

# 2025 Summary of Benefits

## MVP Health Plan, Inc.

**MVP Medicare WellSelect<sup>®</sup> with Part D (PPO)**

**MVP Medicare WellSelect<sup>®</sup> Plus with Part D (PPO)**

**MVP Medicare Patriot Plan<sup>®</sup> with Part D (PPO)**

**H9615: Plan 008, Plan 007, and Plan 018**

**This is a summary of drug and health services covered by MVP Health Plan January 1, 2025 - December 31, 2025.**

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 WellSelect<sup>®</sup> with Part D (PPO)**, **MVP Medicare WellSelect<sup>®</sup> Plus with Part D (PPO)**, or **MVP Medicare Patriot Plan<sup>®</sup> 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 Capital District/Southern Tier/Central NY service area includes the following counties in New York: Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Columbia, Cortland, Delaware, Fulton, Greene, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Oswego, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Steuben, Tioga, Tompkins, Warren, and Washington.

**MVP® Medicare WellSelect® with Part D (PPO), MVP Medicare WellSelect® Plus with Part D (PPO), or MVP Medicare Patriot Plan® with Part D (PPO)** has 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 WellSelect® with Part D (PPO)	MVP Medicare WellSelect® Plus with Part D (PPO)	MVP Medicare Patriot Plan® with Part D (PPO)	What you should know
<b>Monthly Plan Premium</b>	You pay \$0.	You pay \$119.00	You pay \$44.00	You must continue to pay your part B premium. (\$174.70 in 2024. This amount may change in 2025.)
<b>Part B Premium Reduction</b>	\$11.80 reduction of the monthly premium you pay to the Social Security Administration.	Not Applicable	Not applicable	
<b>Deductible</b>	This plan does not have a medical deductible.	This plan does not have a medical deductible.	This plan does not have a medical deductible.	
<b>Maximum Out-of-Pocket Responsibility</b> <i>(does not include prescription drugs)</i>	\$7,800 In-Network and \$12,000 In/Out-of-Network combined annually.	\$7,000 In-Network and \$11,800 In/Out-of-Network combined annually.	\$7,900 In-Network and \$12,000 In/Out-of-Network combined annually.	The most you pay for co-pays, coinsurance, and other costs for medical services for the year.
<b>Inpatient Hospital Coverage</b> (Services may require Authorization)	In-Network: You pay \$425 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% coinsurance.	In-Network: You pay \$375 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% coinsurance.	In-Network: You pay \$425 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% coinsurance.	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 WellSelect® with Part D (PPO)	MVP Medicare WellSelect® Plus with Part D (PPO)	MVP Medicare Patriot Plan® with Part D (PPO)	What you should know
<p><b>Outpatient Hospital Coverage</b> (Services may require Authorization)</p>	<p>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: 40% coinsurance.</p>	<p>In-Network: You pay \$300 co-pay for outpatient hospital surgery. You pay \$200 co-pay for care in a certified ambulatory surgical center. Out-of-Network: You pay 40% coinsurance.</p>	<p>In-Network: You pay \$350 co-pay for Outpatient Hospital surgery. You pay \$250 co-pay for care in a certified ambulatory surgical center. Out-of-Network: 40% coinsurance.</p>	<p>Physician surgery co-pay also applies for outpatient hospital or ambulatory surgery.</p>
<p><b>Doctor Visits</b> Primary Care Providers</p> <p>Specialists (Services may require Authorization)</p>	<p>In-Network: You pay \$0 co-pay per PCP visit.</p> <p>Out-of-Network: You pay \$60 co-pay per PCP visit.</p> <p>In-Network: You pay \$50 co-pay per Specialist visit.</p> <p>Out-of-Network: You pay \$60 co-pay per Specialist visit.</p>	<p>In-Network: You pay \$0 co-pay per PCP visit.</p> <p>Out-of-Network: You pay \$60 co-pay per PCP visit.</p> <p>In-Network: You pay \$40 co-pay per Specialist visit.</p> <p>Out-of-Network: You pay \$60 co-pay per Specialist visit.</p>	<p>In-Network: You pay \$0 co-pay per PCP visit.</p> <p>Out-of-Network: You pay \$5 co-pay per PCP visit.</p> <p>In-Network: You pay \$50 co-pay per Specialist visit.</p> <p>Out-of-Network: You pay \$60 co-pay per Specialist visit.</p>	<p>Cost-sharing applies to each service you receive, including multiple services from the same provider.</p>
<p><b>Preventive Care</b></p>	<p>In-Network/Out-of-Network: You pay \$0 co-pay.</p>	<p>In-Network/Out-of-Network: You pay \$0 co-pay.</p>	<p>In-Network/Out-of-Network: You pay \$0 co-pay.</p>	<p>Any additional preventive services approved by Medicare during the</p>

