

Let's do Medicare together.

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2025 MEDICARE ADVANTAGE EMPLOYER GROUP HEALTH PLANS

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INTRODUCTION

Your health is personal. And your health care should be personal, too.

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With MVP Health Care[®] (MVP) Medicare Advantage plans, guidance and individualized service are always our focus. As a regional not-for-profit health plan, we are committed to our customers and the communities we serve, offering benefits that put you first, access to care wherever you need it, and support every step of the way. We're here to be your partner and ensure you feel confident on your unique health journey.

Let's work together to make Medicare work for you.

CONTACT US

We're ready to serve you

Call 1-800-665-7924 TTY 711

October 1–March 31, seven days a week, 8am–8pm Eastern Time April 1–September 30, Monday–Friday, 8am–8pm

Or visit mvphealthcare.com/medicare.

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BENEFITS

Benefits to Support Your Lifestyle

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

Be Well Rewards

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





Eyewear Coverage

Some plans include an eyewear allowance that can be used at any vision provider toward frames, lenses, and contacts.



TruHearing[®] Hearing Aids

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

BENEFITS

Dental Coverage

Dental care is important for your overall health. Some MVP Medicare Advantage plans include a dental benefits that let you choose how and where to get the dental care you need.

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Use your dental allowance toward preventive and comprehensive services

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

Go to any dentist

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



Pay directly for the care you get

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

How it works

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

You can check your balances anytime online or through the Benefits Pro app from NationsBenefits. The Benefits Mastercard Prepaid Card can only be used to pay at the point of service for dental care. ۲

BENEFITS

Focus on Your Well-Being

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

SilverSneakers[®]

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

In the gym

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

At home

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

Living Well Programs

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

Get Moving at an MVP Fitness Court

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

On the go

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

On the app

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



BENEFITS

Preventive Care is Key to Your Health

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

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Key preventive services include:

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

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

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

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



MEMBER SUPPORT

Extra Support When You Need It

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



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



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Health and Care Management Programs

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

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

Help Managing Chronic Conditions

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

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

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

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

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

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MEMBER SUPPORT

A Guide to Your Health and Your Health Plan

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Get to Know Gia®

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

\$0 Virtual Care

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

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

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

- MVP Medicare Advantage Plan Member

Tools to Manage Your Health Plan

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

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

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MEMBER SUPPORT

Access to Health Care, When and Where You Need It

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

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Extensive Regional Network

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



Nationwide Coverage

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

Please refer to your Evidence of Coverage for full out-ofnetwork information specific to your plan.



Worldwide Emergency and Urgent Care

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

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

PRESCRIPTIONS

Understanding Part D Prescription Drug Coverage

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

1. Start with the Formulary

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

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

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

3. Find a Nearby Pharmacy

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

4. Save with Free Home Delivery

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

New for all 2025 MVP Medicare Advantage plans

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



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PRESCRIPTIONS

Tier 1 \$0 Preferred Generic Drugs

Blood Pressure

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

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

triamterene/ hydrochlorothiazide valsartan valsartan/ hydrochlorothiazide

Osteoporosis

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

High Cholesterol

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

Diabetes

glimepiride tabs glipizide tabs glipizide ER tabs glipizide XL metformin tabs metformin ER tabs (generic Glucophage

Thyroid

XR only)

euthyrox tabs levothyroxine tabs

Acid Reflux

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

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

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

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PRESCRIPTIONS

Programs to Manage Your Prescription Drug Costs

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

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

Medicare

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1-800 MEDICARE

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

Social Security 1-800-772-1213

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

The New York State Pharmaceutical Assistance The new Medicare Prescription Payment Plan

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

New York State EPIC

1-800-332-3742 (TTY 1-800-290-9138) Monday–Friday, 8:30 am–5 pm Eastern Time

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

Medicaid office

Your local New York State

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

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

Manufacturer Pharmaceutical Assistance

Programs (Patient Assistance Programs or PAPs) are programs from drug manufacturers to help lower drug costs. Visit go.medicare.gov/pap to learn more.

To learn more about the MVP Part D coverage, go to **mvphealthcare.com/PartD**.

WHAT'S NEXT

You're Our MVP Right From the Start

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

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What to Expect Once You're Enrolled



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

Your Medicare Member Rights

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

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APPENDIX

Non-Discrimination Notice

MVP Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sexual orientation and gender identity). MVP Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including sexual orientation and gender identity).

What MVP Health Care Provides

Free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If You Need These Services

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

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

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

Email: civilrightscoordinator@ mvphealthcare.com

How to File a Grievance or Complaint

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

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

Online: ocrportal.hhs.gov

- Mail: US DEPT OF HEALTH & HUMAN SERVICES 200 INDEPENDENCE AVE SW HHH BLDG ROOM 509F WASHINGTON DC 20201
- Phone: 1-800-368-1019 (TTY/TDD: 1-800-537-7697)

Complaint forms are available by visiting **hhs.gov/ocr** and selecting *Filing a Complaint with OCR*.

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APPENDIX

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Medicare Advantage Glossary of Terms

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

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

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

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

Medicare Advantage Plan—Medicare Advantage plans, sometimes called "Part C" or "MA Plans," are offered by private companies approved by Medicare. Medicare pays these companies to cover your Medicare benefits. If you join a Medicare Advantage plan, the plan will provide your Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) coverage. Medicare Advantage plans often include Part D prescription drug coverage as well.

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

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

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

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

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

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

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MVP Health Plan, Inc. is an HMO-POS/PPO organization with a Medicare contract. Enrollment in MVP Health Plan depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat MVP Health Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. For accommodations of persons with special needs at meetings call, 1-800-324-3899 (TTY 711).

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

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

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

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