



# 2025 MVP Medicare Advantage Product Training

Annual Product Certification



# Training Instructions

- Each year, the Centers for Medicare & Medicaid Services (CMS) provides Medicare Advantage Organizations (MAOs)/Part D sponsors training and testing requirements for their agents and brokers.
- The 2025 MVP Medicare Advantage Product Training will train and test on the Medicare products and specific benefits agents and brokers of MVP will sell.
- A knowledge check will be provided at the end of the training program.
  - Completion of the knowledge check is required.
  - A **score of 85%** or above is required.

# Agenda

- MVP Medicare Advantage
- Plan Benefits
- Part D
- D-SNP
- Supplemental Benefits/"Extras"
- Value Based Insurance Design (VBID)
- Virtual Care
- Well-Being and Health Management

# MVP Health Care



# MVP Health Care

- MVP Health Care is a leading, regional not-for-profit health care company that is dedicated to **guiding, supporting** and **advocating** for customers on their personal health journey.
- We care for more than 700,000 members across New York and Vermont.
- MVP is committed to having a positive impact on health and wellness of everyone we serve.



# MVP's Medicare Advantage Plans

- 30+ years of experience serving Medicare beneficiaries.
- Access to more than 60,000 regional health care providers.
- MVP's Medicare Advantage plans are highly rated by Medicare.
- HMO-POS and PPO plan offerings.
- D-SNP available in select counties.
- Supplemental/Extra benefits included on every plan.
- Free living well programs, benefits and members available on all plans.

# Medicare Advantage Review

- **Medicare Advantage (MA)** is a Medicare program administrated by private insurers. Medicare Advantage plans are Medicare Part C.
- You must have **Medicare Part A** and **Part B** to be eligible.
- Medicare Advantage plans are **different** from Medigap plans, also known as supplemental plans.
  - ***MVP does not offer Medigap plans.***
- Medicare Advantage plans **replace** Original Medicare.
- Medicare Beneficiaries **cannot be enrolled** in a Medicare Advantage plan and a stand-alone Part D plan.

# Eligibility

- To be eligible for an MVP Medicare Advantage plan, you must:
  - Live in MVP's service area for at least six months of the year.
  - Have both Medicare Part A and Part B.
  - Continue to pay your Part B premium.



# Plan Types

## Health Maintenance Organization-Point of Service (HMO-POS)

- Required to select a PCP
- Out-of-network (OON) covered is limited.
- Yearly allowance for OON services.
- Not all services are covered OON.

## Preferred Provider Organization (PPO)

- Not required to select a PCP.
- In and OON benefits
- OON coverage is unlimited.

# Plan Similarities

MVP Medicare Advantage plans share several similarities across plans.

- Eligibility requirements are the same.
- Utilize the same pharmacy benefits manager (PBM), CVS/Caremark.
- Do NOT use the CIGNA network.
- See any participating provider across the entire MVP region.
- Emergent/Urgent care covered worldwide.
- No medical deductibles.
- All plans have out-of-pocket maximums (OOPM).
  - Amount varies based on plan type.

# 2025 Medicare Service Area

**Rochester/Bufalo**  
HMO-POS (H3305)

- Preferred Gold without D \$0 (007)
- Secure with Part D \$39 (030)
- Preferred Gold with Part D \$219 (015)

PPO (H9615)

- Complete Wellness with Part D \$0 (020)
- WellSelect Plus with Part D \$93.40 (012)

**Capital District, Central NY & Southern Tier**  
HMO-POS (H3305)

- Preferred Gold without Part D \$0 (020)
- Secure Plus with Part D \$96.20 (022)

PPO (H9615)

- WellSelect with Part D \$0 (008)
- Patriot Plan with Part D \$44.00 (018)
- WellSelect Plus with Part D \$119.00 (007)

**UVMHN Service Area**  
HMO-POS (H3305)

- Preferred Gold without Part D \$0 (020)
- Secure Plus with Part D \$96.20 (022)

PPO (H9615)

- UVM Health Advantage Select \$0 (015)

**D-SNP**  
HMO (H3305)

- DualAccess \$0 (033 - Non-integrated)
- DualAccess Complete \$0 (034 - IBP)
- DualAccess Plus \$0 (035 - MAP) \*Pending Approval

**D-SNP** 033, 034 and 035

**D-SNP** 033 and 034 only

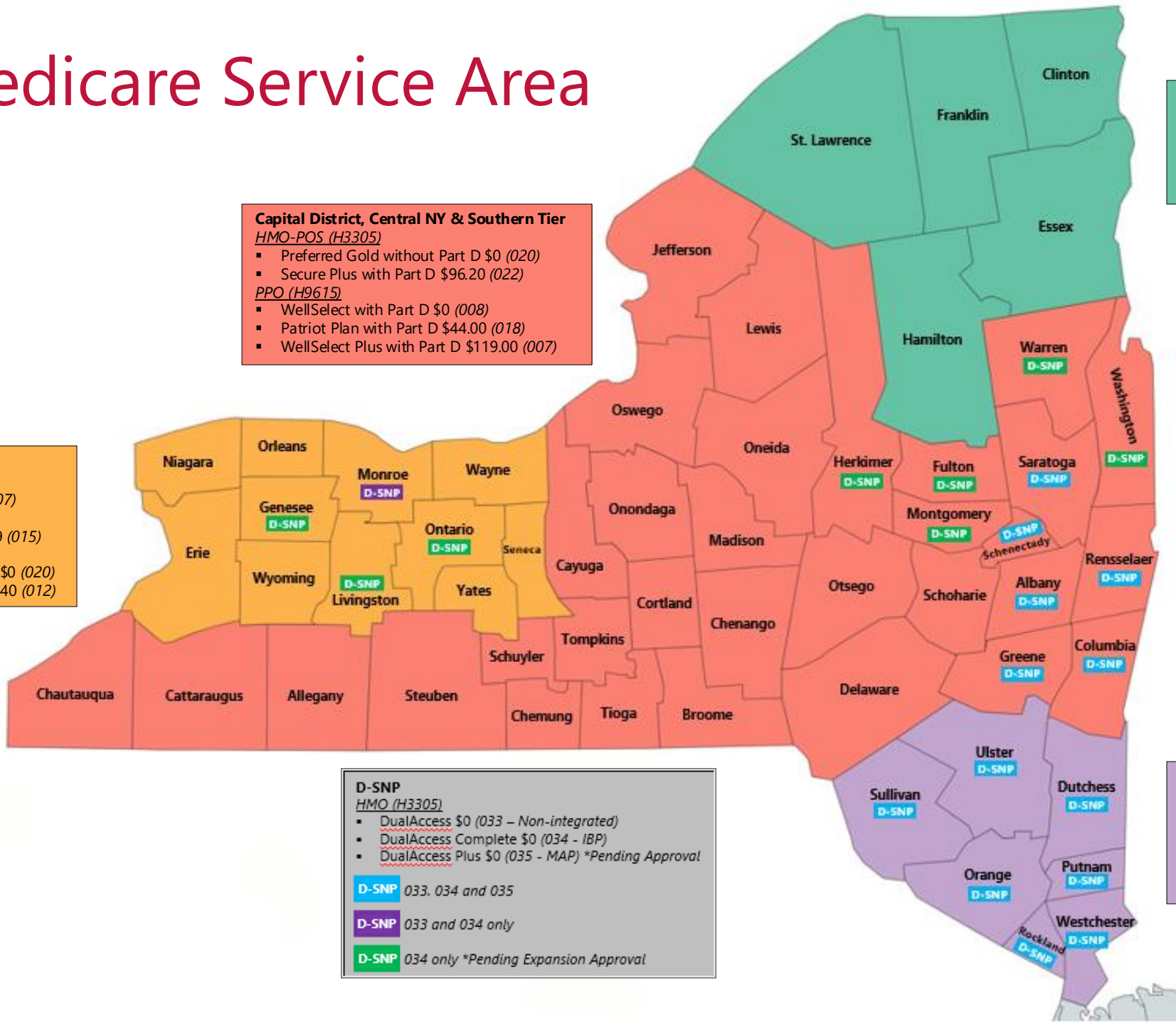
**D-SNP** 034 only \*Pending Expansion Approval