Premiums and Benefits	MVP Medicare WellSelect® with Part D (PPO)	MVP Medicare WellSelect® Plus with Part D (PPO)	MVP Medicare Patriot Plan® with Part D (PPO)	What you should know
				contract year will be covered. There are some items not covered at \$0 cost.
<b>Emergency Care</b>	In-Network/Out-of-Network: You pay \$110 co-pay per visit.	In-Network/Out-of-Network: You pay \$110 co-pay per visit.	In-Network/Out-of-Network: You pay \$110 co-pay per visit.	If you are admitted to the hospital within 24 hours, co-pay is waived. Emergency care is provided worldwide.
<b>Urgently Needed Services</b>	In-Network/Out-of-Network: You pay \$45 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.
<b>Diagnostic Services/Labs/Imaging</b> Diagnostic radiology service (e.g., MRI)  Lab services	In-Network: You pay \$60-\$250 co-pay.  Out-of-Network: You pay 40% coinsurance.  In-Network: You pay \$0 co-pay.  Out-of-Network: You pay 40% coinsurance.	In-Network: You pay \$40-\$250 co-pay.  Out-of-Network: You pay 40% coinsurance.  In-Network: You pay \$0 co-pay.  Out-of-Network: You pay 40% coinsurance.	In-Network: You pay \$50-\$300 co-pay.  Out-of-Network: You pay 40% coinsurance.  In-Network: You pay \$0 co-pay.  Out-of-Network: You pay 40% coinsurance.	Prior authorization is required for some services by your doctor or other network provider. Please contact the plan for more information.

Premiums and Benefits	MVP Medicare WellSelect® with Part D (PPO)	MVP Medicare WellSelect® Plus with Part D (PPO)	MVP Medicare Patriot Plan® with Part D (PPO)	What you should know
<p><b>Diagnostic Services/Labs/Imaging (continued)</b></p> <p>Diagnostic tests and procedures</p> <p>Outpatient x-rays (Services may require Authorization)</p>	<p>In-Network: You pay \$30 co-pay.</p> <p>Out-of-Network: You pay 40% coinsurance.</p> <p>In-Network/Out-of-Network: You pay \$60 co-pay.</p>	<p>In-Network: You pay \$15 co-pay.</p> <p>Out-of-Network: You pay 40% coinsurance.</p> <p>In-Network: You pay \$40 co-pay.</p> <p>Out-of-Network: You pay \$60 co-pay.</p>	<p>In-Network: You pay \$15 co-pay.</p> <p>Out-of-Network: You pay 40% coinsurance.</p> <p>In-Network: You pay \$50 co-pay.</p> <p>Out-of-Network: You pay \$60 co-pay.</p>	<p>Cost-sharing applies to each service you receive, including multiple services from the same provider.</p>
<p><b>Hearing Services</b></p> <p>Diagnostic Hearing exam</p> <p>Routine Hearing exam</p>	<p>In-Network: You pay \$0 co-pay.</p> <p>Out-of-Network: You pay \$60 co-pay.</p> <p>In-Network: You pay \$0 co-pay.</p> <p>Out-of-Network: You pay \$60 co-pay.</p>	<p>In-Network: You pay \$0 co-pay.</p> <p>Out-of-Network: You pay \$60 co-pay.</p> <p>In-Network: You pay \$0 co-pay.</p> <p>Out-of-Network: You pay \$60 co-pay.</p>	<p>In-Network: You pay \$0 co-pay.</p> <p>Out-of-Network: You pay \$60 co-pay.</p> <p>In-Network: You pay \$0 co-pay.</p> <p>Out-of-Network: You pay \$60 co-pay.</p>	<p>Routine Hearing exams are limited to one per calendar year.</p>

