2027 Summary of Benefits

MVP Health Plan, Inc.

MVP Medicare Complete Wellness with Part D (PPO)

H9615: Plan 023

This is a summary of drug and health services covered by MVP Health Plan January 1, 2027 - December 31, 2027.
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 Complete Wellness 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 Hudson Valley service area includes the following counties in New York: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, or Westchester.

MVP Medicare Complete Wellness 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.

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Premiums and Benefits	MVP Medicare Complete Wellness with Part D (PPO)	What you should know
Monthly Plan Premium	You pay $54.00.	You must continue to pay your **Part B** premium. ($206.50 in 2026. This amount may change in 2027.)
Deductible	This plan does not have a medical deductible.	
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	**In-Network:** $9,850 **In/Out-of-Network**: $14,800 combined annually.	The most you pay for co-pays, co-insurance, and other costs for medical services for the year.
Inpatient Hospital Coverage (Services may require Authorization)	**In-Network:** You pay $490 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% co-insurance.	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.
Outpatient Hospital Coverage (Services may require Authorization)	**In-Network:** You pay 20% co-insurance for outpatient hospital surgery. **Out-of-Network:** You pay 40% co-insurance.	Physician surgery co-pay also applies to outpatient hospital surgery.

Premiums and Benefits	MVP Medicare Complete Wellness with Part D (PPO)	What you should know
Ambulatory Surgical Center (ASC) Services (Services may require Authorization)	**In-Network:** You pay 15% co-insurance for care in a certified ambulatory surgical center. **Out-of-Network:** You pay 40% co-insurance.	Physician surgery co-pay also applies to ambulatory surgery.
Doctor Visits • Primary Care Providers • Specialists (Services may require Authorization)	**In-Network**: You pay $0 per PCP visit. **Out-of-Network:** You pay 30% co-insurance per PCP visit. **In-Network:** You pay $60 co-pay per Specialist visit. **Out-of-Network:** You pay 40% co-insurance per Specialist visit.	Cost sharing applies to each service you receive, including multiple services from the same provider.
Preventive Care	**In-Network/Out-of-Network:** You pay $0 co-pay.	Any additional services approved by Medicare during the contract year will be covered. There are items not covered at $0.
Emergency Care	**In-Network/Out-of-Network:** You pay $115 co-pay per visit.	If you are admitted to the hospital within 24 hours, co-pay is waived. Emergency care is provided worldwide.

Premiums and Benefits	MVP Medicare Complete Wellness with Part D (PPO)	What you should know
Urgently Needed Services	**In-Network/Out-of-Network:** You pay $40 co-pay per visit. You pay $115 co-pay for Worldwide Urgent Care coverage.	Urgently needed services are provided worldwide.
Diagnostic Services/ Labs/ Imaging • Diagnostic radiology service (e.g., MRI) • Lab services • Diagnostic tests and procedures • Outpatient x-rays (Services may require Authorization)	**In-Network:** You pay $45-$410 co-pay. **Out-of-Network:** You pay 40% co-insurance. **In-Network:** You pay $0 co-pay. **Out-of-Network:** You pay 40% co-insurance. **In-Network:** You pay 20% co-insurance. **Out-of-Network:** You pay 40% co-insurance. **In-Network:** You pay $45 co-pay. **Out-of-Network:** You pay 40% co-insurance.	Cost sharing applies to each service you receive, including multiple services from the same provider.

Premiums and Benefits	MVP Medicare Complete Wellness with Part D (PPO)	What you should know
Hearing Services • Diagnostic Hearing exam (Medicare Covered)	**In-Network:** You pay $0 co-pay. **Out-of-Network:** You pay 50% co-pay.	Routine hearing exams are limited to one (1) per calendar year.
• Routine Hearing exam (non-Medicare-covered)	**In-Network:** You pay $0 co-pay. **Out-of-Network:** You pay 50% co-insurance.	
• Hearing aid	**In-Network:** $699-$999 per hearing aid or get up to $600 per ear toward the cost of two hearing aids every year. **Out-of-Network:** You pay 80% co-insurance.	
Medicare-covered Dental Services	**In-Network:** You pay $50 co-pay for Medicare-covered dental services. **Out-of-Network:** You pay 40% co-insurance for Medicare-covered dental services.	Medicare covers dental services in a limited number of circumstances.

