



2025 MEDICARE ADVANTAGE PLANS

Benefits at a Glance

Capital District,
Southern Tier,
and Central
New York State

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 Counties



Well-Being Benefits and Extras

MVP is committed to supporting you along every step of your personal health journey. Our Medicare Advantage plans include extra benefits, programs, and services to help you live your best life.

	MVP MEDICARE WELLSELECT [®]	MVP MEDICARE PATRIOT PLAN [®]
Dental Allowance	\$1,250 per year	\$1,500 per year
	Use your allowance at any dentist you choose toward for any preventive or comprehensive dental service	
Over-the-Counter Allowance (OTC)	\$50 per quarter	\$50 per quarter
Eyewear Allowance	\$225 per year	\$225 per year
Hearing Aids from TruHearing [®]	Choose the right coverage for you! Pay \$699 or \$999 per hearing aid, or get up to \$600 per hearing aid toward your choice of top models, rechargeable or batteries included	
Transportation to medical appointments, dental visits, and the pharmacy (30 mile max per ride)	12 one-way rides per year	12 one-way rides per year; Unlimited rides to a VA facility with a 45-mile max
Be Well Rewards	Earn a \$100 reward card for completing your Annual Wellness Visit	
Gia[®] by MVP	\$0 virtual care to address an immediate or same-day health need, available 24/7	
SilverSneakers[®] Fitness Membership	A free fitness membership with access to thousands of fitness locations nationwide, live online classes and on-demand videos, and community group activities	
Meal Delivery	14 free refrigerated meals after an in-patient hospital stay discharge	

For detailed benefit information, refer to the MVP MEDICARE ADVANTAGE PLANS brochure.

MVP Care Guides



Get personalized support and guidance with your MVP Medicare Advantage plan from our expert Care Guides. They are available to make sure you take full advantage of your benefits and get the right care for your health needs.

MVP MEDICARE WELLSELECT PLUS	MVP MEDICARE SECURE PLUS	MVP MEDICARE PREFERRED GOLD [*] without Part D	NEW FOR 2025! One convenient prepaid card can be used at both the dentist and participating OTC retailers—no claims needed!
\$1,750 per year	\$2,000 per year	\$1,000 per year	
Use your allowance at any dental provider you choose, towards any preventive or comprehensive dental services			
\$75 per quarter	\$75 per quarter	\$25 per quarter	
\$225 per year	\$225 per year	\$150 per year	

Choose the right coverage for you!

Pay \$699 or \$999 per hearing aid, or get up to \$600 per hearing aid toward your choice of top models, rechargeable or batteries included

24 one-way rides per year	24 one-way rides per year	12 one-way rides per year; Unlimited rides to a VA facility with a 45-mile max
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Earn a \$100 reward card for completing your Annual Wellness Visit

\$0 virtual care to address an immediate or same-day health need, available 24/7

A free fitness membership with access to thousands of fitness locations nationwide, live online classes and on-demand videos, and community group activities

14 free refrigerated meals after an in-patient hospital stay discharge

Look inside for at-a-glance plan comparisons.

Capital District, Southern Tier, and Central New York State

(IN=In-network providers,
OUT=Out-of-network providers)