**Hudson Valley**  
HMO-POS (H3305)

- Preferred Gold without Part D \$0 (020)
- Secure Plus with Part D \$96.20 (022)

PPO (H9615)

- WellSelect with Part D \$0 (010)
- Patriot Plan with Part D \$44.00 (018)



# Part B Giveback

- A Medicare Part B giveback is a premium reduction offered by some Medicare Advantage plans.
- The giveback pays a portion of a beneficiary's Part B premium.
  - An increase in monthly Social Security check
  - A credit on the quarterly Part B premium statement
- MVP will offer a Part B giveback on four plans in 2025.

Plan	Part B Giveback
Complete Wellness with Part D (West)	\$7.60
WellSelect with Part D (East)	\$11.80
WellSelect with Part D (Hudson Valley)	\$11.80
UVM Health Advantage Select	\$9.80

# Western NY Plan Offerings and Premiums

Plan Name	Plan Type	2024 Premium	2025 Premium	Part B Giveback
MVP Preferred Gold without Part D	HMO-POS	\$0	\$0	N/A
MVP Complete Wellness with Part D	PPO	N/A	\$0	\$7.60
MVP Medicare Secure with Part D	HMO-POS	\$25	\$39.00	N/A
MVP WellSelect Plus with Part D	PPO	\$85.90	\$93.40	N/A
MVP Preferred Gold with Part D	HMO-POS	\$222.40	\$219.00	N/A

**Terminated plans:**

- Gold Giveback
- Patriot Plan

# Complete Wellness Plan - West

\$0 Premium

Higher cost shares

Lower Supplemental Benefits

High Drug Deductible

- Plan designed to attract “wellness” oriented community
- Limited health conditions require fewer services – enabling a \$0 premium offering
- Preventive Services are supported (\$0 PCP, \$10 Mental Health)
- Wellness Rewards: \$100
- \$0 Gia telehealth
- \$750 Dental Allowance to cover preventive & comprehensive
- Wellness activities are promoted in the community



**Part B Giveback:  
\$7.60**

# Eastern NY Plan Offerings & Premiums

Plan Name	Plan Type	2024 Premium	2025 Premium	Part B Giveback
MVP Preferred Gold without Part D	HMO-POS	\$0	\$0	N/A
MVP WellSelect with Part D	PPO	\$0	\$0	\$11.80
MVP Patriot Plan with Part D	PPO	\$42.40	\$44.00	N/A
MVP Secure Plus with Part D	HMO-POS	\$97.50	\$96.20	N/A
MVP WellSelect Plus with Part D	PPO	\$122.40	\$119.00	N/A

**Terminated plan:**

- Secure

**Consolidated plans:**

- Preferred Gold into Secure Plus

# Hudson Valley Plan Offerings & Premiums

Plan Name	Plan Type	2024 Premium	2025 Premium	Part B Giveback
MVP Preferred Gold without Part D	HMO-POS	\$0	\$0	N/A
MVP Medicare WellSelect with Part D	PPO	\$0	\$0	\$11.80
MVP Patriot Plan with Part D	PPO	\$42.40	\$44.00	N/A
MVP Medicare Secure Plus with Part D	HMO-POS	\$97.50	\$96.20	N/A

**Terminated plan:**

- Secure

**Consolidated plans:**

- Preferred Gold into Secure Plus



# UVM Plan Offerings & Premiums

Plan Benefit Package	2024 Plan Premium	2025 Plan Premium	Part B Giveback
UVMHA Select	\$0	\$0	\$9.80

**Terminated plans:**

- UVMHA Secure
- UVMHA Preferred

# Plan Benefits

# Medicare Benefits

MVP Medicare Advantage plans cover all services that is covered by Original Medicare.

MVP Medicare Advantage plans cover additional services and benefits that are not covered by Original Medicare.

Additional Benefits include:

- Non-emergent transportation
- Over-the-counter allowances
- Hearing Aids
- Dental
- Gym Memberships
- Vision Services
- Worldwide Emergent Care

# Preventive Benefits

All MVP Medicare Advantage preventive benefits are covered in full.

Benefits include:

- Annual Physicals
- Colonoscopies
- Mammogram Screenings
- Bone Density Scans
- Prostate Screenings
- ACIP Recommended Vaccines
- And Many More!



# Emergency Care

- Emergency care is covered worldwide.
  - Emergency Room
  - Urgent Care
  - Ambulance transportation (non-emergent transport is not covered)
- No network requirements.
- Worldwide care.
  - Typically pay out-of-pocket
  - Submit for reimbursement to MVP



# Hospital Services

Hospital Services Include:

- Inpatient Hospital
- Inpatient Mental Health
- Observation Stays
- Emergency Hospital Admission

If a member is moved to a different level of care, the member will only pay one copay. (The copay for the level of care the member was in when they are discharged)



# Outpatient Services

Outpatient services include:

- Ambulatory Surgical Center
- Outpatient Hospital

The surgery location is determined by the provider.

Some facilities are credentialed as ambulatory surgical centers and others as outpatient hospitals.

They may or may not be attached to a hospital.

