



2024 MEDICARE ADVANTAGE PLANS

Benefits at a Glance

Hudson Valley

Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and
Westchester Counties



Well-Being Benefits and Extras

MVP is committed to supporting you along every step of your personal health journey. Our Medicare Advantage plans include extra benefits, programs, and services to help you live your best life.

MVP Care Guides

Get extra support from our expert Care Guides as you get started with an MVP Medicare Advantage plan. They are available to offer personalized guidance to make sure you understand your plan, are ready to use your benefits, and ensure there is no disruption to your health care.



MVP MEDICARE ADVANTAGE PLANS

	MVP MEDICARE WELLSELECT	MVP MEDICARE PATRIOT PLAN	MVP MEDICARE SECURE
Dental Services	\$1,500 per year for covered dental services	\$1,750 per year for covered dental services	\$1,250 per year for covered dental services
In-network provider: 0% co-insurance for covered services Out-of-network provider: 20%–50% co-insurance for covered services			
Hearing Aids from TruHearing	Choose the right coverage for you! Pay \$699 or \$999 per hearing aid, or get up to \$600 per hearing aid toward your choice of top models, rechargeable or batteries included		
Eyewear Allowance	\$150 per year	\$175 per year	\$175 per year
Over-the-Counter Allowance	\$75 per quarter	\$50 per quarter	\$25 per quarter
Transportation to Medical Appointments (30 miles maximum per ride)	26 one-way rides per year	Unlimited rides to VA, 24 one-way rides to other appointments	14 one-way rides per year
Meal Delivery	14 free refrigerated meals after an in-patient hospital stay discharge		
Gia[®] by MVP	\$0 virtual care to address an immediate or same-day health need, available 24/7		
SilverSneakers[®] Fitness Membership	Enjoy a free gym membership to 16,000 fitness locations nationwide, plus, get access to a full library of on-demand videos, live online classes, and the GetSetUp online learning community		
Be Well Rewards Program	Earn a \$100 gift card reward for completing your annual wellness visit		

For detailed benefit information, refer to the MVP MEDICARE ADVANTAGE PLANS brochure.

MVP MEDICARE ADVANTAGE PLANS

	MVP MEDICARE SECURE PLUS	MVP MEDICARE PREFERRED GOLD with Part D	MVP MEDICARE PREFERRED GOLD without Part D
	\$2,000 per year for covered dental services	\$2,000 per year for covered dental services	\$2,000 per year for covered dental services
In-network provider: 0% co-insurance for covered services Out-of-network provider: 20%–50% co-insurance for covered services			
	Choose the right coverage for you! Pay \$699 or \$999 per hearing aid, or get up to \$600 per hearing aid toward your choice of top models, rechargeable or batteries included		
	\$175 per year	\$225 per year	\$225 per year
	\$75 per quarter	\$100 per quarter	\$25 per quarter
	24 one-way rides per year	24 one-way rides per year	12 one-way rides per year
	14 free refrigerated meals after an in-patient hospital stay discharge		
	\$0 virtual care to address an immediate or same-day health need, available 24/7		
	Enjoy a free gym membership to 16,000 fitness locations nationwide, plus, get access to a full library of on-demand videos, live online classes, and the GetSetUp online learning community		
	Earn a \$100 gift card reward for completing your annual wellness visit		

Look inside for at-a-glance plan comparisons.

MVP MEDICARE ADVANTAGE PLANS **Benefits at a Glance**

Hudson Valley

(IN=In-network providers,
OUT=Out-of-network providers)