	MVP MEDICARE WELLSELECT with Part D (PPO)	MVP MEDICARE PATRIOT PLAN with Part D (PPO)	MVP MEDICARE WELLSELECT PLUS with Part D (PPO)	MVP MEDICARE SECURE PLUS with Part D (HMO-POS)	MVP MEDICARE PREFERRED GOLD without Part D (HMO-POS)
Monthly Premium¹	\$0³	\$44	\$119	\$96.20	\$0
Doctor Visits					
Primary Care	IN \$0 co-pay OUT \$60 co-pay	IN \$0 co-pay OUT \$5 co-pay	IN \$0 co-pay OUT \$60 co-pay	\$0 co-pay	\$0 co-pay
Specialist No Referrals!	IN \$50 co-pay OUT \$60 co-pay	IN \$50 co-pay OUT \$60 co-pay	IN \$40 co-pay OUT \$60 co-pay	\$40 co-pay	\$40 co-pay
Mental Health Specialist	IN \$10 co-pay OUT \$60 co-pay	IN \$10 co-pay OUT \$50 co-pay	IN \$10 co-pay OUT \$60 co-pay	\$10 co-pay	\$30 co-pay
Gia Virtual Care Services	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Routine Eye Exams	IN \$0 co-pay OUT \$0 co-pay	IN \$0 co-pay OUT \$0 co-pay	IN \$0 co-pay OUT \$0 co-pay	\$0 co-pay	\$0 co-pay
Routine Hearing Exams	IN \$0 co-pay OUT \$60 co-pay	IN \$0 co-pay OUT \$60 co-pay	IN \$0 co-pay OUT \$60 co-pay	\$0 co-pay	\$0 co-pay
Chiropractic	IN \$15 co-pay OUT \$20 co-pay	IN \$15 co-pay OUT \$20 co-pay	IN \$10 co-pay OUT \$20 co-pay	\$10 co-pay	\$15 co-pay
Outpatient Physical, Speech, and Occupational Therapy	IN \$30 co-pay OUT \$60 co-pay	IN \$35 co-pay OUT \$60 co-pay	IN \$20 co-pay OUT \$60 co-pay	\$20 co-pay	\$20 co-pay
Emergency Care Worldwide Coverage					
Emergency Room Care	\$110 co-pay	\$110 co-pay	\$110 co-pay	\$95 co-pay	\$110 co-pay
Urgently Needed Care	\$45 co-pay	\$30 co-pay	\$40 co-pay	\$30 co-pay	\$45 co-pay
Ambulance (Ground)	\$300 co-pay	\$250 co-pay	\$200 co-pay	\$175 co-pay	\$200 co-pay
Out-of-Network Coverage All plans include coverage for non-emergency care from Medicare providers anywhere in the United States who are not part of the MVP Medicare provider network.					
Non-Urgent and Non-Emergency Services and Admissions Some services excluded	Up to \$60 co-pay for most office visits, 40% co-insurance for other services	Up to \$60 co-pay for most office visits, 40% co-insurance for other services	Up to \$60 co-pay for most office visits, 40% co-insurance for other services	30% co-insurance for covered services, MVP pays 70%, up to \$4,000 per year	30% co-insurance for covered services, MVP pays 70%, up to \$4,000 per year
Hospital, Surgery, and Rehabilitation Services All plans cover skilled nursing facility care at a post-acute rehabilitation center.					
Inpatient Hospital Stays Emergency admissions covered worldwide	IN \$425 per day for days 1–5, then \$0 per day for days 6+ OUT 40% co-insurance	IN \$425 per day for days 1–5, then \$0 per day for days 6+ OUT 40% co-insurance	IN \$375 per day for days 1–5, then \$0 per day for days 6+ OUT 40% co-insurance	IN \$350 per day for days 1–5, then \$0 per day for days 6+	IN \$375 per day for days 1–5, then \$0 per day for days 6+
Observation Stays Not inpatient admission	IN \$400 OUT 40% co-insurance	IN \$350 OUT 40% co-insurance	IN \$300 OUT 40% co-insurance	\$300 co-pay	\$350 co-pay
Outpatient Hospital/Ambulatory Surgical Center (Same day surgery)	IN \$400/\$300 co-pay OUT 40% co-insurance	IN \$350/\$250 co-pay OUT 40% co-insurance	IN \$300/\$200 co-pay OUT 40% co-insurance	\$300 co-pay/\$175 co-pay	\$350 co-pay/\$250 co-pay
Diagnostic Services Office visit co-pay may apply.					
Outpatient X-ray (Radiology)	IN \$60 co-pay OUT \$60 co-pay	IN \$50 co-pay OUT \$60 co-pay	IN \$40 co-pay OUT \$60 co-pay	\$40 co-pay	\$50 co-pay
Outpatient CT Scans, PET Scans, and MRIs	IN \$250 co-pay OUT 40% co-insurance	IN \$300 co-pay OUT 40% co-insurance	IN \$250 co-pay OUT 40% co-insurance	\$225 co-pay	\$200 co-pay
Laboratory	IN \$0 co-pay OUT 40% co-insurance	IN \$0 co-pay OUT 40% co-insurance	IN \$0 co-pay OUT 40% co-insurance	\$0 co-pay	\$0 co-pay
Diagnostic Procedures	IN \$30 co-pay OUT 40% co-insurance	IN \$15 co-pay OUT 40% co-insurance	IN \$15 co-pay OUT 40% co-insurance	\$10 co-pay	\$10 co-pay
Maximum Out-of-Pocket Protection²	IN Only \$7,800 IN and OUT Combined \$12,000	IN Only \$7,900 IN and OUT Combined \$12,000	IN Only \$7,000 IN and OUT Combined \$11,800	\$6,000	\$7,200

¹May be lower with New York State EPIC or Extra Help. You must continue to pay your Part B premium.

