2024 Summary of Benefits

MVP Health Plan, Inc.

MVP® Medicare Patriot Plan℠ with Part D (PPO)

MVP® Medicare WellSelect® Plus with Part D (PPO)

MVP® Medicare Gold Giveback℠ with Part D (PPO)

H9615: Plan 014, 012, 019

This is a summary of drug and health services covered by MVP Health Plan January 1, 2024 - December 31, 2024.

MVP Health Plan, Inc. is an HMO-POS/PPO organization with a Medicare contract. Enrollment in 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 **MVP® Medicare Patriot Plan℠ with Part D (PPO), MVP® Medicare WellSelect® Plus with Part D (PPO), or MVP® Medicare Gold Giveback℠ with Part D (PPO)** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our Rochester/Buffalo service area includes the following counties in New York: Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Seneca, Wayne, Wyoming, and Yates

MVP® Medicare Patriot Plan℠ with Part D (PPO), MVP® Medicare WellSelect® Plus with Part D (PPO), and **or MVP® Medicare Gold Giveback℠ with Part D (PPO)** have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are in our network, you will pay less for your covered services. But if you want to, you can also use providers that are not in our network and will pay more for your covered services.

Premiums and Benefits	MVP Medicare Patriot Plan with Part D (PPO)	MVP® Medicare WellSelect® Plus with Part D (PPO)	MVP® Medicare Gold Giveback℠ with Part D (PPO)	What you should know
Monthly Plan Premium	You pay $40.20	You pay $85.90	You pay $0.00	You must continue to pay your Part B premium. ($164.90 in 2023. This amount may change in 2024.)
Part B Premium Reduction	Not Applicable	Not Applicable	$30 reduction of the monthly premium you pay to the Social Security Administration.	
Deductible	This plan does not have a medical deductible.	This plan does not have a medical deductible.	This plan does not have a medical deductible.	
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	$7,550 In-Network and $11,300 In/Out-of-Network combined annually.	$7,550 In-Network and $11,300 In/Out-of-Network combined annually.	$7,900 In-Network and $11,500 In/Out-of-Network combined annually.	The most you pay for co-pays, co-insurance, and other costs for medical services for the year.
Inpatient Hospital Coverage (Services may require Authorization)	In-Network: You pay $400 co-pay per day for days 1 through 5. You pay $0 co-pay per day for days 6 through 90. You pay $0 co-pay per day for days 91 and beyond. Out-of-Network: 40% co-insurance.	In-Network: You pay $340 co-pay per day for days 1 through 5. You pay $0 co-pay per day for days 6 through 90. You pay $0 co-pay per day for days 91 and beyond. Out-of-Network: You pay 40% co-insurance.	In-Network: You pay $400 co-pay per day for days 1 through 5. You pay $0 co-pay per day for days 6 through 90. You pay $0 co-pay per day for days 91 and beyond. Out-of-Network: You pay 40% co-insurance.	Our plan covers an unlimited number of days for an inpatient hospital stay. Co-payment is applied to each new inpatient hospital stay. Medicare benefit periods do not apply.