How they are credentialed has nothing to do with their physical location.

# Diagnostic Services

Diagnostic Services Include:

- X-rays
- CT Scans
- PET Scans
- MRIs
- Nuclear Medicine
- Lab Work

*CT Scans, PET scans, MRIs, and Nuclear Medicine may require prior authorization.*





# Rehabilitation

Rehabilitation benefits included on all plans:

- Skilled Nursing Facility (SNF)
  - Inpatient Rehab
- Home Health Care
  - Rehab in the home
- Physical, Speech and Occupational Therapy



# Out-of-Network

- All of MVP's Medicare Advantage plans have OON benefits.
  - Excluding D-SNP
- **HMO-POS plans**
  - Members pay a 30% coinsurance of the Medicare allowed amount.
  - Not all services are covered OON.
- **PPO Plans**
  - Cost share depends on the service.

Members must see a provider who accepts Medicare.

# Out-of-Pocket Maximum (OOPM)

- All MVP Medicare Advantage plans have a **medical OOPM**.
  - The amount depends on the plan type.
- This is the most a member will pay for medical copays/coinsurance in the calendar year.
- When a member reaches their OOPM, MVP pays 100% for medical services for the rest of the year.
- **Does not include;** monthly premium, Part D costs, dental, eyewear, hearing aids and acupuncture.

# Care Guides

## One-on-One Support

- Communicate with the member to promote member engagement, utilization of Plan benefits to enhance their health and access while supporting overall satisfaction.

## Bridge the gap between carrier and provider

- Work as a bridge between the customer, the health plan, and provider organizations to create a seamless and positive experience to fulfill their unmet care needs.

## Empower & Engage

- Address the needs and wishes of the member and his or her family and/or advocate and to support changes as they affect the member's desired outcomes, quality of care and quality of life.
- Empower the member to make informed decisions and advocate on their behalf when deemed necessary.

## Collaborate

- Collaborate and triage to, and with, provider services and MVP Clinical Services and programs from lifestyle and wellness coaching to condition coaching and complex case management and behavioral health services.

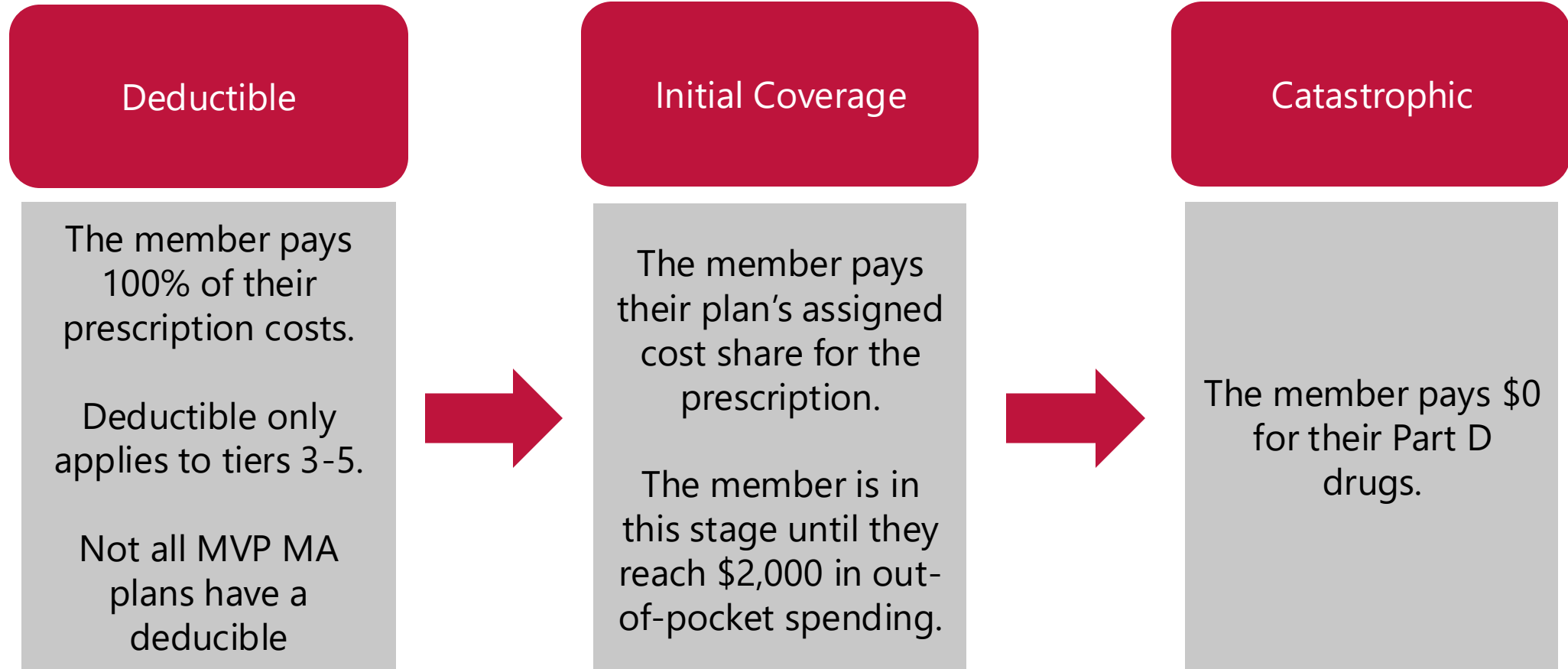
# Part D

# Part D Benefits

- Formulary
  - Tier 1 – Preferred Generic Drugs
  - Tier 2 – Generic Drugs
  - Tier 3 – Preferred Brand Name Drugs
  - Tier 4 – Non- Preferred Drugs
  - Tier 5 – Specialty Drugs (high-cost specialty generic and brand-name drugs that cost \$950 or more for a one-month supply)
- Copays/Coinsurance vary based on medication's tier
- Deductible
  - Part D deductible applies to tiers 3-5 (if the plan has a deductible)



# Part D Stages



# Part D Manufacturer Discount Program

- Beginning in 2025, as part of the Inflation Reduction Act, the Part D Manufacturer Discount Program will be in effect.
- This program will replace the existing Coverage Gap (Donut Hole).
- Drug manufacturers will be required to contribute financially during both the coverage and catastrophic stages.
  - Manufacturers will cover around 10% in the Initial Coverage Phase and 20% in the Catastrophic Phase of the cost of applicable drugs.



# Medicare Prescription Payment Plan (M3P)

- Beginning in 2025, as part of the Inflation Reduction Act, the Medicare Prescription Payment Plan will be in effect.
- Members may defer prescription payment at the point of sale and move to monthly payment installments.
  - The member will be billed from by MVP.
- Members must enroll in this program prior to picking up their prescriptions at the point of sale.