²The most you pay for covered medical services in a calendar year. If you reach the maximum amount, MVP pays 100% of the cost of covered services, including Part B drugs, through December 31.

³Plan offers a Part B premium reduction, with a monthly rebate to your Social Security check.

Part D Prescription Drug Coverage

MVP MEDICARE
WELLSELECT®

MVP MEDICARE
PATRIOT PLAN®

MVP MEDICARE
WELLSELECT PLUS®

MVP MEDICARE
SECURE PLUS®

Deductible Stage

\$350 Deductible
for Tiers 3–5

\$350 Deductible
for Tiers 3–5

No Deductible

No Deductible

Initial Coverage Stage

After your deductible is met, you pay the following for a 30-day supply of covered prescription drugs from a participating retail pharmacy.

	MVP MEDICARE WELLSELECT®	MVP MEDICARE PATRIOT PLAN®	MVP MEDICARE WELLSELECT PLUS®	MVP MEDICARE SECURE PLUS®
TIER 1	\$0 No Deductible	\$0 No Deductible	\$0	\$0
TIER 2	\$15 No Deductible	\$15 No Deductible	\$10	\$15
TIER 3	\$47 After Deductible	\$47 After Deductible	\$35	\$45
TIER 4	28% After Deductible	26% After Deductible	25%	25%
TIER 5	28% After Deductible	28% After Deductible	33%	33%

Catastrophic Coverage Stage

New for 2025—The most you pay for covered prescriptions in 2025 is \$2,000. Once you have paid \$2,000 out of pocket for Part D drugs, you will pay nothing for covered prescriptions through December 31.

Mail Order Savings

Save money and have drugs you take regularly delivered to your home for free! Through the CVS Caremark® Mail Service Pharmacy, you can receive a **three**-month supply of Tier 2 and 3 prescriptions for only **two** co-pays, or 100-day supply of \$0 Tier 1 prescriptions. Refer to the Medicare Part D Formulary for details.

! Drugs purchased outside the United States are not Medicare-approved and are not covered.

Members Living With Diabetes Have Extra Support

Plan-covered insulin drugs are not subject to Part D deductibles and are covered at a maximum \$35 co-pay or the tier co-pay, whichever is less. OneTouch, FreeStyle, Precision, and Prodigy brand diabetic supplies are covered with a \$0 co-pay.

Programs to Manage Drug Costs

You may be eligible for financial assistance with your prescription drug premium or co-pays. Or the new Medicare Prescription Payment Plan may be helpful option if you have high drug costs early in the calendar year.

Let's talk!

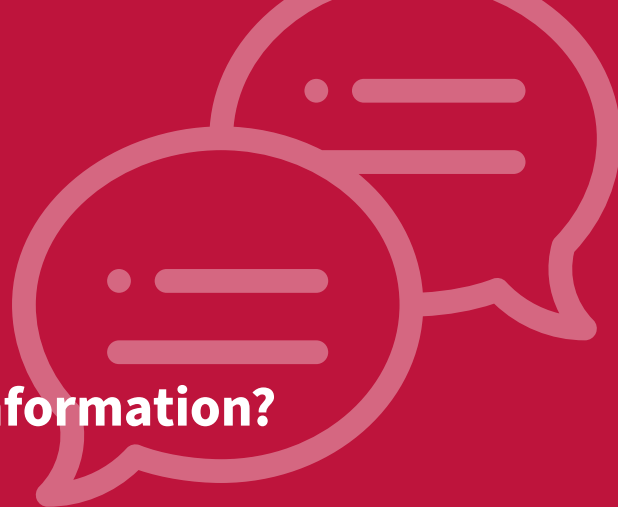
Have questions or need more information?

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

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

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

Or visit **mvphealthcare.com/medicare**.



MVP Health Plan, Inc. complies with Federal civil rights laws. MVP Health Plan, Inc. does not exclude people or treat them differently because 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)。

If your coverage is through an employer-sponsored plan, check with the former employer for your benefit information. This is not a contract. These benefit charts are for general reference only. All benefits are subject to federal Medicare program medical necessity guidelines.

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 (711).

MVP virtual care services through Gia are available at no cost-share for most members. In-person visits and referrals are subject to cost-share per plan.

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