

2024 Summary of Benefits

MVP Health Plan, Inc.

MVP DualAccess Complete (HMO D-SNP)

H3305: Plan 034

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

MVP Health Plan, Inc. is an HMO-POS/PPO/HMO D-SNP organization with a Medicare contract and a contract with the New York State Medicaid program. 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."

MVP DualAccess Complete (HMO D-SNP) is a Dual Eligible Special Needs Plan (D-SNP) for Medicare beneficiaries who are also eligible for Medicaid. This is a Medicare Advantage plan that covers prescription drugs. The amount that a member pays for premiums, deductibles, co-payments, and/or co-insurance may vary based on the level of Medicaid eligibility and "Extra Help" a member receives. To enroll in this plan, you must be enrolled in one of the following Medicare Savings Programs.

- Qualified Medicare Beneficiary (QMB): Medicaid covers your Medicare cost-shares, including deductibles, premiums, co-payments, and co-insurance for medical services. You will only pay co-payments for Part D prescription drugs.
- Qualified Medicare Beneficiary Plus (QMB Plus): Medicaid covers your Medicare cost-shares, including deductibles, premiums, co-payments, and co-insurance for medical services. You are also eligible for full Medicaid benefits from your state Medicaid program. You will only pay co-payments for Part D prescription drugs.
- Specified Low-Income Beneficiary Plus (SLMB Plus): Medicaid covers your Medicare Part B premium. You are also eligible for full Medicaid benefits from your state Medicaid program.
- Full Benefit Dual Eligible (FBDE): You are eligible for full Medicaid benefits from your state Medicaid program. In addition, Medicaid may cover some of your Medicare cost-sharing for medical services, depending on your state's Medicaid program.

To join **MVP DualAccess Complete (HMO D-SNP)** 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, Columbia, Dutchess, Greene, Orange, Monroe, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, and Westchester.

MVP DualAccess Complete (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

Premiums and Benefits	MVP DualAccess Complete	What you should know
Monthly Plan Premium	You pay \$0.	You must continue to pay your Part B premium. (\$164.90 in 2023. This amount may change in 2024.)
Deductible	This plan does not have a medical deductible.	
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	\$8,850 annually.	So long as Medicaid continues to pay your Medicare deductible, coinsurance, and copayments, you will not have a maximum out-of-pocket responsibility.
Inpatient Hospital Coverage <i>(Services may require Authorization)</i>	You pay \$0 co-pay.	Our plan covers an unlimited number of days for an inpatient hospital stay. Medicare benefit periods do not apply.
Outpatient Hospital Coverage <i>(Services may require Authorization)</i>	You pay \$0 co-pay for outpatient hospital surgery. You pay \$0 co-pay for care in a certified ambulatory surgical center.	Physician surgery co-pay also applies for outpatient hospital or ambulatory surgery.
Doctor Visits <ul style="list-style-type: none"> • Primary Care Providers • Specialists <i>(Services may require Authorization)</i> 	<p>You pay \$0 co-pay per visit.</p> <p>You pay \$0 co-pay per visit.</p>	Cost sharing applies to each service you receive, including multiple services from the same provider.

Premiums and Benefits	MVP DualAccess Complete	What you should know
Preventive Care	You pay \$0 co-pay.	Any additional services approved by Medicare during the contract year will be covered. There are items not covered at \$0.
Emergency Care	You pay \$0 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	You pay \$0 co-pay per visit.	Urgently needed services are provided worldwide.
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 (Services may require Authorization) 	<p>You pay \$0 co-pay.</p> <p>You pay \$0 co-pay.</p> <p>You pay \$0 co-pay.</p> <p>You pay \$0 co-pay.</p>	Cost sharing applies to each service you receive, including multiple services from the same provider.

