



Everyone's Our MVP

Never retire from being you.

2025 MEDICARE ADVANTAGE PLANS

TABLE OF CONTENTS

- Benefits to Support Your Lifestyle 2
- NEW! Flexible Dental Coverage..... 3
- Focus on Your Well-Being 4
- Preventive Care is Key to Your Health 5
- MVP Care Guides Are On Your Side 6
- Extra Support When You Need It 7
- A Guide to Your Health and Your Health Plan 8
- Access to Health Care, When and Where You Need It 9
- Understanding Part D Prescription Drug Coverage 10
- Tier 1 \$0 Preferred Generic Drugs 11
- Programs to Manage Your Prescription Drug Costs 12
- MVP Medicare Advisors Are Your Guide 13
- You're Our MVP Right From the Start 14
- Pre-Enrollment Checklist 15
- Non-Discrimination Notice 16
- Medicare Advantage Glossary of Terms 17

INTRODUCTION

Medicare plans built for what moves you.

A lot goes into choosing a health plan. You want to be sure you have the right coverage for your needs today and whatever life brings tomorrow—whether that’s next week, next year, or beyond. There are the basics—like knowing the costs, how your prescriptions are covered, and being able to see the doctors you know and trust. But while managing your health is important, so is managing how you want to live—to have support on-the-go (whether that’s down the street or across the country), opportunities to stay active, and resources to maintain your health.

MVP Medicare Advantage plans are designed to keep pace with you and your needs, wherever life takes you. Take advantage of benefits that are with you every step of the way, like flexible dental coverage, \$0 primary care visits, programs to support your well-being, and extras that bring you savings and peace of mind. You’ll have access to care when and where you need it through a broad provider network across New York and into surrounding states, nationwide and worldwide coverage, and 24/7 virtual care services. And you can feel confident with personalized support from a team that’s committed to guiding you on your unique health journey.

However you’re looking to move forward, there’s an MVP Medicare Advantage plan to help you get there. MVP Medicare Advantage plans give you the support you need, the extras you deserve, and the personal service you expect—because to us, you’re our MVP: Most Valuable Person.

BENEFITS

Benefits to Support Your Lifestyle

MVP is committed to supporting you along your path to better health, with benefits, programs, and services to help you live healthy and stay well.

Be Well Rewards

Get rewarded for focusing on your health! Earn a \$100 reward after completing your Annual Wellness Visit with your Primary Care Provider. This visit helps you keep up with preventive screenings and immunizations, review your overall physical and mental health, and discuss any other needs.



Over-the-counter Allowance

Receive a quarterly allowance to use toward over-the-counter medicine and health-related purchases from select pharmacies or by mail order. Shop for covered items at eligible retailers,* or place an order online.

*Participating retail locations include CVS Pharmacy, Rite Aid, Walgreens, or Walmart, as well as select local retailers.

Transportation Support

Most plans include a number of FREE rides to non-emergency medical appointments, dental visits, and the pharmacy. Trips can be made via ride share, medical sedan, or wheelchair van.

Eyewear Coverage

Take advantage of an annual allowance for glasses and contacts. You can go to any vision provider, plus with our vision partner, EyeMed, you have access to a mix of independent, national retail, and regional retail providers—including LensCrafters®, Target Optical™, and Pearle Vision™—to get additional savings on vision products and services.

TruHearing® Hearing Aids

Access a flexible hearing aid benefit through our partner, TruHearing, to make hearing aids more affordable and let you choose the right solution for your needs. All hearing aids feature state-of-the-art technology with personalized care.



For more details about these benefits, visit mvphealthcare.com/extrabenefits.

BENEFITS

NEW! Flexible Dental Coverage

Dental care is important for your overall health. That's why all MVP Medicare Advantage plans let you choose how and where to get the dental care you need.

Use your dental allowance toward preventive and comprehensive services

From regular exams, cleanings, and x-rays to fillings, root canals, and crowns, you choose how to use your benefit. Plus there is no deductible for covered dental services.

Go to any dentist

Choose to visit any dentist you'd like—you are not limited by a select network of providers.

Pay directly for the care you get

Use your **Benefits Mastercard® Prepaid Card** (learn more below!) to pay the dentist's charges. No need to submit claims and wait for reimbursement.



