEL COVERAGE (POS) | | |
| Care from providers (doctors, hospitals and other facilities) that are not part of MVP's network. (Not all services are covered out of network). | | No Deductible. Member pays 30%. \$5000 maximum annual benefit. |

| MEMBER PROTECTION | | YOU PAY |
|---|--|---------|
| Maximum Annual Out-of-Pocket Protection (Excludes: Part D costs, acupuncture, eyewear, hearing aids and dental if applicable) | | \$4000 |

BENEFITS**YOU PAY****ADDITIONAL COVERAGE**

| | |
|---|--|
| Diabetic Glucose Strips - must be preferred brands* | 0% |
| Other Diabetic Supplies | \$0 - 10% |
| Durable Medical Equipment (DME) | 20% |
| Part B Drugs Purchased at Pharmacy | 20% - Insulin drugs \$35 maximum copay |
| Part B Drugs Professionally Administered (chemotherapy) | 20% |
| Radiation Therapy | 20% |
| Outpatient Dialysis | 20% |
| Eyewear Allowance Dental Coverage Hearing Aid Allowance | \$100 eyewear allowance every two years Medicare-covered dental benefits only TruHearing Advanced \$699/TruHearing Premium \$999 copay per ear, 2 per year or \$600 allowance per ear, 2 per year through TruHearing catalog |

ENHANCED PRESCRIPTION DRUG COVERAGE

| Initial Coverage Stage | Retail Pharmacy (30 day supply) | Mail Order (up to 90 day supply) |
|-------------------------------------|---|----------------------------------|
| Tier 1 - Preferred generic drugs | \$0 copayment | \$0 copayment |
| Tier 2 - Generic drugs | \$10 copayment | \$20 copayment |
| Tier 3 - Preferred brand-name drugs | \$35 copayment | \$70 copayment |
| Tier 4 - Non-preferred drugs | 50% coinsurance | 50% coinsurance |
| Tier 5 - Specialty drugs | 33% coinsurance | Not Available |
| Coverage Gap Stage | If your total drug costs (paid by both you and MVP Health Plan, Inc.) reach \$5,030, you will pay either the copayments as listed above or less. You will continue to pay \$0 for Tier 1 drugs. | |
| Catastrophic Coverage Stage | When you have paid \$8,000 out of pocket, your cost for prescriptions is reduced to \$0 | |
| Additional Coverage | Your plan also covers the following: Erectile dysfunction drugs, weight-loss agents, and additional barbiturates (butalbital/aspirin/caffeine). Insulin drugs have a \$35 maximum copay for a 30-day supply. | |

WELL-BEING PROGRAMS

| | |
|--------------------------------|--|
| 24-Hour Nurse Line | Nurse available 24 hours per day, 7 days per week to answer health questions via telephone or email. |
| SilverSneakers Fitness Program | Free fitness center membership--visit any participating fitness center or join online classes from home. |

Exclusions & Non-covered Services

Neither MVP nor Original Medicare will pay for certain items or services, including cosmetic surgery, custodial care, and experimental procedures and items. For a complete list of excluded services, refer to your Evidence of Coverage (your contract). Unless expressly indicated in the contract, all non-medically necessary services are not covered. Even if you receive the services at an emergency facility, the excluded services are still not covered.

This information is a brief summary, not a comprehensive description of benefits. Some services may require prior authorization from MVP. For more information, refer to your Evidence of Coverage (your contract).