Premiums and Benefits	MVP DualAccess Complete	What you should know
<p>Over-the Counter (OTC) Items</p> <ul style="list-style-type: none"> • OTC Allowance • Arthritis Post-Joint Replacement Procedure Care Kit 	<p>\$100.00 allowance per quarter.</p> <p>Customizable care kit</p>	<p>Allowance is received quarterly to be used towards 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.</p> <p>Must have a prior authorization or have undergone a joint replacement within the plan year with a diagnosis of Rheumatoid Arthritis or Osteoarthritis. 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.</p>

Premiums and Benefits	MVP DualAccess Complete	What you should know
Vision Services <ul style="list-style-type: none"> • Diagnostic eye exam • Post-cataract surgery eyewear • Eyewear allowance 	<p>You pay \$0 co-pay.</p> <p>You pay \$0 co-pay.</p> <p>\$200 every year eyewear allowance.</p>	
Mental Health Services <ul style="list-style-type: none"> • Inpatient visit • Outpatient group therapy visit • Outpatient individual therapy visit (Services may require Authorization) 	<p>You pay \$0 co-pay.</p> <p>You pay \$0 co-pay.</p> <p>You pay \$0 co-pay.</p>	
Skilled Nursing Facility (SNF) (Services may require Authorization)	<p>You pay \$0 co-pay.</p>	

Premiums and Benefits	MVP DualAccess Complete	What you should know
Physical Therapy (Services may require Authorization)	You pay \$0 co-pay.	
Ambulance (Services may require Authorization)	You pay \$0 co-pay.	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. 36 one-way rides to medical appointments.	Must use plan approved vendor. (30-mile, one-way limit)
Medicare Part B Drugs (Services may require Authorization)	You pay \$0 co-pay.	You pay a 0% co-insurance for Part B drugs purchased at a pharmacy, administered by a pharmacist or by your doctor. (An office visit co-pay may also apply.) Part B drugs may be subject to Step Therapy requirements.

Premiums and Benefits	MVP DualAccess Complete	What you should know
<p>Foot Care (podiatry services)</p> <ul style="list-style-type: none"> • Diagnostic Foot exams and treatment • Routine foot care <p>(Services may require Authorization)</p>	<p>You pay \$0 co-pay.</p> <p>You pay \$0 co-pay.</p>	<p>Routine foot care if you have diabetes-related nerve damage and/or meet certain conditions.</p>
<p>Medical Equipment/Supplies</p> <ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Diabetes supplies <p>(Services may require Authorization)</p>	<p>You pay \$0 co-pay.</p> <p>You pay \$0 co-pay.</p> <p>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.</p>	

Premiums and Benefits	MVP DualAccess Complete	What you should know
<p>Wellness Programs</p> <ul style="list-style-type: none"> • SilverSneakers® • Be Well Rewards Program 	<p>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.</p> <p>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.</p>	
<p>MVP Virtual Care Services</p>	<p>You pay \$0 co-pay per visit using remote access technology.</p>	<p>Must use plan-approved vendor(s). Using your smartphone, tablet or laptop, you can access doctors via video.</p>
<p>Meal Delivery Service</p>	<p>14 meals post inpatient hospital discharge.</p>	<p>Post-hospitalization meals are covered through contracted vendor and set-up thru 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.</p>
<p>Grocery Benefit</p>	<p>\$75.00 allowance per month</p>	<p>Eligible chronic condition required to receive the food and produce benefit. Can be used for fresh produce, prepared meals, or dry or canned foods. Purchases can be made on-line, via telephone, or mail order thru Nations Benefits. Unused allowance does not rollover to the next month. Refer to Evidence of Coverage for eligible chronic conditions.</p>

Premiums and Benefits	MVP DualAccess Complete	What you should know
Hearing Aid	\$2000 maximum allowance towards the cost of two hearing aids every 3 years.	Hearing aids must be purchased through TruHearing.

Understanding Part D prescription drug coverage

MVP DualAccess Complete includes Part D prescription drug coverage. The MVP Medicare Part D Formulary—the list of drugs our Medicare plans cover— includes hundreds of generic and brand-name medications categorized into different “tiers,” or cost levels. Check the Formulary to confirm how your prescriptions are covered and what you will pay. All Part D plans also have various payment stages, but you may continue to pay the same cost share as you fill prescriptions during the year and move through these stages.

Initial Coverage: After your deductible is met, you pay your cost share for covered prescription drugs. You pay the amounts shown in the column to the right for a 30-day supply from a participating retail pharmacy.

Generic: \$0
Brand: \$0

Coverage Gap: If your total drug costs in 2024 reach \$5,030.

Generic: \$0
Brand: \$0

Catastrophic Coverage: If your true out-of-pocket costs in 2024 reach \$8,000.

Generic: \$0
Brand: \$0

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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 our website at **mvphealthcare.com**

You can see our plan’s pharmacy directory at our website at **mvphealthcare.com/partD**

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at **mvphealthcare.com/partD**

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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).