Conveniently Pay for Dental Services and Over-the-counter Items

Using your dental and over-the-counter (OTC) allowances is easy with your Benefits Mastercard Prepaid Card from our partner NationsBenefits®. Your allowances are available in separate 'purses' to make sure the right amounts are available when you need them.

How it works

Your dental allowance is an annual benefit.

The full amount included in your plan is loaded onto your prepaid card when your MVP Medicare Advantage plan coverage starts. You can use your card to pay for services directly at the dentist. Your dental allowance does not carry over, so you must use the full amount offered on your plan by the end of the calendar year.

Your over-the-counter allowance is a quarterly benefit.

The amount included in your plan is loaded quarterly, on the first day of January, April, July, and October. Your OTC allowance does not carry over, so you must use it by the end of each quarter so that you don't lose it.

You can check your balances anytime online or through the Benefits Pro app from NationsBenefits. The Benefits Mastercard Prepaid Card can only be used to purchase eligible OTC items and pay at the point of service for dental care.

BENEFITS

Focus on Your Well-Being

Get resources and support to improve your health with a variety of wellness programs and activities available to you at **no additional cost** with your MVP Medicare Advantage plan.

SilverSneakers®

SilverSneakers is more than a traditional fitness program. It's an opportunity to improve your health, gain confidence, and connect with your community. Choose to move how you want, when you want:

In the gym

Take advantage of facilities, amenities, and classes at thousands of fitness locations nationwide.

At home

Tune into SilverSneakers LIVE online classes and workshops led by specially trained instructors, seven days a week, or cue up SilverSneakers On-Demand videos available 24/7.

On the go

Connect with your community through events outside the gym, including socials, shared meals, and holiday celebrations.

On the app

Get support getting active with the SilverSneakers GO mobile app, complete with fitness program resources, location finder, online class schedules and on-demand program access.

Living Well Programs

MVP offers a variety of innovative well-being programs both in-person and online. Programs include walking groups, exercise classes, health education talks, and more!

Get Moving at an MVP Fitness Court

Together, MVP and the National Fitness Campaign have built state-of-the-art outdoor fitness courts in communities across New York that are free and open to the public. Fitness court workouts can be modified for all fitness levels and abilities. To find a court near you visit nationalfitnesscampaign.com/NewYork.



BENEFITS

Preventive Care is Key to Your Health

All MVP Medicare Advantage plans cover important preventive care services and screenings to help you stay on top of your health care needs. **Plus all preventive services are covered at a \$0 co-pay!**

Key preventive services include:

- Annual wellness visit
- Cancer screenings, like a mammogram, colonoscopy, and Prostate Specific Antigen (PSA) testing
- Glaucoma screening
- Cardiovascular disease testing
- Diabetes screening
- Annual tests for members living with diabetes
- Bone density measurement

Many immunizations are also available at no cost to you, including:

- Flu shots
- Pneumonia vaccine
- COVID-19 vaccine
- Hepatitis B vaccine

Not all preventive services are medically appropriate every year. MVP uses the frequency guidelines adopted by CMS and the U.S. Preventive Services Task Force and Centers for Disease Control and Prevention (CDC).



MVP Care Guides Are On Your Side

Our expert Care Guides are your resource for personalized support with your MVP Medicare Advantage plan. They are available to help you understand your coverage, take full advantage of your benefits, get the right care, and have the support to stay well and manage any ongoing health care needs.

Your dedicated Care Guide is available to listen to your individual needs and help you navigate your complete health care experience. Get help with:

- Managing prescriptions
- Scheduling appointments
- Coordinating prior authorizations
- Addressing a chronic or new health condition
- Understanding the useful extras available with your plan, like over-the-counter, dental, and eyewear allowances, your *Be Well Rewards*, SilverSneakers, and more

“I was surprised that someone called me. It’s great that they would reach out to you. It’s wonderful to have a track record with someone who knows you.”

- MVP Medicare Advantage Plan Member

Your Care Guide is with you from day one, welcoming you and making sure you’re ready to get the most out of your new plan.



MVP Care Guides are based throughout our service area, in the **Capital District, **Hudson Valley**, and **Rochester, NY**.**



Spanish-speaking representatives are available.