Premiums and Benefits	MVP Medicare Patriot Plan with Part D (PPO)	MVP® Medicare WellSelect® Plus with Part D (PPO)	MVP® Medicare Gold Giveback℠ with Part D (PPO)	What you should know
Outpatient Hospital Coverage (Services may require Authorization)	In-Network: You pay $325 co-pay for outpatient hospital surgery. You pay $200 co-pay for care in a certified ambulatory surgical center. Out-of-Network: 40% co-insurance.	In-Network: You pay $400 co-pay for outpatient hospital surgery. You pay $300 co-pay for care in a certified ambulatory surgical center. Out-of-Network: You pay 40% co-insurance.	In-Network: You pay $300 co-pay for outpatient hospital surgery. You pay $300co-pay for care in a certified ambulatory surgical center. Out-of-Network: You pay 40% co-insurance.	Physician surgery co-pay also applies for outpatient hospital or ambulatory surgery.
Doctor Visits • Primary Care Providers	In-Network: You pay $0 co-pay per PCP visit. Out-of-Network: You pay $5 co-pay per PCP visit.	In-Network: You pay $0 co-pay per PCP visit. Out-of-Network: you pay $60 co-pay per PCP visit.	In-Network: You pay $0 co-pay per PCP visit. Out-of-Network: you pay $40 co-pay per PCP visit.	Cost-sharing applies to each service you receive, including multiple services from the same provider.
• Specialists (Services may require Authorization)	In-Network: You pay $40 co-pay per Specialist visit. Out-of-Network: You pay $50 co-pay per Specialist visit.	In-Network: You pay $45 co-pay per Specialist visit. Out-of-Network: You pay $60 co-pay per Specialist visit.	In-Network: You pay $50 co-pay per Specialist visit. Out-of-Network: You pay $60 co-pay per Specialist visit.	
Preventive Care	In-Network/Out-of-Network: You pay $0 co-pay.	In-Network/Out-of-Network: You pay $0 co-pay.	In-Network/Out-of-Network: You pay $0 co-pay.	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 Medicare Patriot Plan with Part D (PPO)	MVP® Medicare WellSelect® Plus with Part D (PPO)	MVP® Medicare Gold Giveback℠ with Part D (PPO)	What you should know
Emergency Care	In-Network/Out-of-Network: You pay $95 co-pay per visit.	In-Network/Out-of-Network: You pay $95 co-pay per visit.	In-Network/Out-of-Network: You pay $100 co-pay per visit.	If you are admitted to the hospital within 24 hours, co-pay is waived. Emergency care is provided worldwide.
Urgently Needed Services	In-Network/Out-of-Network: You pay $30 co-pay per visit.	In-Network/Out-of-Network: You pay $40 co-pay per visit.	In-Network/Out-of-Network: You pay $30 co-pay per visit.	Urgently needed services are provided worldwide.
Diagnostic Services/Labs/ Imaging • Diagnostic radiology service (e.g., MRI) • Lab services • Diagnostic tests and procedures	In-Network: You pay $50-$175 co-pay. Out-of-Network: You pay 40% co-insurance. In-Network: You pay $0 co-pay. Out-of-Network: You pay 40% co-insurance. In-Network: You pay $10 co-pay. Out-of-Network:	In-Network: You pay $50-$150co-pay. Out-of-Network: You pay 40% co-insurance. In-Network: You pay $0-$10 co-pay. Out-of-Network: You pay 40% co-insurance. In-Network: You pay $20 co-pay. Out-of-Network: You pay 40% co-	In-Network: You pay $50-$300 co-pay. Out-of-Network: You pay 40% co-insurance. In-Network: You pay $0-$10 co-pay. Out-of-Network: You pay 40% co-insurance. In-Network: You pay $25 co-pay. Out-of-Network: You pay 40% co-	Prior authorization is required for some services by your doctor or other network provider. Please contact the plan for more information. Cost-sharing applies to each service you receive, including multiple services from the same provider.

Premiums and Benefits	MVP Medicare Patriot Plan with Part D (PPO)	MVP® Medicare WellSelect® Plus with Part D (PPO)	MVP® Medicare Gold Giveback℠ with Part D (PPO)	What you should know
• Outpatient x-rays (Services may require Authorization)	You pay 40% co-insurance. In-Network: You pay $50 co-pay. Out-of-Network: You pay $60 co-pay.	insurance. In-Network: You pay $50 co-pay. Out-of-Network: You pay $60 co-pay.	insurance. In-Network: You pay $50 co-pay. Out-of-Network: You pay $60 co-pay.	
Hearing Services • Diagnostic Hearing exam • Routine Hearing exam	In-Network: You pay $0 co-pay. Out-of-Network: You pay $60 co-pay. In-Network: You pay $0 co-pay. Out-of-Network: You pay $60 co-pay.	In-Network: You pay $0 co-pay. Out-of Network: You pay $60 co-pay. In-Network: You pay $0 co-pay. Out-of-Network: You pay $60 co-pay	In-Network: You pay $0 co-pay. Out-of Network: You pay $60 co-pay. In-Network: You pay $0 co-pay. Out-of-Network: You pay $60 co-pay	Routine Hearing exams limited to one per calendar year.
Hearing Services (continued) • Hearing aid	In-Network: $699-$999 per hearing aid or get up to $600 toward the cost of two hearing aids every year. Out-of-Network: Not Covered	In-Network: $699-$999 per hearing aid or get up to $600 toward the cost of two hearing aids every year. Out-of-Network: Not Covered	In-Network: $699-$999 per hearing aid or get up to $600 toward the cost of two hearing aids every year. Out-of-Network: Not Covered	Hearing Aids must be ordered through TruHearing. Limit 1 hearing aid per ear per calendar year.