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Supplemental Preventive Dental Services	**In-Network/Out-of-Network:** You pay $0 co-pay per service for preventive dental services through in and out-of-network providers. Annual maximum on the covered preventative services is 2 oral exams, 2 prophylaxis (cleanings) and 1 dental x-ray.	Once the annual maximum benefit is used, you are responsible for 100% of the cost of any supplemental dental services. Services received from out-of-network providers are only covered on PPO plans. Covered services received through an out-of-network provider will be reimbursed up to the plans allowed amount per the fee schedule. Coverage is limited to specific dental codes. See the Evidence of Coverage for more information.
Supplemental Comprehensive Dental Services	This is not a covered benefit under this plan.	
Over-the Counter (OTC) Items		
• OTC Allowance	This is not a covered benefit under this plan.	
• Arthritis Post-Joint Replacement Procedure Care Kit	This is not a covered benefit under this plan.	

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Vision Services • Diagnostic eye exam (Medicare Covered)	**In-Network:** You pay $20 co-pay per diagnostic eye exam. **Out-of-Network:** You pay 40% coinsurance per diagnostic eye exam.	
• Routine eye exam (non-Medicare-covered)	**In-Network/Out-of-Network:** You pay $0 co-pay per routine eye exam.	Routine eye exams are limited to one (1) per calendar year. Out-of-Network routine eye exams have a $70 maximum payable benefit per calendar year.
• Post-cataract surgery eyewear	**In-Network:** You pay 20% co-insurance. **Out-of-Network:** You pay 40% coinsurance	
• Eyewear allowance	$150 every year eyewear allowance.	

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Mental Health Services • Inpatient visit	**In-Network:** You pay $415 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 50% co-insurance.	Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.
• Outpatient individual/group therapy visit (Services may require Authorization)	**In-Network:** You pay $10 per co-pay per outpatient individual/group therapy visit. **Out-of-Network:** You pay 30% co-insurance.	
Skilled Nursing Facility (SNF) (Services may require Authorization)	**In-Network:** You pay $0 co-pay per day for days 1 through 20. You pay $221 co-pay per day for days 21 through 100. **Out-of-Network:** You pay 50% co-insurance.	Our plan covers up to 100 days in a SNF.

Premiums and Benefits	MVP Medicare Complete Wellness with Part D (PPO)	What you should know
Physical Therapy (Services may require Authorization)	**In-Network:** You pay $35 co-pay per visit. **Out-of-Network:** You pay 40% co-insurance 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.
Ambulance (Services may require Authorization)	**In-Network/Out-of-Network:** You pay $320 co-pay for ground ambulance. **In-Network/Out-of-Network:** You pay $500 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 the following exist: 1. furnished in a rural area according to CMS or State; 2. through a contract with a volunteer ambulance service; 3. are medically necessary.
Transportation	This is not a covered benefit under this plan.	
Medicare Part B Drugs (Services may require Authorization) • Insulin Drugs	**In-Network:** You pay 20% co-insurance. **Out-of-Network:** You pay 40% co-insurance Your maximum cost share will not exceed $35.	The co-insurance you pay is based on the type of Part B drugs purchased at a pharmacy, administered by a pharmacist or by your doctor. (An office visit co-pay may also apply.) Part B drugs not covered under POS. Part B drugs may be subject to Step Therapy requirements.