Through August 15, 2024, Care Guides made more than **5,000 calls and answered nearly **6,000 incoming calls**.**

Extra Support When You Need It

From everyday concerns to ongoing health issues, MVP Medicare Advantage plans offer guidance and support with experts, special resources, and programs to help you achieve your best life.



Meal Delivery

For extra help when returning home after an inpatient hospital stay, most plans offer free meal delivery in partnership with Mom's Meals® to assist with nutritional support during your recovery. You will receive 14 refrigerated meals delivered directly to your home, at no cost! Meals can be tailored to suit dietary and condition-specific needs.



Health and Care Management Programs

Support is available for common situations, like returning home from a hospital stay, help quitting smoking, or understanding a health condition. Free health management programs are available for members living with a number of chronic health conditions:

- Asthma
- Chronic Obstructive Pulmonary Disorder (COPD)
- Diabetes
- Heart Disease
- Heart Failure
- Mental Health Concerns
- Low Back Pain



Help Managing Chronic Conditions

Most plans offer tailored support to assist individuals living with various chronic conditions.

Members managing diabetes have a \$0 co-pay for routine podiatry visits to address preventive foot care needs. For diabetic supplies, OneTouch, FreeStyle, Precision, and Prodigy brands are covered at no co-pay. Also, plan-covered insulin is not subject to Part D deductibles and is covered at a maximum \$35 co-pay, or the Tier co-pay, whichever is less.

Members living with hypertension (high blood pressure) can choose from two at home blood pressure cuffs at no cost.

Members recovering from a stroke can get help preventing falls with up to \$250 worth of select at-home bathroom safety and assistance devices at no cost.

Members living with rheumatoid or osteoarthritis who need a joint replacement are supplied commonly needed personal assistance devices at no cost.

A Guide to Your Health and Your Health Plan

Get to Know Gia®

Gia by MVP is your guide to easily use and get the most from your MVP health plan. Available both online and through the *Gia by MVP* mobile app, you can easily access care and your important personal plan details at your fingertips.

“I have used Gia in the past for emergencies. They will prescribe meds (in my case, antibiotics). It was a game changer for me when I had an infection.”

- MVP Medicare Advantage Plan Member

\$0 Virtual Care

Start with Gia if you're sick, traveling, or can't get to your doctor:

- **Urgent Care**—Avoid waiting rooms and connect with a provider in minutes via a phone call for help with minor injuries or prescription needs. Available 24/7
- **Everyday Health Care**—Send in-app messages for support and treatment of most medical needs, including preventive care, the cold or flu, or conditions like diabetes, asthma, and anxiety
- **Behavioral Health Care**—Find treatment to help manage conditions like anxiety, depression, substance and alcohol use disorder, and more. Schedule a video appointment for behavioral health or psychiatry visits, no referrals needed

Tools to Manage Your Health Plan

- Access plan documents, like your MVP Member ID cards and claims
- Send secure messages to an MVP Customer Care representative, with in-app message threads and attachments
- Pay your monthly plan premium
- Check drug costs for new prescriptions
- View your costs for medical services
- Find nearby doctors, facilities, and pharmacies
- Go paperless and receive certain plan information via email

Additional features and benefit details are accessible via Gia online. Available information may vary by plan coverage. For serious and life-threatening emergencies, please dial 911.



MEMBER SUPPORT

Access to Health Care, When and Where You Need It

No matter where you are or where you go, MVP Medicare Advantage plans give you the freedom and flexibility to get the expert care you need.



Extensive Regional Network

Through the comprehensive MVP Medicare provider network, you have access to your choice of a combined total of more than 60,000 hospitals, doctors, and other health care professionals across New York and Vermont, and in additional areas.



Nationwide Coverage

All plans include coverage for non-emergency care from Medicare providers anywhere in the U.S. for allergy shots, physical therapy, maintenance lab work, and more. Not all services are covered out-of-network, and you may pay more for care received from non-contracted providers.



Worldwide Emergency and Urgent Care

You are covered anywhere in the world for emergency room care, urgently needed care, or emergency hospitalization.

Get started at mvphealthcare.com/findadoctor and choose *Medicare*.