Premiums and Benefits	MVP Medicare Patriot Plan with Part D (PPO)	MVP® Medicare WellSelect® Plus with Part D (PPO)	MVP® Medicare Gold Giveback℠ with Part D (PPO)	What you should know
Over-the Counter (OTC) Items • OTC Allowance	$50.00 Allowance per quarter	$75.00 Allowance per quarter	$100.00 Allowance per quarter	Allowance is received quarterly to be used towards eligible over-the-counter medicine and health-related purchases from select pharmacies or by mail order. Allowance amount does not carry over from quarter to quarter.
• Arthritis Post-Joint Replacement Procedure Care Kit	Customizable care kit	Customizable care kit	Customizable care kit	Must have a prior authorization or have undergone a joint replacement within the plan year with a diagnosis of Rheumatoid Arthritis or Osteoarthritis, can receive a customizable care kit with items such as, but not limited to, a reacher, shoehorn, non-slip bathmat, tieless shoelaces, and long handled shower sponge through our approved contracted vendor.

Premiums and Benefits	MVP Medicare Patriot Plan with Part D (PPO)	MVP® Medicare WellSelect® Plus with Part D (PPO)	MVP® Medicare Gold Giveback℠ with Part D (PPO)	What you should know
Preventive Dental Services	Annual Maximum Plan Benefit Coverage Amount: $1,500 combined Preventive and Comprehensive services, per calendar year for in and out-of-network benefits (services above the limit are your responsibility).	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).	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).	Payment limited to established Fee Schedule.
• Preventive Dental (Oral Exams, Prophylaxis, Fluoride, X-Rays)	In-network: You pay a $0 copayment. Out-of-network: You pay a 20% coinsurance.	In-network: You pay a $0 copayment. Out-of-network: You pay a 20% coinsurance.	In-network: You pay a $0 copayment. Out-of-network: You pay a 0%-20% coinsurance.	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. See the Evidence of Coverage for more information.
• Comprehensive Dental (Diagnostic Services, Restorative Services, Endodontics, Periodontics, Extractions, Prosthodontics, Oral/Maxillofacial	In-network: You pay a $0 copayment. Out-of-network: You pay a 20%-50% coinsurance.	In-network: You pay a $0 copayment. Out-of-network: You pay a 20%-50% coinsurance.	In-network: You pay a $0 copayment. Out-of-network: You pay a 20%-50% coinsurance.	See the Evidence of Coverage for more information.

Premiums and Benefits	MVP Medicare Patriot Plan with Part D (PPO)	MVP® Medicare WellSelect® Plus with Part D (PPO)	MVP® Medicare Gold Giveback℠ with Part D (PPO)	What you should know
Surgery, Other Services) •				
Vision Services • Diagnostic eye exam • Routine eye exam • Post-cataract surgery eyewear • Eyewear allowance	In-Network: You pay $20 co-pay. Out-of-Network: You pay $60 co-pay. In-Network: You pay $0 co-pay. Out-of-Network: You pay $0 co-pay. In-Network: You pay 20% co-insurance. Out-of-Network: You pay 40% co-insurance. In-Network/Out-of-Network: $175 every year eyewear allowance.	In-Network: You pay $45 co-pay. Out-of-Network: You pay $60 co-pay. In-Network: You pay $0 co-pay. Out-of-Network: You pay $0 co-pay. In-Network: You pay 20% co-insurance. Out-of-Network: You pay 40% co-insurance. In-Network/Out-of-Network: $175 every year eyewear allowance.	In-Network: You pay $50 co-pay. Out-of-Network: You pay $60 co-pay. In-Network: You pay $0 co-pay. Out-of-Network: You pay $0 co-pay. In-Network: You pay 20% co-insurance. Out-of-Network: You pay 40% co-insurance. In-Network/Out-of-Network: $225 every year eyewear allowance.	Routine eye exams are limited to one per calendar year.
Mental Health Services • Inpatient visit	In-Network: You pay $370 co-pay per day for days 1 through 5. You pay $0 co-pay per day for days 6	In-Network: You pay $340 co-pay per day for days 1 through 5. You pay $0 co-pay per day for days 6	In-Network: You pay $370 co-pay per day for days 1 through 5. You pay $0 co-pay per day for days 6	Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric

