

2018 Summary of Benefits

MVP Health Plan, Inc.

SmartFund™ (MSA)

H5613: Plan 002

This is a summary of drug and health services covered by MVP Health Plan January 1, 2018 - December 31, 2018.

MVP Health Plan, Inc. is an HMO-POS/PPO/MSA organization with a Medicare contract. Enrollment in the 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 **SmartFund (MSA)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in New York: Albany, Broome, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Orange, Oswego, Otsego, Putnam, Rensselaer, Rockland, St. Lawrence, Saratoga, Schenectady, Schoharie, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Westchester.

You can go to any doctor, hospital, or other provider that accepts Medicare payment, the plan's terms and conditions for payment, and agrees to treat you.

Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.

SmartFund (MSA) covers Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs. You may join a Medicare prescription drug plan.



Premiums and Benefits	SmartFund (MSA)	SmartFund (MSA) with Optional Supplemental Rider	What you should know
Monthly Plan Premium	You pay \$0	You pay \$22	You must continue to pay your Part B premium (\$134 in 2017).
Deductible	\$8,000 per year.	\$8,000 per year. Services covered under the Optional Supplemental Rider are not subject to the Deductible.	You pay 100% of your Medicare-covered services until you meet the deductible amount. Once you meet your deductible, MVP pays 100% of your Medicare-covered services.
How much does Medicare deposit into my MSA bank account?	Medicare will deposit \$1,800 into your account.	Medicare will deposit \$1,800 into your account.	For members who join after January 1, 2018, this amount will be adjusted (pro-rated) for the number of months remaining in the year. If you leave the plan during the year, you will be required to repay a pro-rated portion of this contribution back to MVP and Medicare.
Inpatient Hospital Coverage (Services may require Authorization)	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	Our plan covers an unlimited number of days for an inpatient hospital stay. Copayment is applied to each new inpatient hospital stay. Medicare benefit periods do not apply.
Doctor Visits · Primary · Specialists (Services may require Authorization)	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	Cost sharing applies to each service you receive, including multiple services from the same provider.
Preventive Care	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.
Emergency Care	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	

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Urgently Needed Services	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	
Diagnostic Services/Labs/ Imaging <ul style="list-style-type: none"> · Diagnostic radiology service (e.g., MRI) · Lab services · Diagnostic tests and procedures · Outpatient x-rays (Services may require Authorization)	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	Cost sharing applies to each service you receive, including multiple services from the same provider.
Hearing Services	You pay nothing after you pay your deductible. Only covers Exam to diagnose and treat hearing and balance issues.	You pay nothing after you pay your deductible for diagnostic exam. Hearing Aid Coverage <ul style="list-style-type: none"> · One Routine hearing exam every year. · Three Hearing aid fitting/evaluation visits every year. · TruHearing Flyte Advanced \$699 · TruHearing Flyte Premium \$999 Maximum of two hearing aids per year are covered, limited to one per ear, per year. Hearing Aids not subject to Deductible.	Optional Supplemental Rider provides additional coverage.

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Benefits	SmartFund (MSA)	SmartFund (MSA) with Optional Supplemental Rider	What you should know
<p>Dental Services</p>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):</p> <p>You pay nothing after you pay your deductible.</p>	<p>You pay nothing after you pay your deductible for Medicare-covered dental services.</p> <p>Preventive Dental Cleaning: In-network: You pay nothing. You are covered for up to 2 every year.</p> <ul style="list-style-type: none"> • Dental x-ray(s): In-network: You pay nothing. You are covered for up to 2 every year. • Oral exam: In-network: You pay nothing. You are covered for up to 2 every year. • Our plan pays up to \$240 every year for preventive dental services. • MVP will pay up to a maximum allowable benefit for each service. The DenteMax dentists accept this as payment in full. Other dentists may charge more. You are responsible for all costs once you reach \$240 or if your dentist charges more than the maximum allowable benefit. <p>Preventive Dental not subject to Deductible.</p>	<p>Optional Supplemental Rider provides additional coverage.</p>