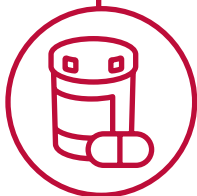
Understanding Part D Prescription Drug Coverage

MVP Medicare Advantage plans include Part D prescription drug coverage, making it easy and convenient to manage your prescription needs and expenses with one health plan.



1. Start with the Formulary

The MVP Medicare Part D Formulary is the list of medications covered by the plan. Go to mvphealthcare.com/PartDFormulary to find the most current list of drugs, their costs, and details on coverage. Look for your medication in the alphabetical index or refer to the Formulary's Table of Contents to search by medical condition.



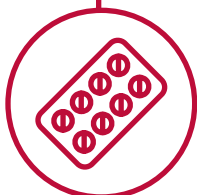
2. Check the List of \$0 Preferred Generic Drugs

Tier 1 of the Formulary—Preferred Generic Drugs—covers commonly used generic medications **at no cost**. Talk to your doctor to see if these medications may be right for you. (See the list on the following page.)



3. Find a Nearby Pharmacy

You have access to thousands of pharmacies, including all major pharmacy chains. Show your MVP Member ID card any time you fill a prescription. Prescriptions filled at non-contracted pharmacies are covered only in certain situations.



4. Save with Free Home Delivery

Save on prescriptions you take regularly with the CVS Caremark® Mail Service Pharmacy. Get a three-month supply of Tier 2 and Tier 3 medications for the cost of two months, shipped to your home for free.

New for all 2025 MVP Medicare Advantage plans

The most you will pay for covered prescriptions is \$2,000. Once you have paid \$2,000, you will pay nothing for covered prescriptions through December 31.

PRESCRIPTIONS

Tier 1 \$0 Preferred Generic Drugs

Blood Pressure

amlodipine
atenolol/chlorthalidone
atenolol
benazepril/
hydrochlorothiazide
benazepril
bisoprolol fumarate/
hydrochlorothiazide
bisoprolol fumarate
carvedilol
enalapril maleate/
hydrochlorothiazide
enalapril maleate
fosinopril sodium
fosinopril/
hydrochlorothiazide
furosemide
hydrochlorothiazide

indapamide
irbesartan
irbesartan/
hydrochlorothiazide
lisinopril/
hydrochlorothiazide
lisinopril
losartan potassium
losartan potassium/
hydrochlorothiazide
metoprolol ER
metoprolol tartrate
moexipril
quinapril
ramipril
spironolactone
telmisartan
trandolapril

triamterene/
hydrochlorothiazide
valsartan
valsartan/
hydrochlorothiazide

Osteoporosis

alendronate sodium
10 mg, 35 mg, and
70 mg tabs

High Cholesterol

atorvastatin tabs
ezetimibe/
simvastatin tabs
lovastatin tabs
pravastatin tabs
rosuvastatin tabs
simvastatin tabs

Diabetes

glimepiride tabs
glipizide tabs
glipizide ER tabs
glipizide XL
metformin tabs
metformin ER tabs
(generic Glucophage
XR only)

Thyroid

euthyrox tabs
levothyroxine tabs

Acid Reflux

omeprazole 10 mg,
20 mg and 40 mg caps
pantoprazole 20 mg
and 40 mg tabs

All Tier 1 medications are available for a 100-day supply from a retail pharmacy or shipped to your home for free through the CVS Caremark® Mail Service Pharmacy.

This is not a complete list. For a complete listing, please call the MVP Medicare Team at **1-800-324-3899** (TTY 711), or visit mvphealthcare.com/PartDFormulary.



See how the value adds up.

Get more information with a personalized plan recommendation based on your expected health care and prescription needs. Plus, explore valuable extras included with MVP Medicare Advantage plans.

Scan the QR code with your smartphone. Or visit bestplanforme.mvphealthcare.com.

PRESCRIPTIONS

Programs to Manage Your Prescription Drug Costs

Help is available from state and federal programs to help eligible individuals reduce prescription costs.

