



Medicare plus Medicaid and a whole lot more.

2025 MVP DUALACCESS PLANS (HMO D-SNP)



INTRODUCTION

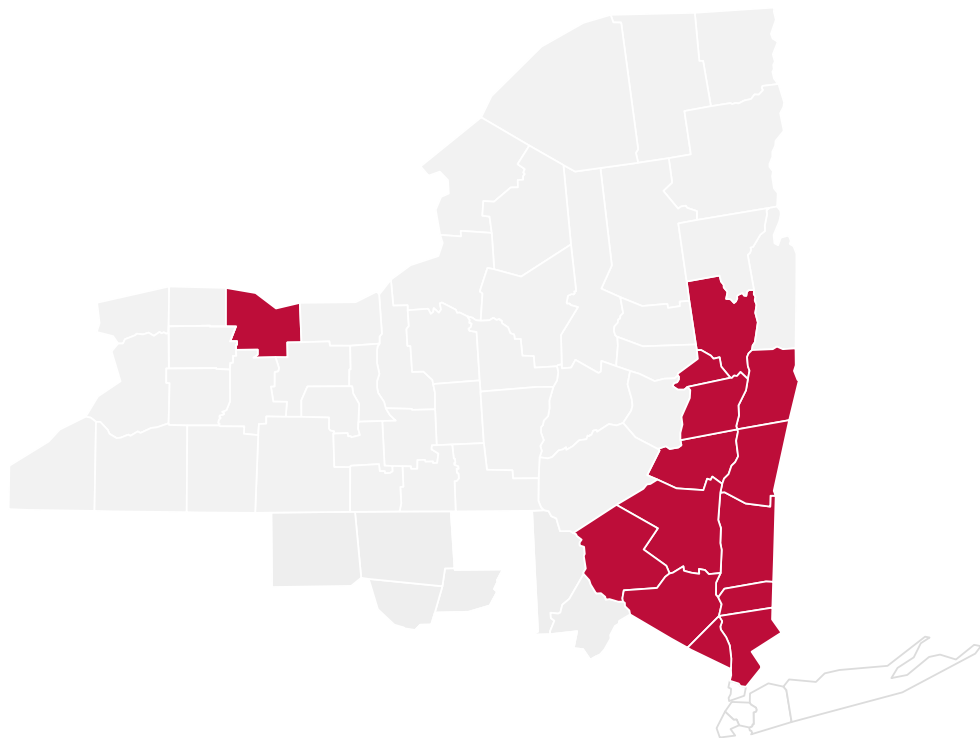
What Makes MVP DualAccess Plans Different

MVP DualAccess (HMO D-SNP) plans are Dual Special Needs Plans. This is a unique type of Medicare Advantage plan that works with Medicaid.

For those who qualify, an MVP DualAccess (HMO D-SNP) plan offers the benefits of both Medicare and Medicaid, plus additional features and support—all for no monthly premium.

MVP DualAccess plans are available throughout counties in the Capital District, Mid-Hudson Valley, and Rochester regions, including:

- Albany
- Columbia
- Dutchess
- Greene
- Monroe
- Orange
- Putnam
- Rensselaer
- Rockland
- Saratoga
- Schenectady
- Sullivan
- Ulster
- Westchester



Plans provide access to more than **60,000 doctors and hospitals across New York, Vermont, and in additional areas.**



BENEFITS

More Benefits At No Additional Cost

MVP DualAccess plans offer extra benefits beyond what Original Medicare and Medicaid can offer on their own—**all for a \$0 monthly payment.**

With MVP DualAccess plans, you'll have:

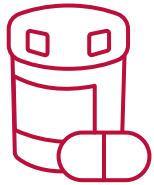
- ✓ **\$0 co-pay** for doctor and specialist visits
- ✓ **\$0 co-pay** for mental health services
- ✓ **\$0 cost-share** for Part D prescription drugs
- ✓ **\$0 virtual care** through our *Gia*® by MVP mobile app
- ✓ **\$200/year** for eyewear
- ✓ **\$0 co-pay** for preventive and comprehensive dental*
- ✓ **Up to \$2,000** for hearing aids (every three years)
- ✓ **Up to \$175 per month** to spend on healthy groceries, over-the-counter purchases, or utilities such as electricity, water, heat, internet, or telephone (based on your specific plan)

*Available through in-network providers only. Service limitations may apply. See the Evidence of Coverage for more information.