Premiums and Benefits	MVP Medicare WellSelect <sup>®</sup> with Part D (PPO)	MVP Medicare WellSelect <sup>®</sup> Plus with Part D (PPO)	MVP Medicare Patriot Plan <sup>®</sup> with Part D (PPO)	What you should know
<p><b>Hearing Services</b> (Continued)</p> <p>Hearing aid</p>	<p>In-Network: \$699-\$999 per hearing aid or get up to \$600 toward the cost of two hearing aids every year.</p> <p>Out-of-Network: Not covered.</p>	<p>In-Network: \$699-\$999 per hearing aid or get up to \$600 toward the cost of two hearing aids every year.</p> <p>Out-of-Network: Not covered.</p>	<p>In-Network \$699-\$999 per hearing aid or up to \$600 toward the cost of two hearing aids every year.</p> <p>Out-of-Network: Not Covered.</p>	<p>Hearing Aids must be ordered through TruHearing. Limit 1 hearing aid per ear per calendar year.</p>
<p><b>Over-the Counter (OTC) Items</b> OTC Allowance</p>	<p>\$50.00 allowance per quarter.</p>	<p>\$75.00 allowance per quarter.</p>	<p>\$50.00 allowance per quarter</p>	<p>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.</p>

Premiums and Benefits	MVP Medicare WellSelect® with Part D (PPO)	MVP Medicare WellSelect® Plus with Part D (PPO)	MVP Medicare Patriot Plan® with Part D (PPO)	What you should know
Arthritis Post-Joint Replacement Procedure Care Kit	Customizable care kit	Customizable care kit	Customizable care kit	Members who 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, alternative shoe laces, laces designed for those with special needs, sock-aid, and long handled shower sponge through our approved contracted vendor.
<b>Preventive and Comprehensive Dental Services</b>	Annual Maximum Plan Benefit Coverage Amount: \$1,250 combined Preventive and Comprehensive services, per calendar year (services above the	Annual Maximum Plan Benefit Coverage Amount: \$1,750 combined Preventive and Comprehensive services, per calendar year (services above the	Annual Maximum Plan Benefit Coverage Amount: \$1,500 combined Preventive and Comprehensive services, per calendar year (services above the	Allowance is provided on a prepaid debit card that can be used at any dental provider. Once the full allowance is used,



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	allowance are your responsibility).	allowance are your responsibility).	allowance are your responsibility).	you are responsible for 100% of the cost of any preventive or comprehensive dental services. Any unused funds do not rollover to the next calendar year. See the Evidence of Coverage for more information.
<b>Vision Services</b> Diagnostic eye exam  Routine eye exam  Post-cataract surgery eyewear	In-Network: You pay \$20 co-pay.  Out-of-Network: You pay \$60 co-pay.  In-Network/Out-of-Network: You pay \$0 co-pay.  In-Network: You pay 20% coinsurance.  Out-of-Network: You pay 40% coinsurance.	In-Network: You pay \$20 co-pay.  Out-of-Network: You pay \$60 co-pay.  In-Network/Out-of-Network: You pay \$0 co-pay.  In-Network: You pay 20% coinsurance.  Out-of-Network: You pay 40% coinsurance.	In-Network: You pay \$20 co-pay.  Out-of-Network: You pay \$60 co-pay.  In-Network/Out-of-Network: You pay \$0 co-pay.  In-Network: You pay 20% coinsurance.  Out-of-Network: You pay 40% coinsurance.	Routine eye exams limited to one per calendar year.

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Eyewear allowance	In-Network/Out-of-Network: \$225 every year eyewear allowance.	In-Network/Out-of-Network: \$225 every year eyewear allowance.	In-Network/Out-of-Network: \$225 every year eyewear allowance.	
<b>Mental Health Services</b> Inpatient visit  Outpatient group therapy visit / Outpatient individual therapy visit (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: You pay 40% coinsurance.  In-Network: You pay \$10 co-pay per outpatient group/individual therapy visit.  Out-of-Network: You pay \$60 co-pay.	In-Network: You pay \$375 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% coinsurance.  In-Network: You pay \$10 co-pay per outpatient group/individual therapy visit.  Out-of-Network: You pay \$60 co-pay.	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% coinsurance.  In-Network: You pay \$10 per outpatient group / individual therapy visit.  Out-of-Network: You pay \$50 co-pay.	Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.