Low Income Subsidy (LIS) or “Extra Help” is a federal program that helps pay drug costs and monthly premiums for Medicare-eligible members who meet specific income requirements. To see if you qualify, call:

Medicare

1-800 MEDICARE

24 hours a day / 7 days a week
TTY 1-877-486-2048

Social Security

1-800-772-1213

Monday–Friday, 8 am–7 pm
TTY 1-800-325-0778

Your local New York State Medicaid office

The New York State Pharmaceutical Assistance Program, EPIC (Elderly Pharmaceutical Insurance Coverage), provides help paying your monthly plan premium and drug co-pays. To see if you qualify, call:

New York State EPIC

1-800-332-3742 (TTY 1-800-290-9138)

Monday–Friday, 8:30 am–5 pm Eastern Time

Medicare Savings Programs are additional state-run programs that may help pay some or all of your Medicare premiums, deductibles, co-pays, and/or co-insurances. Contact [medicare.gov/medicare-savings-programs](https://www.medicare.gov/medicare-savings-programs) to learn more.

Manufacturer Pharmaceutical Assistance Programs (Patient Assistance Programs or PAPs) are programs from drug manufacturers to help lower drug costs. Visit [go.medicare.gov/pap](https://www.go.medicare.gov/pap) to learn more.

The new **Medicare Prescription Payment Plan** is part of the Inflation Reduction Act of 2022. It may be a helpful option to manage your monthly drug costs if you have high drug costs early in the calendar year. This payment option does not save you money or lower your drug costs.

If this payment option is right for you, you will not pay your drug cost at the pharmacy. Instead, you will get a bill each month from MVP for a portion of the drug cost. Your payment may change each month as you fill additional prescriptions. You will continue to pay your monthly health plan premium separately (if you have one).



To learn more about the MVP Part D coverage, go to [mvphealthcare.com/PartD](https://www.mvphealthcare.com/PartD).



MEMBER SUPPORT

MVP Medicare Advisors Are Your Guide

MVP Medicare Advisors are your partner, offering guidance and advice so you can feel confident about your choices and make a smooth transition to your MVP Medicare Advantage plan. We'll be here for you every step of the way—before, during, and after you enroll—to make Medicare work for you.

Meet with us!

Discuss your health care needs one-on-one, or join us for a group Medicare Seminar to learn more about plan offerings.

1-800-324-3899 TTY 711

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

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

95%

The percentage of new members who spoke to an MVP Medicare Advisor found the conversation “very or extremely valuable” when considering their Medicare plan options!

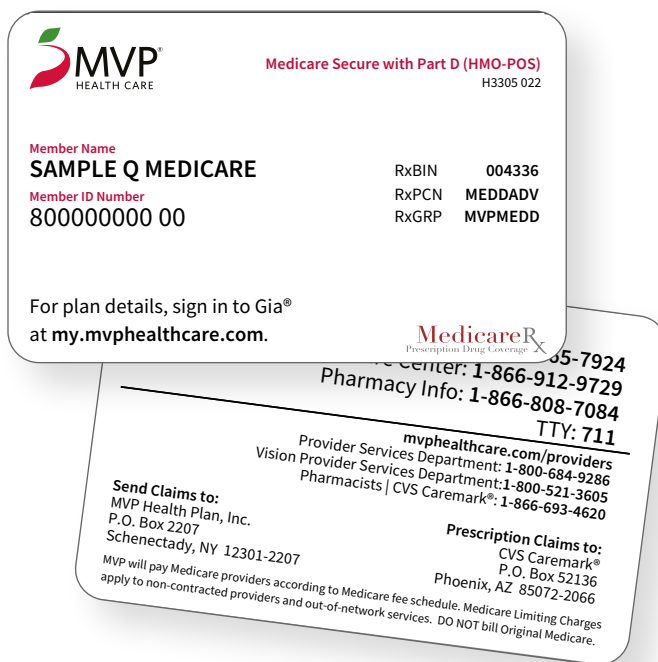
**2023 MVP Medicare New Member survey*

WHAT'S NEXT

You're Our MVP Right From the Start

Whether you're new to Medicare or new to MVP, we're working to ensure you have a smooth transition to your MVP Medicare Advantage plan.

What to Expect Once You're Enrolled



✓ **You'll receive an MVP Member ID card and plan overview.** Your MVP Member ID card is the key to your plan. You should bring it with you every time you see a provider, and use it to set up Gia®. You'll also receive helpful information outlining your coverage to make sure you get the most out of your benefits. You can expect this mailing within 10 days of your enrollment.