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Vision Services <ul style="list-style-type: none"> • Eye Exam • Post-cataract Surgery Eyewear 	<p>You pay nothing after you pay your deductible.</p> <p>Only covers Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) Eyeglasses or contact lenses after cataract surgery.</p>	<p>You pay nothing after you pay your deductible for Medicare-covered services.</p> <ul style="list-style-type: none"> • Routine eye exam. You are covered for up to 1 every year • Our plan pays up to \$100 every year for contact lenses, eyeglasses (frames and lenses), and eyeglass lenses from an in-network provider. <p>Routine eye exam and eyewear not subject to Deductible.</p>	<p>Optional Supplemental Rider provides additional coverage.</p>
Mental Health Services <ul style="list-style-type: none"> • Inpatient visit • Outpatient group therapy visit/Outpatient individual therapy visit <p>(Services may require Authorization)</p>	<p>You pay nothing after you pay your deductible.</p>	<p>You pay nothing after you pay your deductible.</p>	<p>Our plan covers up to 190 days in a lifetime for Inpatient Mental Health care in a Psychiatric Hospital.</p>
Skilled Nursing Facility	<p>You pay nothing after you pay your deductible.</p>	<p>You pay nothing after you pay your deductible.</p>	<p>Our plan covers up to 100 days in a SNF.</p>
Rehabilitation Services <ul style="list-style-type: none"> • Occupational therapy visit • Physical therapy and speech and language therapy visit <p>(Services may require Authorization)</p>	<p>You pay nothing after you pay your deductible.</p>	<p>You pay nothing after you pay your deductible.</p>	<p>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.</p>

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Ambulance (Services may require Authorization)	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	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 area according to CMS or State; 2. through a contract with a volunteer ambulance service; 3. are Medically Necessary.
Transportation	Not covered	Not covered	
Foot Care (podiatry services) <ul style="list-style-type: none"> · Foot exams and treatment · Routine foot care (Services may require Authorization)	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	Foot exams and treatment only if you have diabetes-related nerve damage and/or meet certain conditions.
Medical Equipment/Supplies <ul style="list-style-type: none"> · Durable Medical Equipment (e.g., wheelchairs, oxygen) · Prosthetics (e.g., braces, artificial limbs) · Diabetes supplies (Services may require Authorization)	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	
Wellness Programs: <ul style="list-style-type: none"> · SilverSneakers 	Not Covered	SilverSneakers Fitness Program - fitness center membership and classes, plus health education, YogaStretch, SilverSplash, CardioFit and Cardio Circuit available at select locations.	Optional Supplemental Rider provides additional coverage.
Medicare Part B Drugs (Services may require	You pay nothing after you pay your deductible.	You pay nothing after you pay your deductible.	You pay a 20% coinsurance for Part B drugs purchased at a pharmacy, administered by a

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Authorization)			pharmacist, or administered by your doctor. (An office visit copay may also apply.)

Outpatient Prescription Drugs			
Benefits	SmartFund (MSA)	SmartFund (MSA) with Optional Supplemental Rider	What you should know
Part D Prescription Drugs	Not Covered	Not Covered	SmartFund (MSA) does not cover Part D prescription drugs. You may join a Medicare prescription drug plan.

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 www.mvphealthcare.com.

Toll-free **1-800-324-3899**, TTY users should call **1-800-662-1220**.

From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern Time.

From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern Time.

You can see our plan’s provider directory at our website at www.mvphealthcare.com.

We cover Part B drugs such as chemotherapy and some drugs administered by your provider.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

MSA plans combine a high deductible Medicare Advantage plan and a trust or custodial savings account (as defined and/or approved by the IRS). The plan deposits money from Medicare into the account. You can use this money to pay for your health care costs, but only Medicare-covered expenses count toward your deductible. The amount deposited is usually less than your deductible amount, so you generally have to pay out-of-pocket before your coverage begins.

Medicare MSA plans don’t cover prescription drugs. If you join a Medicare MSA plan, you can also join any separate Medicare Prescription Drug Plan

(PDP).

There are additional restrictions to join an MSA plan, and enrollment is generally for a full calendar year unless you meet certain exceptions. Those who disenroll during the calendar year will owe a portion of the account deposit back to the plan. Contact the plan at **1-800-665-7924** (TTY: **1-800-662-1220**) for additional information.