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Mental Health Services (continued) • Outpatient group therapy visit/Outpatient individual therapy visit (Services may require Authorization)	through 90. You pay $0 co-pay per day for days 91 and beyond. Out-of-Network: You pay 40% co-insurance. In-Network: You pay $10 per outpatient group/individual therapy visit. Out-of-Network: You pay $50 co-pay.	through 90. You pay $0 co-pay per day for days 91 and beyond. Out-of-Network: You pay 40% co-insurance. In-Network: You pay $10 per outpatient group/individual therapy visit. Out-of-Network: You pay $60 co-pay.	through 90. You pay $0 co-pay per day for days 91 and beyond. Out-of-Network: You pay 40% co-insurance. In-Network: You pay $10 per outpatient group/individual therapy visit. Out-of-Network: You pay $60 co-pay.	hospital.
Skilled Nursing Facility (SNF) (Services may require Authorization)	In-Network: You pay $0 co-pay per day for days 1 through 20. You pay $203 co-pay per day for days 21 through 100. Out-of-Network: You pay 40% co-insurance.	In-Network: You pay $0 co-pay per day for days 1 through 20. You pay $203 co-pay per day for days 21 through 100. Out-of-Network: You pay 40% co-insurance per stay.	In-Network: You pay $0 co-pay per day for days 1 through 20. You pay $203 co-pay per day for days 21 through 100. Out-of-Network: You pay 40% co-insurance per stay.	Our plan covers up to 100 days in a SNF.
Physical Therapy (Services may require Authorization)	In-Network: You pay $40 co-pay per visit. Out-of-Network: You pay $60 co-pay per visit.	In-Network: You pay $40 co-pay per visit. Out-of-Network: You pay $60 co-pay per visit.	In-Network: You pay $40 co-pay per visit. Out-of-Network: You pay $60 co-pay per visit.	Annual dollar limits apply to all outpatient therapy services. Dollar limit also applies to therapy services in a Skilled Nursing Facility (SNF) and hospital

Premiums and Benefits	MVP Medicare Patriot Plan with Part D (PPO)	MVP® Medicare WellSelect® Plus with Part D (PPO)	MVP® Medicare Gold Giveback℠ with Part D (PPO)	What you should know
				outpatient departments.
Ambulance (Services may require Authorization)	In-Network/Out-of-Network: You pay $150 co-pay for ground ambulance. In-Network/Out-of-Network: You pay $300 co-pay for air ambulance.	In-Network/Out-of-Network: You pay $200 co-pay for ground ambulance. In-Network/Out-of-Network: You pay $400 co-pay for air ambulance.	In-Network/Out-of-Network: You pay $250 co-pay for ground ambulance. In-Network/Out-of-Network: You pay $500 co-pay for air ambulance.	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	You pay $0 co-pay. 24 one-way rides per year for medical appointments to non-VA providers (30-mile, one-way capitation per trip), and unlimited rides to VA facilities (45-mile one-way capitation per trip).	You pay $0 co-pay. 18 one-way rides per year for medical appointments. (30-mile, one-way capitation per trip).	You pay $0 co-pay. 12 one-way rides per year for medical appointments. (30-mile, one-way capitation per trip).	Must use plan approved vendor.
Medicare Part B Drugs (Services may require	In-Network: You pay 0-20% co-insurance.	In-Network: You pay 20% co-insurance.	In-Network: You pay 0%-20% co-insurance.	The co-insurance You pay is based on the type of Part

Premiums and Benefits	MVP Medicare Patriot Plan with Part D (PPO)	MVP® Medicare WellSelect® Plus with Part D (PPO)	MVP® Medicare Gold Giveback℠ with Part D (PPO)	What you should know
Authorization) • Insulin Drugs	Out-of-Network: You pay 40% co-insurance. In-Network: You pay 0%-20% co-insurance and your maximum cost share will not exceed $35.	Out-of-Network: You pay 40% co-insurance. In-Network: You pay 0%-20% co-insurance and your maximum cost share will not exceed $35.	Out-of-Network: You pay 40% co-insurance. In-Network: You pay 0%-20% co-insurance and your maximum cost share will not exceed $35.	B drugs purchased at a pharmacy, administered by a pharmacist, or administered by your doctor. (An office visit co-pay may also apply.) Part B drugs may be subject to Step Therapy requirements.
Foot Care (podiatry services) • Diagnostic Foot exams and treatment • Routine foot care (Services may require Authorization)	In-Network: You pay $40 co-pay. Out-of-Network: You pay $60 co-pay. In-Network: You pay $0 co-pay. Out-of-Network: You pay $60 co-pay.	In-Network: You pay $45 co-pay. Out-of-Network: You pay $60 co-pay. In-Network: You pay $0 co-pay. Out-of-Network: You pay $60 co-pay.	In-Network: You pay $50 co-pay. Out-of-Network: You pay $60 co-pay. In-Network: You pay $0 co-pay. Out-of-Network: You pay $60 co-pay.	Routine foot exams and treatment only if you have diabetes-related nerve damage and/or meet certain conditions.