Premiums and Benefits	MVP Medicare Complete Wellness with Part D (PPO)	What you should know
Foot Care (podiatry services) • Diagnostic Foot exams and treatment • Routine foot care (Services may require Authorization)	**In-Network:** You pay $60 co-pay. **Out-of-Network:** You pay 40% co-insurance **In-Network:** You pay $0 co-pay.	Routine foot care is covered if you have diabetes-related nerve damage and/or meet certain conditions. See the Evidence of Coverage for more information.
Medical Equipment/ Supplies • Durable Medical Equipment (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs)	**In-Network:** You pay 20% co-insurance. **Out-of-Network:** You pay 40% co-insurance. **In-Network:** You pay 0-20% co-insurance. **Out-of-Network:** You pay 40% co-insurance.	

Premiums and Benefits	MVP Medicare Complete Wellness with Part D (PPO)	What you should know
Medical Equipment/ Supplies Cont'd		
• Diabetes supplies (Services may require Authorization)	**In-Network:** You pay $10 co-pay for a 30-day supply of preferred brand blood glucose test strips and glucometers. **Out-of-Network:** You pay 40% co-insurance for a 30-day supply of non-preferred strips that have prior authorization.	MVP's preferred brands of blood glucose test strips and glucometers are Freestyle, Accu-Check, and Prodigy.
• Blood Pressure Cuff	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. Must have diagnoses related to Stroke.
• Home and Bathroom Safety Devices and Modifications	This is not a covered benefit under this plan.	
Meal Benefit	This is not a covered benefit under this plan.	

Premiums and Benefits	MVP Medicare Complete Wellness with Part D (PPO)	What you should know
Fitness Benefit • SilverSneakers®	**In-Network:** No cost for SilverSneakers® membership and to use SilverSneakers® fitness locations and virtual resources. Plus, you get access to GetSetUp, with thousands of live online classes to ignite your interests in topics like cooking, technology, and art. **Out-of-Network:** You pay 50% co-insurance.	The maximum reimbursement amount for Out-of-Network is $70 per month. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2026 Tivity Health, Inc. All rights reserved.
Wellness Programs • ***Be Well*** Rewards Program	With the MVP ***Be Well*** Rewards Program, Medicare members are rewarded with 100 points once they complete an annual wellness visit. Then members can redeem their reward points for a $100 gift card.	
MVP Virtual Care Services	You pay $0 co-pay per visit using remote access technology.	Gia virtual care services generally start at $0, but a member cost-share may apply for specialty providers, in-person visits, and referrals. Refer to Gia for estimated costs at the time of service. Eligibility, covered services, and age limits may apply. For serious or life-threatening emergencies call 911.

Outpatient Prescription Drugs			
Benefits	**MVP Medicare Secure Plus Choice with Part D (HMO-POS)**		**What you should know**
	Retail Rx 30-day supply	**Mail Order up to 90-day supply, except Tier 1 which is 100-day supply**	You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy.
Deductible	$700 Deductible. Tier 1 and Plan-covered Insulin Drugs are not subject to deductible.		
Initial Coverage Tier 1: Preferred Generic	You pay $0.	You pay $0.	You pay this amount for each prescription until your yearly drug costs reach $2,400. 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 2: Generic	You pay $2	You pay $4	
Tier 3: Preferred Brand	You pay 16%	You pay 16%	
Tier 4: Non-Preferred Drugs	You pay 43%.	You pay 43%.	
Tier 5: Specialty Tier	You pay 25%.	Not available.	
Plan-covered Insulin Drugs	You pay up to $35.	You pay up to $70.	
Catastrophic Coverage: Tiers 1- 5: You pay $0 co-payment for all drug tiers.			You pay this amount after your yearly out-of-pocket costs reach $2,400.

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 **medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as braille, large print or audio.

For more information, please call us at the phone number below or visit us at **mvphealthcare.com**
Toll-free **1-800-324-3899**, TTY users should call 711.
From October 1 – March 31, you can call us seven days a week from 8 am–8 pm Eastern Time.
From April 1 – September 30, you can call us Monday – Friday from 8 am–8 pm Eastern Time.

You can see our plan's provider directory at **mvphealthcare.com.**

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

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions at **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. Members' direct or digital provider visits may be subject to co-pay/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).