Premiums and Benefits	MVP Medicare WellSelect® with Part D (PPO)	MVP Medicare WellSelect® Plus with Part D (PPO)	MVP Medicare Patriot Plan® with Part D (PPO)	What you should know
<b>Skilled Nursing Facility (SNF)</b> (Services may require Authorization)	In-Network: You pay \$0 co-pay per day for days 1 through 20. You pay \$214 co-pay per day for days 21 through 100.  Out-of-Network: You pay 40% coinsurance.	In-Network: You pay \$0 co-pay per day for days 1 through 20. You pay \$214 co-pay per day for days 21 through 100.  Out-of-Network: You pay 40% coinsurance.	In-Network: You pay \$0 co-pay per day for days 1 through 20. You pay \$214 co-pay per day for days 21 through 100.  Out-of-Network: You pay 40% coinsurance.	Our plan covers up to 100 days in a SNF.
<b>Physical Therapy</b> (Services may require Authorization)	In-Network: You pay \$30 co-pay per visit.  Out-of-Network: You pay \$60 co-pay per visit.	In-Network: You pay \$20 co-pay per visit.  Out-of-Network: You pay \$60 co-pay per visit.	In-Network: You pay \$35 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 outpatient departments.
<b>Ambulance</b> (Services may require Authorization)	In-Network/Out-of-Network: You pay \$300 co-pay for ground ambulance.  In-Network/Out-of-Network: You pay \$500 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 \$300 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 \$350 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

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				area according to CMS or State; 2. through a contract with a volunteer ambulance service; 3. are medically necessary.
<b>Transportation</b>	You pay \$0 co-pay. 12 one-way rides per year for medical appointments.	You pay \$0 co-pay. 24 one-way rides per year for medical appointments.	You pay \$0 co-pay. 12 one-way rides per year for medical appointments non-VA providers (30-mile, one-way capitation per trip) and unlimited rides to VA facility (45-mile one-way capitation per trip)	Must use plan approved vendor. (30-mile, one-way capitation)
<b>Medicare Part B Drugs</b> (Services may require Authorization)  Insulin Drugs	In-Network: You pay 20% coinsurance.  Out-of-Network: You pay 40% coinsurance.  In-Network: You pay 0%-20% coinsurance and your maximum cost share will not exceed \$35.	In-Network: You pay 20% coinsurance.  Out-of-Network: You pay 40% coinsurance.  In-Network: You pay 0%-20% coinsurance and your maximum cost share will not exceed \$35.	In-Network: You pay 20% coinsurance.  Out-of-Network: You pay 40% coinsurance.  In-Network: You pay 0%-20% coinsurance and your maximum cost share will not exceed \$35.	The coinsurance You pay is based on the type of Part 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

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	Out-of-Network: You pay 40% coinsurance.	Out-of-Network: You pay 40% coinsurance.	Out-of-Network: You pay 40% coinsurance.	may be subject to Step Therapy requirements.
<b>Foot Care</b> (podiatry services) Diagnostic foot exams and treatment  Routine foot care (Services may require Authorization)	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.	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 \$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 WellSelect® with Part D (PPO)	MVP Medicare WellSelect® Plus with Part D (PPO)	MVP Medicare Patriot Plan® with Part D (PPO)	What you should know
<p><b>Medical Equipment/Supplies</b></p> <p>Durable Medical Equipment (e.g., wheelchairs, oxygen)</p> <p>Prosthetics (e.g., braces, artificial limbs)</p> <p>Diabetes supplies (Services may require Authorization)</p>	<p>In-Network: You pay 20% coinsurance.</p> <p>Out-of-Network: You pay 40% coinsurance.</p> <p>In-Network: You pay 0-20% coinsurance.</p> <p>Out-of-Network: You pay 40% coinsurance.</p> <p>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.</p> <p>Out-of-Network: You pay 40% coinsurance.</p>	<p>In-Network: You pay 20% coinsurance.</p> <p>Out-of-Network: You pay 40% coinsurance.</p> <p>In-Network: You pay 0-20% coinsurance.</p> <p>Out-of-Network: You pay 40% coinsurance.</p> <p>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.</p> <p>Out-of-Network: You pay 40% coinsurance.</p>	<p>In-Network: You pay 20% coinsurance.</p> <p>Out-of-Network: You pay 40% coinsurance.</p> <p>In-Network: You pay 0-20% coinsurance.</p> <p>Out-of-Network: You pay 40% coinsurance.</p> <p>In-Network: You pay \$0 co-pay for a 30-day supply of OneTouch, Precision, Freestyle, 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> <p>Out-of-Network: You pay 40% coinsurance.</p>	

Premiums and Benefits	MVP Medicare WellSelect® with Part D (PPO)	MVP Medicare WellSelect® Plus with Part D (PPO)	MVP Medicare Patriot Plan® with Part D (PPO)	What you should know
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.
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.