Premiums and Benefits	MVP Medicare Patriot Plan with Part D (PPO)	MVP® Medicare WellSelect® Plus with Part D (PPO)	MVP® Medicare Gold Giveback℠ with Part D (PPO)	What you should know
Medical Equipment/Supplies • Durable Medical Equipment (e.g., wheelchairs, oxygen)	In-Network: You pay 20% co-insurance. Out-of-Network: You pay 40% co-insurance.	In-Network: You pay 20% co-insurance. Out-of-Network: You pay 40% co-insurance.	In-Network: You pay 20% co-insurance. Out-of-Network: You pay 40% co-insurance.	
• Prosthetics (e.g., braces, artificial limbs)	In-Network: You pay 0-20% co-insurance. Out-of-Network: You pay 40% co-insurance.	In-Network: You pay 0-20% co-insurance. Out-of-Network: You pay 40% co-insurance.	In-Network: You pay 0-20% co-insurance. Out-of-Network: You pay 40% co-insurance.	
• Diabetes supplies (Services may require Authorization)	In-Network: You pay $0 co-pay for a 30-day supply of Freestyle, OneTouch, Precision and Prodigy brand blood glucose test strips and glucometers; you pay $0 co-pay for a 30-day supply of non-preferred strips that have prior authorization. Out-of-Network: You pay 40% co-insurance.	In-Network: You pay $0 co-pay for a 30-day supply of Freestyle, OneTouch, Precision and Prodigy brand blood glucose test strips and glucometers; you pay $0 co-pay for a 30-day supply of non-preferred strips that have prior authorization. Out-of-Network: You pay 40% co-insurance.	In-Network: You pay $0 co-pay for a 30-day supply of Freestyle, OneTouch, Precision and Prodigy brand blood glucose test strips and glucometers; you pay $0 co-pay for a 30-day supply of non-preferred strips that have prior authorization. Out-of-Network: You pay 40% co-insurance.	
• Blood Pressure Cuff	One basic blood pressure cuff per year at no cost.	One basic blood pressure cuff per year at no cost.	One basic blood pressure cuff per year at no cost.	Must have diagnoses of Hypertension. One approved basic blood pressure cuff from our contracted vendor will be covered per year.

Premiums and Benefits	MVP Medicare Patriot Plan with Part D (PPO)	MVP® Medicare WellSelect® Plus with Part D (PPO)	MVP® Medicare Gold Giveback℠ with Part D (PPO)	What you should know
Medical Equipment/Supplies (continued) • Home and Bathroom Safety Devices and Modifications	$250 allowance per year in total for select items from our contracted vendor.	$250 allowance per year in total for select items from our contracted vendor.	$250 allowance per year in total for select items from our contracted vendor.	Must have diagnoses related to Stroke. Bathroom safety items on a selected list from our contracted vendor including, but not limited to shower seats, raised toilet seats, bathtub seats, and grab bars. Only the approved items will be covered and only through our approved contracted vendor.
Meal Benefit	14 meals post inpatient hospital discharge.	14 meals post inpatient hospital discharge.	14 meals post inpatient hospital discharge.	Post-hospitalization meals are covered through contracted vendor and set-up through Care Management program. 14 meals/7 days benefit. No limit to number of times benefit can be accessed in a calendar year so long as it is preceded by a hospitalization.