BENEFITS

Part D Prescription Drug Coverage

All MVP DualAccess plans include Part D prescription drug coverage with a **\$0 cost-share**. The MVP DualAccess Medicare Part D Comprehensive Formulary—the list of drugs our MVP DualAccess plans cover—includes hundreds of generic and brand-name medications.



Check if your medications are covered

To check if your medications are covered, visit mvphealthcare.com/partD.



Getting your prescriptions filled

Your Part D prescription drug benefit includes access to thousands of participating pharmacies, including all major pharmacy chains. Prescriptions filled at non-contracted pharmacies are covered only in certain situations.



Did you know?

You can receive prescriptions by mail order through the CVS Caremark Mail Service Pharmacy!





BENEFITS

Monthly Allowance

MVP DualAccess Plans come with a monthly allowance of up to \$175 to spend on the things you need most.

You can spend your allowance on:

- Over-the-counter medicine and health related items like cold medicine, toothbrushes, first aid supplies, and more
- Utility related costs such as electricity bills, water bills, heating bills, internet bills, and telephone bills
- Healthy groceries such as vegetables, meat and poultry, eggs, cheese, milk, bread, cereal, and more

For questions about what you can use your allowance on, talk to an MVP Medicare Advisor Today!

Support That's Always On Your Side

Take advantage of extra benefits, programs, and services to keep you healthy and help you live your best life.

Your own personal MVP Care Team

Helps manage transportation, appointments, medications, and more *(see page 7)*



FREE meal delivery

in partnership with Mom's Meals® to assist with nutritional support during at-home recovery (Receive 14 refrigerated meals delivered directly to your home, at no cost!)



Health management services

for managing a new or ongoing medical, mental health, or substance use condition



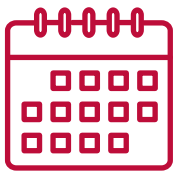
FREE fitness membership

To thousands of locations nationwide with SilverSneakers. Plus, access to live online classes and on-demand videos, and community group activities



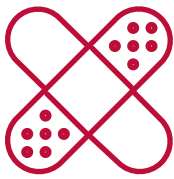
FREE rides to or from medical appointments

via ride share, medical sedan, or wheelchair van (30 miles maximum per trip)



Living Well classes

featuring year-round, in-person and virtual health and well-being programs



Help with joint replacement recovery

including commonly needed personal assistance devices like long-handled shower sponges, shoehorns, grabbers, non-slip bathmats, and elastic shoelaces—available at no cost



Low or no co-pay diabetic supplies

from OneTouch, FreeStyle, Precision, and Prodigy for members living with diabetes

Be Well Rewards

Earn a \$100 reward for completing your Annual Wellness Visit



Meet Your MVP Care Team

When you sign up for an MVP DualAccess Plan, you not only gain all of the benefits of Medicare and Medicaid, you also get your own personal Care Team! You can think of your MVP Care Team as your very own group of advocates dedicated to you and your health journey, saving you time and money along the way.

What to expect in your first 10 days as an MVP DualAccess Plan member:

Upon 10 days of enrollment, you will receive a welcome call from a member of your MVP Care Team.

On your welcome call, a member of your Care Team will:

- Guide you through a brief survey to establish which needs are most important for you
- Help connect you with additional resources, such as food and transportation, that are most important to you living a healthy life
- Walk you through the features and benefits of your plan and how to use them
- Confirm your Primary Care Provider (PCP)
- Assist you with scheduling upcoming trips to the doctor and how to prepare for those

What to expect in the first two months of being an MVP DualAccess member:

Creating a care plan to meet your personal needs

Within your first two months as an MVP DualAccess member, you will work with your Care Team and doctors to create a health care plan based on your individual care level and needs. From there, the members of your Care Team will reach out on a regular basis or will visit your home directly to help you complete the steps of your care plan.