# CVS/Caremark

- MVP's Prescription Benefit Manager (PBM) is CVS/Caremark.
- Caremark Mail Order: Offer a discount for members with a delivery of a 90-day supply for the cost of 60-days (one month free).
- Members are not limited to CVS; variety of local and national pharmacies are in-network.

## National Pharmacy Chains

- Costco
- Walgreens
- CVS
- Walmart
- Rite Aid

# D-SNP

# Dual Special Needs Plans (D-SNPs)

- Plans for individuals who are entitled to both Medicare and Medicaid.
  - Combines the benefits of Medicare and Medicaid.
  - Makes benefits between both plans easier to access for members.
- D-SNP plans are Medicare Advantage plans.
- Focus on care coordination and addressing Social Determinants of Health (SDOH).
- Eligibility is restricted to individuals who qualify based on the category of Medicaid they receive.

# MVP D-SNP Plan Options

1. DualAccess – “Non-Integrated”
2. DualAccess Complete – “Integrated”
3. DualAccess Plus – “Medicaid Advantage Plus”

→ Waiting for NYS Approval

- Each D-SNP plan has its own eligibility requirements.
- Plan benefits are very similar between each plan.

# DualAccess - "Non-Integrated"

- Medicare coverage - through MVP.
- Medicaid coverage - through Fee-for-Service or another managed care plan.
- Limited coordination of benefits.
- Plans are required to notify NYS when a high-risk dual has been admitted to a hospital or skilled nursing facility (SNF).
- Members can be receiving long term support services (LTSS) through Fee-for-Service Medicaid

# DualAccess Complete – Integrated Benefit Plan

- Also known as “IBP”.
- Medicare coverage – through MVP Medicare.
- Medicaid coverage – through MVP Medicaid or MVP HARP.
- Operates as one plan for the member with all integrated services.
- Members **do not** require long term support services (LTSS) more than 120 days.

# MVP DualAccess Plus – Medicaid Advantage Plus

- Also known as “MAP”.
- Medicare coverage – through MVP Medicare.
- Medicaid coverage – through MVP Medicaid or MVP HARP.
- Operates as one plan for the member with all integrated services.
- Members **do** require long term support services (LTSS) more than 120 days.

Waiting on NYS approval



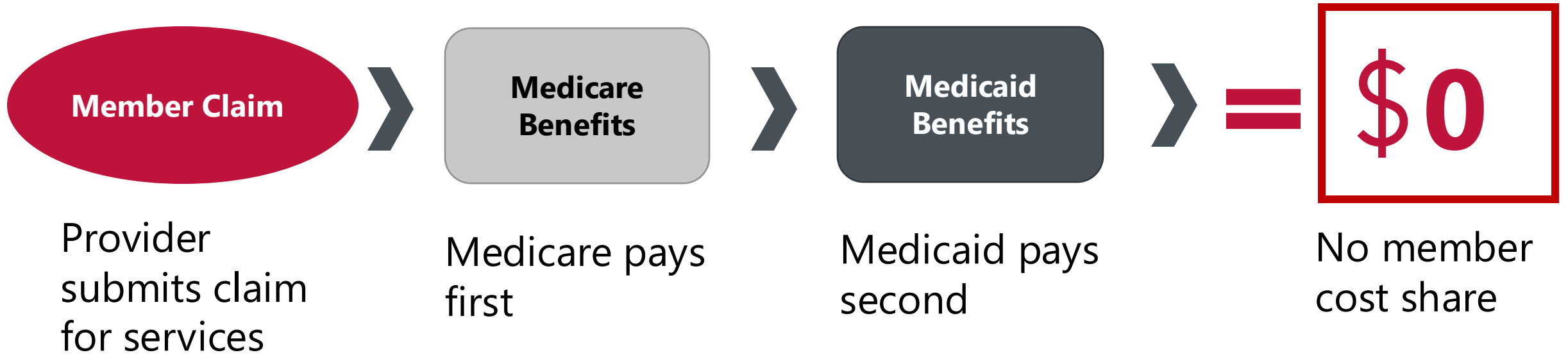
# D-SNP Cost Share

D-SNP plans are structured to have **no** member cost-share:

- No premiums
- No copays
- No coinsurances
- No deductibles



# D-SNP Coordination of Benefits



Some services are only eligible under Medicare or Medicaid. These services are configured for no member cost-sharing.

*Note – There is potential for member cost sharing for some ancillary services, like eyewear and hearing aids, that could be offered as an allowance-based benefit.*

# Belong Health

- MVP and Belong Health have a joint venture to support MVP's D-SNPs.
- Belong Health has a **dedicated D-SNP focus**, driven by behavioral science and a high-touch approach for managing complex patients.
- Simplify care and enhance the customer experience by coordinating Medicare and Medicaid benefits in a patient-centric way.
- **Belong brings depth of knowledge and experience** in from care management of complex populations, home-based services, supporting provider engagement strategies and analytics, and community-based support.

# D-SNP Care Planning

- Each new member will receive an introductory call and a health assessment survey from a member of their personal MVP Care Team.
- Care team is comprised of a group of nurses, social workers, and coordinators managed by Belong Health.
- A personalized care plan is developed and designed around the members individual health and wellness goals.

# Supplemental Benefits/"Extras"



# Dental

- All Medicare Advantage Plans (**excluding D-SNP**)
  - Preventive and Comprehensive Services
  - Prepaid Benefits Card for Dental
    - Same card as Nations OTC
  - No Network
    - Choose any dentist
  - No balance billing or member submission of claims
    - Pay at the counter
    - If your dentist will not accept the payment card (Mastercard), member can submit receipts for reimbursement



Allowances vary by plan:  
\$1,000 to \$2,000\*\*

**\*\*The new Complete Wellness plan in the West will have a \$750 allowance for preventive & comprehensive**

# D-SNP Dental

Healthplex Network

## NYS Medicaid Standard Benefit

Covered dental services include essential services such as medically necessary:

- Oral Exams
- Cleanings
- X-rays
- Restorations
- Dentures
- Extractions
- Crowns
- Root Canals
- Implants in certain circumstances



Unlimited allowance-prior authorization is required.