	MVP MEDICARE WELLSELECT with Part D (PPO)	MVP MEDICARE PATRIOT PLAN with Part D (PPO)	MVP MEDICARE SECURE with Part D (HMO-POS)	MVP MEDICARE SECURE PLUS with Part D (HMO-POS)	MVP MEDICARE PREFERRED GOLD with Part D (HMO-POS)	MVP MEDICARE PREFERRED GOLD without Part D (HMO-POS)
Monthly Premium¹	\$0	\$42.40	\$39.50	\$97.50	\$147.40	\$0
Doctor Visits						
Primary Care	IN \$0 co-pay OUT \$5 co-pay	IN \$0 co-pay OUT \$5 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Specialist No Referrals!	IN \$45 co-pay OUT \$50 co-pay	IN \$40 co-pay OUT \$50 co-pay	\$40 co-pay	\$40 co-pay	\$30 co-pay	\$30 co-pay
Mental Health Specialist	IN \$10 co-pay OUT \$50 co-pay	IN \$10 co-pay OUT \$50 co-pay	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$30 co-pay
Gia[®] Virtual Care Services	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Routine Eye Exams	IN \$0 co-pay OUT \$0 co-pay	IN \$0 co-pay OUT \$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Routine Hearing Exams	IN \$0 co-pay OUT \$60 co-pay	IN \$0 co-pay OUT \$60 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Chiropractic	IN \$15 co-pay OUT \$20 co-pay	IN \$10 co-pay OUT \$20 co-pay	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$15 co-pay
Outpatient Physical, Speech, and Occupational Therapy	IN \$30 co-pay OUT \$60 co-pay	IN \$40 co-pay OUT \$60 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay
Emergency Care Worldwide Coverage						
Emergency Room Care	\$95 co-pay	\$95 co-pay	\$95 co-pay	\$95 co-pay	\$95 co-pay	\$95 co-pay
Urgently Needed Care	\$30 co-pay	\$30 co-pay	\$40 co-pay	\$30 co-pay	\$30 co-pay	\$55 co-pay
Ambulance (Ground)	\$200 co-pay	\$150 co-pay	\$250 co-pay	\$175 co-pay	\$100 co-pay	\$100 co-pay
Out-of-Network Coverage All plans include coverage for non-emergency care from Medicare providers anywhere in the United States who are not part of the MVP Medicare provider network.						
Non-Urgent and Non-Emergency Services and Admissions Some services excluded	Up to \$60 co-pay for office visits, 40% co-insurance for other	Up to \$60 co-pay for office visits, 40% co-insurance for other	30% co-insurance, MVP pays 70%, up to \$4,000 per year	30% co-insurance, MVP pays 70%, up to \$4,000 per year	30% co-insurance, MVP pays 70%, up to \$4,000 per year	30% co-insurance, MVP pays 70%, up to \$4,000 per year
Hospital, Surgery, and Rehabilitation Services All plans cover skilled nursing facility care at a post-acute rehabilitation center.						
Inpatient Hospital Stays Emergency admissions covered worldwide	IN \$385 per day for days 1–5, then \$0 per day for days 6+ OUT 40% co-insurance	IN \$400 per day for days 1–5, then \$0 per day for days 6+ OUT 40% co-insurance	\$370 per day for days 1–5, then \$0 per day for days 6+	\$350 per day for days 1–5, then \$0 per day for days 6+	\$325 per day for days 1–5, then \$0 per day for days 6+	\$350 per day for days 1–5, then \$0 per day for days 6+
Observation Stays Not inpatient admission	IN \$350 OUT 40% co-insurance	IN \$350 OUT 40% co-insurance	\$300 co-pay	\$300 co-pay	\$200 co-pay	\$250 co-pay
Outpatient Hospital/Ambulatory Surgical Center (Same day surgery)	IN \$350/\$225 co-pay OUT 40% co-insurance	IN \$350/\$200 co-pay OUT 40% co-insurance	\$300 co-pay/\$175 co-pay	\$300 co-pay/\$175 co-pay	\$200 co-pay/\$125 co-pay	\$250 co-pay/\$150 co-pay
Diagnostic Services Office visit co-pay may apply.						
Outpatient X-ray (Radiology)	IN \$60 co-pay OUT \$60 co-pay	IN \$50 co-pay OUT \$60 co-pay	\$45 co-pay	\$40 co-pay	\$30 co-pay	\$30 co-pay
Outpatient CT Scans, PET Scans, and MRIs	IN \$150 co-pay OUT 40% co-insurance	IN \$200 co-pay OUT 40% co-insurance	\$200 co-pay	\$175 co-pay	\$125 co-pay	\$100 co-pay
Laboratory	IN \$0 co-pay OUT 40% co-insurance	IN \$0 co-pay OUT 40% co-insurance	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$10 co-pay
Diagnostic Procedures	IN \$20 co-pay OUT 40% co-insurance	IN \$10 co-pay OUT 40% co-insurance	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$10 co-pay
Maximum Out-of-Pocket Protection²	IN Only \$7,550 IN and OUT Combined \$11,300	IN Only \$7,550 IN and OUT Combined \$11,300	\$7,550	\$7,550	\$5,800	\$6,700