✓ **A member of our Care Guide team will call you** to welcome you to MVP and answer questions about your plan or plan benefits. Care Guide calls will begin within 10 days of your plan effective date.

Your Medicare Member Rights

MVP Health Care encourages members to learn about and exercise their rights and responsibilities, including timely access to covered services, privacy protections, and the right to make decisions about health care. Visit mvphealthcare.com and select *Privacy Practices & Compliance*, then *Medicare Member Rights and Responsibilities*, or refer to Chapter 8 of your plan's Evidence of Coverage.

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.

APPENDIX

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

If you need these services, contact Elona Charles-Wilson, Civil Rights Coordinator. If you believe that MVP Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance.

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

Phone: 1-844-946-8009
(TTY 711)

Email: civilrightscoordinator@mvphealthcare.com

How to File a Grievance or Complaint

You can file a grievance in person, by mail, or by email. If you need help filing a grievance, Elona Charles-Wilson is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, by mail, or by phone.

Online: ocrportal.hhs.gov

Mail: US DEPT OF HEALTH & HUMAN SERVICES
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*.

Medicare Advantage Glossary of Terms

Catastrophic Coverage—A stage in the Part D drug benefit during which you pay a lower co-payment or co-insurance for your prescription drugs. You enter Catastrophic Coverage after what you have spent for covered drugs during the year reaches a set limit.

Co-Payment—An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor’s visit or prescription. A co-payment is usually a set amount, rather than a percentage. For example, you might pay \$20 for a doctor’s visit.

Deductible—The amount you must pay for health care or prescriptions before Original Medicare, your prescription drug plan, or your other insurance begins to pay.

Low Income Subsidy (LIS)—Medicare beneficiaries who meet income and asset qualifications may be eligible for Extra Help with the costs of their prescription drugs. This program is also known as LIS, or the Part D Low Income Subsidy. The Social Security Administration and the federal Medicare program work together to provide the LIS benefit.

Medicare Advantage Plan—Medicare Advantage plans, sometimes called “Part C” or “MA Plans,” are offered by private companies approved by Medicare. Medicare pays these companies to cover your Medicare benefits. If you join a Medicare Advantage plan, the plan will provide your Medicare

Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) coverage. Medicare Advantage plans often include Part D prescription drug coverage as well.

Network—A group of medical professionals, hospitals, and other facilities that contract with a health plan to provide care to the plan’s members.

Out-of-Network—Coverage from providers who do not have a contract with your health plan. In some cases, it may cost you more for out-of-network services.

Out-of-Pocket Costs—Health or prescription drug costs that you must pay on your own because they aren’t covered by Medicare or other insurance.

Out-of-Pocket Maximum—A predetermined limited amount of money that an individual must pay, before an insurance company or (self-insured employer) will pay 100% for an individual’s covered health care expenses.

Premium—What you pay, usually monthly, for health and/or prescription drug coverage.

TrOOP—TrOOP (True Out-Of-Pocket) costs are the expenses that count toward your Medicare drug plan out-of-pocket expenses—up to \$2,000 in 2025. These costs determine when your catastrophic coverage will begin.



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 (TTY 711).

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. GetSetUp is a third-party provider and is not owned or operated by Tivity Health, Inc. (“Tivity”) or its affiliates. Users must have internet service to access online services. Internet service charges are responsibility of user.

All content ©2024 TruHearing, Inc. All Rights Reserved. TruHearing® is a trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners.

Mom’s Meals® is a registered trademark of PurFoods, Inc.

©2024 NationsBenefits, LLC. and NationsOTC, LLC. NationsOTC is a registered trademark of NationsOTC, LLC. All other marks are the property of their respective owners.

The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Mastercard and the circles design is a trademark of Mastercard International Incorporated. Valid only in the U.S. No cash access. This is not a gift card or gift certificate. You have received this card as a gratuity without the payment of any monetary value or consideration.

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.

The benefits mentioned are part of special supplemental benefits for MVP Health Plan Medicare Advantage plan members living with diabetes, hypertension, or are recovering from a stroke. The diagnosis must be in your patient record and be confirmed by the Centers for Medicare & Medicaid Services (CMS). Not all plan members qualify.