# Vision

- MVP partners with EyeMed Vision Care
  - Excludes D-SNP
- \$0 routine eye exam for all plans
  - 1 per year
  - \$300 OON yearly allowance
    - HMO-POS, provider must participate with MVP
    - PPO, member can see any provider
- Eyewear
  - No network requirements
  - \$150, \$175 or \$225 allowance depending on plan type





# Eyewear Benefit (D-SNP)

**\$200 Annual Eyewear Allowance**

*Additional \$60 if member sees a Medicaid provider*

*Member is liable for any eyewear costs above allowance*

 No network requirements to use allowance



# Hearing Aids

## Hybrid Benefit (excludes D-SNP)

### Option 1

- \$699 or \$999 copay per hearing aid
- TruHearing brand hearing aids
- Maximum of 2 aids per year

### Option 2

- \$600 allowance per ear
- Discounted pricing
- Apply towards TruHearing's top 6 manufactures

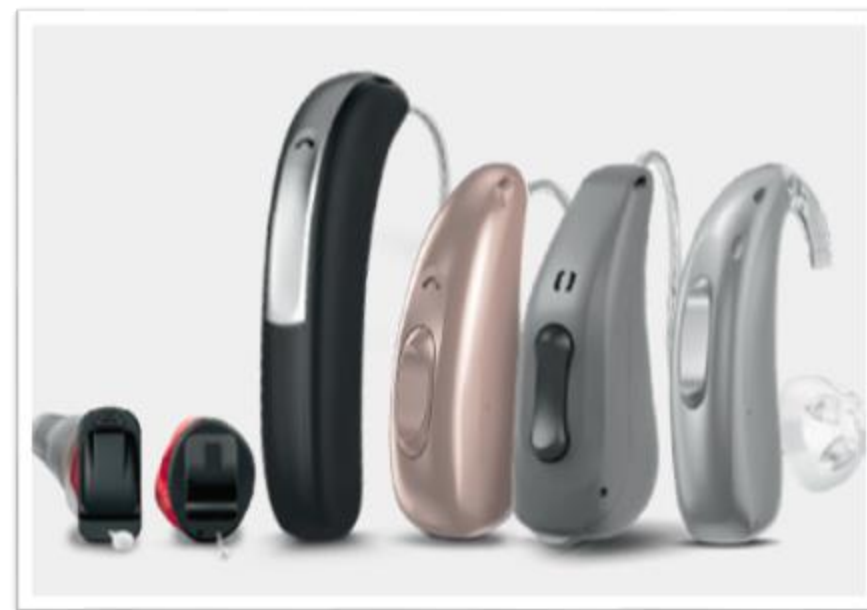


# Hearing Aids (D-SNP)

**\$2,000 allowance**

- TruHearing Network
- Every 3 calendar years
- 32 aids priced at or below \$1,000
- Extensive Styles available including digital
- Batteries or Rechargeability Included
- Free Replacement
- Free Follow-up Fitting Appointments

**TruHearing®**



# Meal Delivery Service

- 14 meals delivered post-discharge from an Inpatient Admission
  - 2 meals a day for 7 days
- Administer through Care Management
- Fits Multiple Dietary Needs
- \$0 cost to the member
  - Can continue with self-pay
- ***Not included in the New Wellness Complete with Part D plan***



# UVM-Meal Delivery Service

- 14 meals delivered post-discharge from an Inpatient Admission
  - 2 meals a day for 7 days
- **12 Weeks of Food Delivery (14 meals/ 7 Days)**
  - Congestive Health Failure Diagnosis
    - Inpatient or observation
  - Diabetes Diagnosis
    - New diagnosis, inpatient or observation
  - Mental Health Diagnosis
    - Inpatient or observation

**UVM Health Advantage Select Only**

# Over-the-Counter (OTC)

- Members receive an allowance to purchase CMS-approved over-the-counter medications and items.
- All Medicare Plans, excludes D-SNP
  - Quarterly Allowance:**
    - \$50-\$100 (varies by plan)
    - ***Does not roll over.***
  - Vendor:** Nations OTC
  - Eligible Retailers:** CVS, Walmart, Rite Aid, Walgreens, Family Dollar



# D-SNP Flex Card

## D-SNP Only

- Food & Produce
- OTC
- General Supports of Living
  - Electricity
  - Internet
  - Water
  - Telephone
  - Heat

- **Monthly Allowance (*No rollover*)**  
**\$150-DualAccess**  
**\$175-DualAccess Complete**

# Non-Emergent Transportation

Supplemental benefit for non-emergent transportation.

Modes of transportation include ride-share service, medical sedan, wheelchair van, and stretcher service.

## Benefit structure:

- Plans will include an allotment of one-way rides per year to medical appointments. (Rides vary by plan)
- Rides will have a one-way mileage cap.
- Patriot Plan & Preferred Gold without Part D – unlimited rides to VA facilities.

**Vendor:** American Logistics (ALC)

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# Value Based Insurance Design (VBID)



# Value Based Insurance Design

- (VBID) Value-based insurance design is a strategy that minimizes or eliminates out-of-pocket costs for certain populations.
- VBID determines coverage and cost-sharing based on an assessment of the clinical value of individual health care items or services.
- MVP Health Care uses the VBID model to reduce or eliminate cost-sharing for members who meet specific criteria.
- Members with an eligible diagnosis may be eligible for targeted supplemental benefits or reduced cost sharing.

# Diabetes-Podiatry Services

- For diagnosed diabetics, members will pay \$0 copayment for routine podiatry visits
- *Prior authorization may be required by the plan to confirm diagnosis and medical necessity.*



# Hypertension Diagnosis

- For members with diagnosed hypertension.
- MVP will allow members to order 1 basic blood pressure cuff from our contracted vendor.
- Only the approved device will be covered and only through our approved contracted vendor.



*\*Not available for the Complete Wellness plan.\**

# Home and Bathroom Safety Devices and Modifications

- For members with a diagnosis related a stroke.
- MVP will allow members to order bathroom safety items on a selected list from our contracted vendor including:
  - Shower seats
  - Raised toilet seats
  - Bathtub seats
  - Grab bars
- MVP will allow up to \$250/year in total for select items from our contracted vendor.
- Only the approved items will be covered and only through our approved contracted vendor.

*\*Not available for the Complete Wellness plan.\**

# Joint Replacement Care Kits

- Members who have a prior authorization or have undergone a joint replacement within the plan year with a diagnosis of Rheumatoid Arthritis or Osteoarthritis.
- Customizable care kit with items such as (through MVP's contracted vendor):
  - A reacher
  - A shoehorn
  - Non-slip bathmat
  - Tieless shoelaces
  - Sock-aid
  - Long handled shower sponge



# Part D Prescription Drugs

## **Applies to all Covered Part D Formulary Drugs for D-SNP plan benefit packages**

- All low-income subsidy (LIS) recipients are eligible
- No deductibles
- No copays or coinsurance on covered drugs through all phases of coverage.



# UVM Care Kits

Free, personalized care kits for UVM members diagnosed with CHF or diabetes.