Premiums and Benefits	MVP Medicare Patriot Plan with Part D (PPO)	MVP® Medicare WellSelect® Plus with Part D (PPO)	MVP® Medicare Gold Giveback℠ with Part D (PPO)	What you should know
Wellness Programs • SilverSneakers®	No cost for SilverSneakers® membership and to use SilverSneakers® fitness locations and virtual resources. Plus, you get access to GetSetUp, with thousands of live online classes to ignite your interests in topics like cooking, technology and art.	No cost for SilverSneakers® membership and to use SilverSneakers® fitness locations and virtual resources. Plus, you get access to GetSetUp, with thousands of live online classes to ignite your interests in topics like cooking, technology and art.	No cost for SilverSneakers® membership and to use SilverSneakers® fitness locations and virtual resources. Plus, you get access to GetSetUp, with thousands of live online classes to ignite your interests in topics like cooking, technology and art.	
• ***Be Well*** Rewards Program	With the MVP ***Be Well*** Rewards Program, Medicare members are rewarded with 100 points once they complete an annual wellness visit. Then members can redeem their reward points for a $100 gift card.	With the MVP ***Be Well*** Rewards Program, Medicare members are rewarded with 100 points once they complete an annual wellness visit. Then members can redeem their reward points for a $100 gift card.	With the MVP ***Be Well*** Rewards Program, Medicare members are rewarded with 100 points once they complete an annual wellness visit. Then members can redeem their reward points for a $100 gift card.	
MVP Virtual Care Services	In-Network/Out-of-Network: You pay $0 co-pay per visit using remote access technology.	In-Network/Out-of-Network: You pay $0 co-pay per visit using remote access technology.	In-Network/Out-of-Network: You pay $0 co-pay per visit using remote access technology.	Must use plan-approved vendor(s). Using your smartphone, tablet, or laptop, you can access doctors via video.

Outpatient Prescription Drugs							
Benefits	**MVP Medicare Patriot Plan with Part D (PPO)**		**MVP® Medicare WellSelect® Plus with Part D (PPO)**		**MVP® Medicare Gold Giveback℠ with Part D (PPO)**		**What you should know**
	Retail Rx 30-day supply	**Mail Order up to 90-day supply**	**Retail Rx 30-day supply**	**Mail Order up to 90-day supply**	**Retail Rx 30-day supply**	**Mail Order up to 90-day supply**	You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.
Deductible	$250 Deductible. Tier 1, Tier 2 and Plan-covered Insulin Drugs are not subject to deductible.		$250 Deductible. Tier 1, Tier 2 and Plan-covered Insulin Drugs are not subject to deductible.		$400 Deductible. Tier 1, Tier 2 and Plan-covered Insulin Drugs are not subject to deductible.		
Initial Coverage							
Tier 1: Preferred Generic	You pay $0.	You pay $0.	You pay $0.	You pay $0.	You pay $0.	You pay $0.	You pay this amount for each prescription until your yearly drug costs reach $5,030. If you reside in a long-term care facility, only 31-day supply is available, and you pay the same as at a retail
Tier 2: Generic	You pay $15.	You pay $30.	You pay $10.	You pay $20.	You pay $12.	You pay $24.	
Tier 3: Preferred Brand	You pay $45.	You pay $90.	You pay $47.	You pay $94.	You pay $42.	You pay $84.	
Tier 4: Non-Preferred Drugs	You pay 25%.	You pay 25%.	You pay 25%.	You pay 25%.	You pay $100.	You pay $200.	
Tier 5: Specialty Tier Plan-covered Insulin	You pay 27%. You pay up to $35.	Not available. You pay up to $70.	You pay 25%. You pay up to $35.	Not available. You pay up to $70.	You pay 27%. You pay up to $35.	Not available. You pay up to $70.	

							pharmacy.
Coverage Gap							
Tier 1: Preferred Generic Other Generic Drugs (Tiers 2-5) Brand Name Drugs (Tiers 2-5) Plan-covered Insulin	You pay 25%. You pay 25%. You pay 25%. You pay up to $35.	You pay 25%. You pay 25%. You pay 25%. You pay up to $70.	You pay 25%. You pay 25%. You pay 25%. You pay up to $35.	You pay 25%. You pay 25%. You pay 25%. You pay up to $70.	You pay 25%. You pay 25%. You pay 25%. You pay up to $35.	You pay 25%. You pay 25%. You pay 25%. You pay up to $70.	You pay this amount for each prescription until your yearly out-of-pocket costs reach $8,000.
	Catastrophic Coverage						
Tiers 1-5: You pay $0 co-payment for all drug tiers							You pay this amount after your yearly out-of-pocket costs reach $8,000.

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 711.
From October 1 – March 31, you can call us seven days a week from 8 am–8 pm Eastern Time.
From April 1 – September 30, you can call us Monday – Friday from 8 am–8 pm Eastern Time.

You can see our plan's provider directory at **medicare.mvphealthcare.com/find-your-doctor**.

You can see our plan's pharmacy directory at **medicare.mvphealthcare.com/find-your-doctor**.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions at **medicare.mvphealthcare.com/plans/prescription-drug-coverage**.

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.

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).

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