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<b>Meal Benefit</b>	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 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.
<b>Wellness Programs:</b> <ul style="list-style-type: none"> <li data-bbox="86 915 359 943">• SilverSneakers<sup>®</sup></li> </ul>	No cost for SilverSneakers <sup>®</sup> membership and to use SilverSneakers <sup>®</sup> 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 <sup>®</sup> membership and to use SilverSneakers <sup>®</sup> 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 <sup>®</sup> membership and to use SilverSneakers <sup>®</sup> 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.	



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<ul style="list-style-type: none"> <li>• <b>Be Well</b> Rewards Program</li> </ul>	<p>With the MVP <b>Be Well</b> 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>With the MVP <b>Be Well</b> 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>With the MVP <b>Be Well</b> 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><b>MVP Virtual Care Services</b></p>	<p>You pay \$0 co-pay per visit using remote access technology.</p>	<p>You pay \$0 co-pay per visit using remote access technology.</p>	<p>In-Network/Out-of-Network: 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>

## Outpatient Prescription Drugs

Benefits	MVP Medicare WellSelect® with Part D (PPO)	MVP Medicare WellSelect® Plus with Part D (PPO)	MVP Medicare Patriot Plan® with Part D (PPO)	What you should know
<p><b>Beginning in 2025;</b></p> <ul style="list-style-type: none"> <li>• There are three <b>drug payment stages</b>: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.</li> <li>• The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.</li> <li>• The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across <b>monthly payments that vary throughout the year</b> (January – December).</li> </ul>				<p>For specific information about your costs look at Chapter 6 in your <i>Evidence of Coverage</i>.</p>

## Outpatient Prescription Drugs

Benefits		MVP Medicare WellSelect® with Part D (PPO)		MVP Medicare WellSelect® Plus with Part D (PPO)		MVP Medicare Patriot Plan® with Part D (PPO)		What you should know
	<b>Retail Rx 30-day supply</b>	<b>Mail Order up to 90-day supply, except Tier 1 which is 100-day supply</b>	<b>Retail Rx 30-day supply</b>	<b>Mail Order up to 90-day supply, except Tier 1 which is 100-day supply</b>	<b>Retail Rx 30-day supply</b>	<b>Mail Order up to 90-day supply except Tier 1 which is 100-day supply</b>		You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.
<b>Deductible</b>	\$350 deductible. Tier 1, Tier 2 and Plan-covered Insulin Drugs not subject to deductible.		No deductible.		\$350 Deductible. Tier 1, Tier 2 and Select Insulin Drugs are not subject to deductible.			
<b>Initial Coverage</b>								
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
Tier 2:	You pay \$15.	You pay \$30.	You pay \$10.	You pay \$20.	You pay \$15.	You pay \$30.		

## Outpatient Prescription Drugs

Benefits		MVP Medicare WellSelect® with Part D (PPO)		MVP Medicare WellSelect® Plus with Part D (PPO)		MVP Medicare Patriot Plan® with Part D (PPO)		What you should know
Generic	You pay \$47.	You pay \$94.	You pay \$35.	You pay \$70.	You pay \$47.	You pay \$94.	\$2,000. If you reside in a long-term care facility, only 31-day supply is available, and you pay the same as at a retail pharmacy.	
Tier 3: Preferred Brand	You pay 28%.	You pay 28%.	You pay 25%.	You pay 25%.	You pay 26%.	You pay 26%.		
Tier 4: Non-Preferred Drugs	You pay 28%.	Not available.	You pay 33%.	Not available.	You pay 28%.	Not available.		
Tier 5: Specialty Tier	You pay up to \$35.	You pay up to \$70.	You pay up to \$35.	You pay up to \$70.	You pay up to \$35.	You pay up to \$70.		
Plan-covered Insulin Drugs								
<p><b>Catastrophic Coverage</b></p> <p>Tiers 1-5: You pay \$0 co-payment for all drug tiers.</p>								You pay this amount after your yearly out-of-pocket costs reach \$2,000.

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](http://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 [mvphealthcare.com](http://mvphealthcare.com)

You can see our plan’s pharmacy directory at [mvphealthcare.com/partD](http://mvphealthcare.com/partD)

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions at [mvphealthcare.com/partD](http://mvphealthcare.com/partD)

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)。