## **Congestive Heart Failure (CHF) Kit**

- Digital Bluetooth Scale
- Digital Bluetooth Pulse Oximeter
- Blood Pressure Monitor

## **Diabetes Kit**

- Scale
- Travel Insulin Cooler
- Informational Placemat
- Portion Plate
- Water Bottle

*Administer by case management.*





# UVM Reduced Cost Sharing

## **Congestive Heart Failure**

- \$0 copay for cardiologist visits.

## **Diabetics**

- \$0 copay for podiatry visits.
- Prior authorization may be required by MVP to confirm the diagnosis and the medical necessity.

# Virtual Care

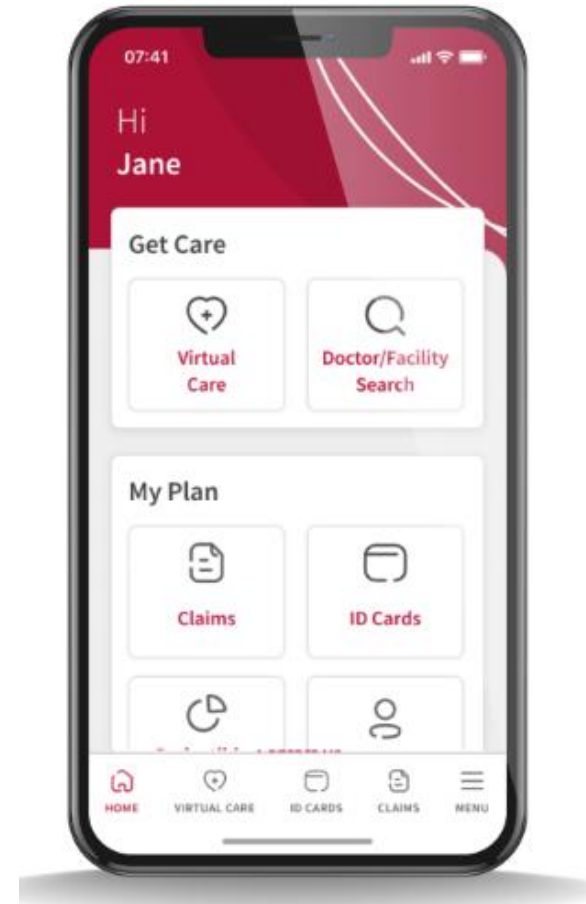


# Gia

- MVP Health Care's App

- Gia Features

- Access to ID Cards/Order ID Cards
- Check Charges, Costs and Savings
- Check Deductible and Limits
- Find a Doctor
- Advice or information on various health topics
- Connect a member to a virtual care provider through Galileo



# Galileo

- **\$0 Virtual Care for ALL Medicare Advantage members.**
- 24/7 and same-day responses.
- No appointments needed.
- Primary care and specialists.
- Bi-lingual (English and Spanish)
- Preventive care, prescription refills, mental health, care management, lab tests.



# Well-Being & Health Management

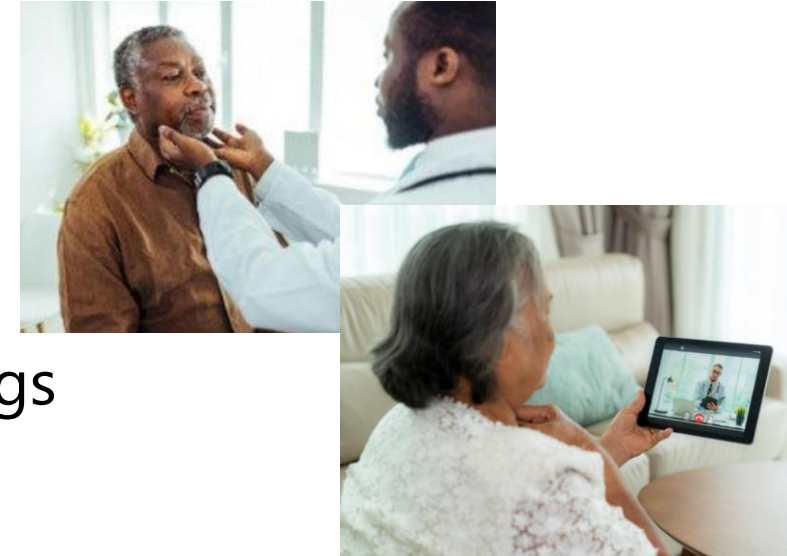


# Be Well Rewards

ALL Medicare Advantage plans (including D-SNP) will receive a \$100 card for completing an Annual Wellness Visit.

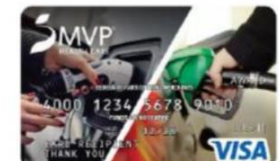
## Annual Wellness Visit (AWV)

- In person or virtual primary care visit
- Create a personalized preventive care plan
- Health history, risk factors, preventative screenings
- Helps you maintain or achieve your best health



## \$100 to spend how you want

- Prepaid Mastercard gift card
- Prepaid Visa Gas gift card
- Prepaid Grocery gift card



# SilverSneakers

- Access to over 15,000 gyms across the United State.
- **No cost!**
- National gyms and local community centers.
  - Sign-up for multiple gyms.
- Live online classes and workshops
- On-demand video library of classes, workouts and how-to videos.



SilverSneakers

# Living Well Programs

Living Well programs are:

- Guided by the five dimensions of wellness
- Open and available to all, regardless of MVP members
- **Free or low-cost** to participate in
- Offered seasonally, in-person and virtually
- Organized in a variety of different formats such as fitness opportunities, wellness educational programs, one-time experiences and voucher/discount style offerings.

Programs Include:

- Cooking classes
- Yoga
- Nature walks
- Meditation
- Dance
- And More





# Matrix Medical

- MVP offers **voluntary** in-home assessments to some of our Medicare Advantage members.
  - Contracted with Matrix Medical Network.
- Assessments are provided by nurse practitioners.
- The completed home assessment will be shared with the member's primary care physician.
  - Goal is to get a complete picture of the member's health so the PCP can provide the best care possible.
- There is **no cost for the assessment**.



# 24/7 Nurse Advice Line

- For nonemergency questions related to an existing condition, an insect bite, a rash, or your health in general, expert advice is just a phone call away, even on weekends.
- Call 1-800-204-4712, toll free, or email a nurse via our secure online form in the MVP member portal.



# Medication Therapy Management

- Offered at no cost to MVP Medicare Part D members.
- Members can talk with an experienced pharmacist.
  - Learn more about their prescriptions.
  - Reduce the risk of medication errors.
  - Check for drug interactions
  - Find possible cost savings.
  - Send educational material in the mail.
  - Communicate with the member's doctor.
- Call 1-866-942-7754, Monday–Friday, 8:30 AM–5 PM.