¹May be lower with New York State EPIC and/or Low Income Subsidy assistance. You must continue to pay your Part B premium.

²The most you pay for covered medical services in a calendar year, excluding Part D drug costs. If you reach the maximum amount, MVP pays 100% of the cost of covered services, including Part B drugs, through December 31.

Part D Prescription Drug Coverage

MVP MEDICARE ADVANTAGE PLANS

WELLSELECT	PATRIOT PLAN	SECURE	SECURE PLUS	PREFERRED GOLD with Part D
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DEDUCTIBLE STAGE

\$250 Deductible for Tiers 3–5	\$200 Deductible for Tiers 3–5	\$150 Deductible for Tiers 3–5	No Deductible	No Deductible
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INITIAL COVERAGE STAGE

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	WELLSELECT	PATRIOT PLAN	SECURE	SECURE PLUS	PREFERRED GOLD
TIER 1	\$0 No Deductible	\$0 No Deductible	\$0 No Deductible	\$0	\$0
TIER 2	\$12 No Deductible	\$15 No Deductible	\$10 No Deductible	\$15	\$10
TIER 3	\$47 After Deductible	\$45 After Deductible	\$47 After Deductible	\$45	\$35
TIER 4	25% After Deductible	25% After Deductible	25% After Deductible	25%	25%
TIER 5	27% After Deductible	27% After Deductible	30% After Deductible	33%	33%


COVERAGE GAP STAGE

If your total drug costs in 2024 reach **\$5,030**, your cost for prescription drugs changes. **You pay:**

All Tiers: 25% for generic and contracted brand name drugs	All Tiers: 25% for generic and contracted brand name drugs	All Tiers: 25% for generic and contracted brand name drugs	Tier 1: \$0 Tiers 2–5: 25% for generic and contracted brand name drugs	Tier 1: \$0 Tiers 2–5: 25% for generic and contracted brand name drugs
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CATASTROPHIC COVERAGE STAGE

If your true out-of-pocket costs reach **\$8,000**,
you will pay **\$0** for all drugs in all tiers for the rest of the calendar year.

 Drugs purchased outside the United States are not Medicare-approved and are not covered.

Members living with diabetes have extra support. Plan-covered insulin drugs are not subject to Part D deductibles and are covered at a maximum \$35 co-pay or the tier co-pay, whichever is less. OneTouch, FreeStyle, Precision, and Prodigy brand diabetic supplies are covered with a \$0 co-pay.

Let's talk!

Have questions or need more information?

Call **1-800-324-3899** (TTY 711)

October 1–March 31, seven days a week, 8 am–8 pm Eastern Time.

April 1–September 30, call Monday–Friday, 8 am–8 pm.

Or visit **mvphealthcare.com/medicare**.



MVP Health Plan, Inc. complies with Federal civil rights laws. MVP Health Plan, Inc. does not exclude people or treat them differently because 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)。

If your coverage is through an employer-sponsored plan, check with the former employer for your benefit information. This is not a contract. These benefit charts are for general reference only. All benefits are subject to federal Medicare program medical necessity guidelines.

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.

For accommodations of persons with special needs at meetings, call 1-800-324-3899 (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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