MVP Care Team Frequently Asked Questions:

What types of professionals make up each MVP Care Team?

Each MVP Care Team consists of a nurse, social worker, community health worker, and pharmacist.

Do the members of my MVP Care Team live in the same area as me?

There are MVP Care Teams located in each area that MVP DualAccess is offered. This means your care team members will have first-hand knowledge of your local organizations and communities—giving them a unique advantage as they serve you!

In addition to helping me complete my care plan, what other things can my Care Team assist me with?

Your Care Team can help you with a wide range of things including but not limited to: setting up transportation, finding a PCP, making a doctor's appointment, and connecting you with additional support and resources.

Can my MVP Care Team help me manage my prescriptions?

Your Care Team Pharmacist can help you review and manage your medications, make any needed changes, and answer your questions. Your Care Team can also help set you up with a prescription mail order program to order and deliver refills.

How does my Care Team make sure I'm getting the proper level of care?

If you have more intensive care needs, your nurse will be the main member of the team completing the most outreach and possible home visits. If you have more intensive mental health needs, your social worker may take the main outreach role. It is truly a case-by-case basis, and completely personalized for you!

If I call my Care Team, can I expect to get the same nurse, social worker, or community health worker each time?

When a Care Team is assigned to a you at enrollment, those same individuals will continue to work with you throughout your entire time as an MVP DualAccess member. You can expect to have a close and personal relationship the members of your Care Team.



CONTACT US

Let's Talk!

MVP Medicare Advisors are a great resource.

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

Seven days a week, 8 am–8 pm Eastern Time
April 1–September 30, Monday–Friday,
8 am–8 pm

Or visit mvphealthcare.com/dualaccess.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. Visit mvphealthcare.com/plandocuments or call **1-800-324-3899** (TTY 711) to view a copy of any of the documents mentioned below.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the Medicare Part D Formulary to make sure the drugs you currently take are covered, and determine if there are any restrictions. If your drug(s) are not listed or if there are additional requirements or limits on coverage, the Medicare Part D Formulary will also provide additional guidance on how you can ask MVP to make an exception to our rules.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or co-payments/co-insurance may change on January 1, 2026.
- You may see providers outside of our network (non-contracted providers), however, you may pay a higher co-payment or co-insurance for services received by non-contracted providers. Out-of-network services for non-contracted providers are limited for HMO-POS plans. PPO members can utilize non-contracted providers. Urgent and emergent services are covered worldwide across all plans.
- Effect on your current coverage**—if you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

For MVP DualAccess (HMO D-SNP) Plans

These are dual eligible needs plans (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. MVP Health Care restricts D-SNP enrollment to individuals who are deemed fully dual eligible by New York State.

Non-Discrimination Notice

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). MVP Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including sexual orientation and gender identity).

What MVP Health Care Provides

Free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services:

- Call the MVP Members Services/Customer Care Center at **1-866-954-1872**
- TTY users call **711**

How to File a Grievance or Complaint

If you believe that MVP has not given you these services or has treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with MVP.

Mail: ATTN: ELONA CHARLES-WILSON
Civil Rights Coordinator
MVP Health Care
625 State St
Schenectady NY 12305-2111

Phone: **1-866-954-1872** (TTY 711)

Fax: **518-386-7600**

In person: 625 State Street, Schenectady, NY

Email: **civilrightscordinator@
mvphealthcare.com**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

Online: **ocrportal.hhs.gov**

Mail: US DEPT OF HEALTH & HUMAN SVCS
200 INDEPENDENCE AVE SW
HHH BLDG ROOM 509F
WASHINGTON DC 20201

Phone: **1-800-368-1019**
(TTY/TDD: 1-800-537-7697)

Complaint forms are available by visiting **hhs.gov/ocr** and selecting *Filing a Complaint with OCR*.



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 MVP Health Plan depends on contract renewal. This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

For accommodations of persons with special needs at meetings, call 1-800-324-3899 (TTY 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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SilverSneakers is a registered trademark of Tivity Health, Inc. SilverSneakers On-Demand is a trademark of Tivity Health, Inc. ©2024 Tivity Health, Inc. All rights reserved.

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).