# Health and Case Management

- MVP offers Health and Case Management programs to members in need of extra support to manage their health.
- Ensure that members with multiple or chronic health concerns best understand their condition or situation, and the best course of action to address their needs.
- **No charge or obligation.**
- Sessions are confidential and conducted by phone.
- Education, training, coaching, and personalized mailing:
  - Help reach goals that are important to their treatment plans.
  - Communicate effectively with providers to ensure timely sharing of information.
  - Help reduce unnecessary ER visits and ensure members receive the right care at the right place at the right time

# Test Your Knowledge!

- Congratulations! You have completed the 2025 MVP Medicare Advantage Product Training.
- Reminder: You must score an 85% or higher on the knowledge check.
- You will be allowed multiple attempts to pass.
- You will receive a score upon completion.



# Supplemental Benefits Reference Documents



# West: Rochester/Buffalo

West-Roch/Buf	PBP	Premium	Dental	OTC	Vision	Hearing	Transportation	Meals	Wellness Reward	Blood Pressure Kit	Home and Bathroom Safety Kit	Joint Replacement Care Kit	Diabetes Podiatry routine visits	Prescription Deductible
Preferred Gold without Part D (HMO-POS)	H3305-007	\$0	\$1000 combined Prev. and Comp. No Network, prepaid debit card	\$25 per Qtr/ no rollover	\$175 allowance per year	\$699/\$999 or \$600 per hearing aid maximum 2 aids per year	12 rides/30 Mile, Unlimited rides to VA/45 mile Radius	Post- Hospitalization: 14 meals/ 7 days	\$100 gift card annually for completing annual wellness visit or routine physical.	Yes	Yes	Yes	Yes	N/A
Complete Wellness with Part D (PPO)	H9615-020	\$0	\$750 combined Prev. and Comp. No Network, prepaid debit card	\$50 per Qtr/ no rollover	\$225 allowance per year	\$699/\$999 or \$600 per hearing aid maximum 2 aids per year	Not Covered	Not Covered	\$100 gift card annually for completing annual wellness visit or routine physical.	Not Covered	Not Covered	Not Covered	Yes	\$550(exd tiers 1& 2)
Secure with Part D (HMO-POS)	H3305-030	\$39.00	\$1750 combined Prev. and Comp. No Network, prepaid debit card	\$75 per Qtr/ no rollover	\$225 allowance per year	\$699/\$999 or \$600 per hearing aid maximum 2 aids per year	12 rides/30 Mile	Post- Hospitalization: 14 meals/ 7 days	\$100 gift card annually for completing annual wellness visit or routine physical.	Yes	Yes	Yes	Yes	\$300(exd tiers 1& 2)
WellSelect Plus with Part D (PPO)	H9615-012	\$93.40	\$1750 combined Prev. and Comp. No Network, prepaid debit card	\$75 per Qtr/ no rollover	\$225 allowance per year	\$699/\$999 or \$600 per hearing aid maximum 2 aids per year	12 rides/30 Mile	Post- Hospitalization: 14 meals/ 7 days	\$100 gift card annually for completing annual wellness visit or routine physical.	Yes	Yes	Yes	Yes	\$250(exd tiers 1& 2)
Preferred Gold with Part D (HMO-POS)	H3305-015	\$219.00	\$2000 combined Prev. and Comp. No Network, prepaid debit card	\$100 per Qtr/No rollover	\$225 allowance per year	\$699/\$999 or \$600 per hearing aid maximum 2 aids per year	24 rides/30 Mile	Post- Hospitalization: 14 meals/ 7 days	\$100 gift card annually for completing annual wellness visit or routine physical.	Yes	Yes	Yes	Yes	No Ded.

# East: Capital, Central and Southern Tier

East-CD, CNY,ST	PBP	Premium	Dental	OTC	Vision	Hearing	Transportation	Meals	Wellness Reward	Blood Pressure Kit	Home and Bathroom Safety Kit	Joint Replacement Care Kit	Diabetes Podiatry routine visits	Prescription Deductible
Preferred Gold without Part D (HMO-POS)	H3305-020	\$0	\$1000 combined Prev. and Comp. No Network, prepaid debit card	\$25 per Qtr/ no rollover	\$150 allowance per year	\$699/\$999 or \$600 per hearing aid maximum 2 aids per year	12 rides/30 Mile, Unlimited rides to VA/45 mile Radius	Post-Hospitalization: 14 meals/ 7 days	\$100 gift card annually for completing annual wellness visit or routine physical.	Yes	Yes	Yes	Yes	N/A
WellSelect with Part D (PPO)	H9615-008	\$0	\$1250 combined Prev. and Comp. No Network, prepaid debit card	\$50 per Qtr/ no rollover	\$225 allowance per year	\$699/\$999 or \$600 per hearing aid maximum 2 aids per year	12 rides/30 Mile	Post-Hospitalization: 14 meals/ 7 days	\$100 gift card annually for completing annual wellness visit or routine physical.	Yes	Yes	Yes	Yes	\$350 (exc. Tier 1 & 2)
Patriot Plan with Part D (PPO)	H9615-018	\$44.00	\$1500 combined Prev. and Comp. No Network, prepaid debit card	\$50 per Qtr/ no rollover	\$225 allowance per year	\$699/\$999 or \$600 per hearing aid maximum 2 aids per year	12 rides/30 Mile, Unlimited rides to VA/45 mile Radius	Post-Hospitalization: 14 meals/ 7 days	\$100 gift card annually for completing annual wellness visit or routine physical.	Yes	Yes	Yes	Yes	\$350 (exc. Tier 1 & 2)
Secure Plus with Part D (HMO-POS)	H3305-022	\$96.20	\$2000 combined Prev. and Comp. No Network, prepaid debit card	\$75 per Qtr/ no rollover	\$225 allowance per year	\$699/\$999 or \$600 per hearing aid maximum 2 aids per year	24 rides/30 Mile	Post-Hospitalization: 14 meals/ 7 days	\$100 gift card annually for completing annual wellness visit or routine physical.	Yes	Yes	Yes	Yes	No Ded
WellSelect Plus with Part D (PPO)	H9615-007	\$119.00	\$1750 combined Prev. and Comp. No Network, prepaid debit card	\$75 per Qtr/ no rollover	\$225 allowance per year	\$699/\$999 or \$600 per hearing aid maximum 2 aids per year	24 rides/30 Mile	Post-Hospitalization: 14 meals/ 7 days	\$100 gift card annually for completing annual wellness visit or routine physical.	Yes	Yes	Yes	Yes	No Ded.



# Hudson Valley

Hudson Valley	PBP	Premium	Dental	OTC	Vision	Hearing	Transportation	Meals	Wellness Reward	Blood Pressure Kit	Home and Bathroom Safety Kit	Joint Replacement Care Kit	Diabetes Podiatry routine visits	Prescription Deductible
Preferred Gold without Part D (HMO_POS)	H3305-020	\$0	\$1000 combined Prev. and Comp. No Network, prepaid debit card	\$25 per Qtr/ no rollover	\$150 allowance per year	\$699/\$999 or \$600 per hearing aid maximum 2 aids per year	12 rides/30 Mile, Unlimited rides to VA/45 mile Radius	Post-Hospitalization: 14 meals/ 7 days	\$100 gift card annually for completing annual wellness visit or routine physical.	Yes	Yes	Yes	Yes	N/A
WellSelect with Part D (PPO)	H9615-010	\$0	\$1250 combined Prev. and Comp. No Network, prepaid debit card	\$50 per Qtr/ no rollover	\$225 allowance per year	\$699/\$999 or \$600 per hearing aid maximum 2 aids per year	12 rides/30 Mile	Post-Hospitalization: 14 meals/ 7 days	\$100 gift card annually for completing annual wellness visit or routine physical.	Yes	Yes	Yes	Yes	\$500(exc. Tier 1 & 2)
Patriot Plan with Part D (PPO)	H9615-018	\$44.00	\$1500 combined Prev. and Comp. No Network, prepaid debit card	\$50 per Qtr/ no rollover	\$225 allowance per year	\$699/\$999 or \$600 per hearing aid maximum 2 aids per year	12 rides/30 Mile, Unlimited rides to VA/45 mile Radius	Post-Hospitalization: 14 meals/ 7 days	\$100 gift card annually for completing annual wellness visit or routine physical.	Yes	Yes	Yes	Yes	\$350 (exc. Tier 1 & 2)
Secure Plus with Part D (HMO-POS)	H3305-022	\$96.20	\$2000 combined Prev. and Comp. No Network, prepaid debit card	\$75 per Qtr/ no rollover	\$225 allowance per year	\$699/\$999 or \$600 per hearing aid maximum 2 aids per year	24 rides/30 Mile	Post-Hospitalization: 14 meals/ 7 days	\$100 gift card annually for completing annual wellness visit or routine physical.	Yes	Yes	Yes	Yes	No Ded.

# Northern NY

UVMHN	PBP	Premium	Dental	OTC	Vision	Hearing	Transportation	Meals	Wellness Reward	Blood Pressure Kit	Home and Bathroom Safety Kit	Joint Replacement Care Kit	CHF Customizable care kit	Diabetes Customizable care kit	CHF Cardiologist visits	Diabetes Podiatry routine visits	Prescription Deductible
Preferred Gold without Part D (HMO-POS)	H3305-020	\$0	\$1000 combined Prev. and Comp. No Network, prepaid debit card	\$25 per Qtr/ no rollover	\$150 allowance per year	\$699/\$999 or \$600 per hearing aid maximum 2 aids per year	12 rides/30 Mile, Unlimited rides to VA/45 mile Radius	Post-Hospitalization: 14 meals/ 7 days	\$100 gift card annually for completing annual wellness visit or routine physical.	Yes	Yes	Yes	N/A	N/A	N/A	Yes	N/A
Secure Plus with Part D (HMO-POS)	H3305-022	\$96.20	\$2000 combined Prev. and Comp. No Network, prepaid debit card	\$75 per Qtr/ no rollover	\$225 allowance per year	\$699/\$999 or \$600 per hearing aid maximum 2 aids per year	24 rides/30 Mile	Post-Hospitalization: 14 meals/ 7 days	\$100 gift card annually for completing annual wellness visit or routine physical.	Yes	Yes	Yes	N/A	N/A	N/A	Yes	No Ded.
UVM Health Advantage Select (PPO)	H9615-015	\$0	\$1500 combined Prev. and Comp. No Network, prepaid debit card	\$50 per Qtr/ no rollover	\$225 allowance per year	\$699/\$999 or \$600 per hearing aid maximum 2 aids per year	12 rides/60 Mile	Post-Hospitalization: 14 meals/ 7 days, CHF, Diabetes or Post Inpatient Hospital stay or observation stay for depression, schiz. And other psychotic disorders: 14 meals/7 days up to 12 week for new diagnosis	\$100 gift card annually for completing annual wellness visit or routine physical.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	\$350(excl. Tier 1 & 2)

# DSNP Supplemental Benefits

DSNP	PBP	Premium	Dental	OTC	Vision	Hearing	Transportation	Meals	Wellness Reward	Part D Cost Sharing - VBID	Joint Replacement Care Kit	Food, Produce and OTC - VBID Flex Card
Dual Access with Part D (HMO D-SNP)	H3305-033 (Non-Integrated)	Premium only applies to members who lose LIS	NYS Medicaid Standard Benefit	Combined benefit with Food and Produce	\$200 annual allowance (Non-Eyemed)	\$2000 Max/3 yrs/1 per ear, both ears combined	36 rides/ 30 Mile Max	Post Hospitalization; 14 Meals/7 Days	\$100 gift card annually for completing annual wellness visit or routine physical	\$0 Part D cost sharing for low Income subsidy eligible members	Yes	\$150 per month allowance for Food and Produce, General Supports of Living (electricity, water, heat, internet, and/or telephone) and/or OTC. No rollover.
Dual Access with Part D (HMO-DSNP)	H3305-034 (IBP)	Premium only applies to members who lose LIS	NYS Medicaid Standard Benefit	Combined benefit with Food and Produce	\$200 annual allowance (Non-Eyemed)	\$2000 Max/3 yrs/1 per ear, both ears combined	36 rides/ 30 Mile Max	Post Hospitalization; 14 Meals/7 Days	\$100 gift card annually for completing annual wellness visit or routine physical	\$0 Part D cost sharing for low Income subsidy eligible members	Yes	\$175 per month allowance for Food and Produce, General Supports of Living (electricity, water, heat, internet, and/or telephone) and/or OTC. No rollover.
Dual Access with Part D (HMO-DSNP)	H3305-035 (MAP)*Pending Approval	Premium only applies to members who lose LIS	NYS Medicaid Standard Benefit	\$75 per Quarter; No rollover	\$200 annual allowance (Non-Eyemed)	\$2000 Max/3 yrs/1 per ear, both ears combined	36 rides/ 30 Mile Max	Post Hospitalization; 14 Meals/7 Days	\$100 gift card annually for completing annual wellness visit or routine physical	N/A	Yes	N/A