

2018 MVP Medicare Advantage Plans Include These Benefits

Capital District/ Southern Tier Region

	BasiCare with Part D (PPO) IN=In-Network OUT=Out-of-Network	GoldValue with Part D (HMO-POS)	Gold PPO with Part D (PPO) IN=In-Network OUT=Out-of-Network	Preferred Gold with Part D (HMO-POS)
Monthly Plan Premium	\$0 with Part D	\$108 with Part D	\$155 with Part D	\$172.20 with Part D
Monthly Premium for EPIC Subsidy Members Assumes 2018 EPIC subsidy of \$39.00	\$0	\$69	\$116	\$133.20
Doctor Visits				
Primary Care	IN: \$15 OUT: \$60	\$20	IN: \$15 OUT: \$60	\$15
Specialist No referrals! Including routine hearing and vision exams	IN: \$50 OUT: \$60	\$40	IN: \$50 OUT: \$60	\$30
Chiropractic Visit	\$20	\$20	\$20	\$20
Medicare Part B Prescription Drugs Includes chemotherapy	IN: 20% OUT: 40% Office co-pay may also apply	20% Office co-pay may also apply	IN: 20% OUT: 40% Office co-pay may also apply	20% Office co-pay may also apply
Emergency Care				
Emergency Room Care Worldwide coverage	\$80	\$80	\$80	\$80
Urgently Needed Care Worldwide coverage	\$65	\$50	\$50	\$50
Ambulance Transportation	\$250	\$150	\$150	\$75
Hospital Services				
Observation Stays	IN: \$300 OUT: 40% co-insurance	\$300	IN: \$250 OUT: 40% co-insurance	\$225
Inpatient Hospital Stays Emergency Hospital Stays Worldwide coverage	IN: \$350 per day for days 1–5 \$0 per day for days 6 and over OUT: 40% co-insurance for non-emergency admissions	\$350 per day for days 1–5 \$0 per day for days 6 and over	IN: \$350 per day for days 1–5 \$0 per day for days 6 and over OUT: 40% co-insurance for non-emergency admissions	\$350 per day for days 1–5 \$0 per day for days 6 and over
Outpatient Services—Office Visits Co-pay May Apply				
Ambulatory Surgical Center Same day surgery and other services	IN: \$300 OUT: 40% co-insurance	\$150	IN: \$250 OUT: 40% co-insurance	\$100
Outpatient Hospital Same day surgery and other services	IN: \$600 OUT: 40% co-insurance	\$300	IN: \$500 OUT: 40% co-insurance	\$225
Diagnostic Services—Office Visit Co-pay May Apply				
X-ray (Radiology)	IN: \$60 OUT: \$60	\$40	IN: \$50 OUT: \$60	\$30
Outpatient CT Scans, PET Scans, MRIs, and Nuclear Medicine	IN: \$150 OUT: 40% co-insurance	\$100	IN: \$100 OUT: 40% co-insurance	\$60
Lab	IN: \$15 OUT: 40% co-insurance	\$10	IN: \$10 OUT: 40% co-insurance	\$10
Rehabilitation				
Skilled Nursing Facility (Post-acute rehabilitation center)	IN: \$0 per day for days 1–20 \$167 per day for days 21–100 OUT: 40% co-insurance	\$0 per day for days 1–20 \$167 per day for days 21–100	IN: \$0 per day for days 1–20 \$167 per day for days 21–100 OUT: 40% co-insurance	\$0 per day for days 1–20 \$167 per day for days 21–100
Home Health Care Medically necessary	IN: \$0 OUT: 40% co-insurance	\$0	IN: \$0 OUT: 40% co-insurance	\$0
Physical, Speech, and Occupational Therapy Visits	IN: \$30 OUT: \$60	\$20	IN: \$20 OUT: \$60	\$20
Plus Even More Value for Your Monthly Premium!				
SilverSneakers® Fitness Program Basic fitness center membership and SilverSneakers classes	\$0	\$0	\$0	\$0
Wellness Rewards Get a gift card for staying current with yearly exams, tests, and screenings.	\$75 reward per year	\$75 reward per year	\$75 reward per year	\$75 reward per year
Eyewear Allowance	N/A	\$75 allowance every two years	N/A	\$125 allowance every two years
Dental Allowance for Preventive Services Any unused portion of this benefit will not carry over to the next calendar year.	N/A	\$240 allowance per year	\$240 allowance per year	\$240 allowance per year
TruHearing® Hearing Aid Benefit High quality hearing aids	\$699 or \$999 co-pay per aid Up to two aids per year	\$699 or \$999 co-pay per aid Up to two aids per year	\$499 or \$799 co-pay per aid Up to two aids per year	\$499 or \$799 co-pay per aid Up to two aids per year
24/7 online doctor visit See doctors from anywhere 24/7 using a computer, tablet, or smartphone. Subject to approval. Restrictions may apply.	\$15–\$40	\$20–\$40	\$15–\$40	\$15–\$30
Out-of-Network Coverage				
Non-Urgent and Non-Emergency Services Includes office visits, elective outpatient surgery, X-ray, lab, mammograms, durable medical equipment, and physical, speech, and occupational therapies.	\$60 office visits 40% co-insurance other No deductible!	Point of Service (POS): 30% co-insurance, MVP pays 70% up to \$2,500 per year Some services excluded No deductible!	\$60 office visits 40% co-insurance other No deductible!	Point of Service (POS): 30% co-insurance, MVP pays 70% up to \$2,500 per year Some services excluded No deductible!
Member Protection—You Pay No More Than These Maximums				
Maximum Out-of-Pocket Protection MVP Pays 100% of Covered Services Once Maximum is Met. Includes Part B drugs. Does not include monthly premium, acupuncture, and Part D costs.	IN Only: \$6,700 IN and OUT combined: \$10,000	\$6,700	IN Only: \$6,700 IN and OUT combined: \$10,000	\$6,700

MVP Medicare Part D Coverage Details

BasiCare with Part D	GoldValue with Part D	Gold PPO with Part D	Preferred Gold with Part D
\$400 Deductible (Tiers 3–5)	No Deductible	No Deductible	No Deductible

Your Co-Pay for a 30-Day Supply From a Participating Retail Pharmacy

BasiCare	GoldValue	Gold PPO	Preferred Gold
Tier 1 \$2–No deductible	Tier 1 \$0	Tier 1 \$0	Tier 1 \$0
Tier 2 \$11–No deductible	Tier 2 \$15	Tier 2 \$10	Tier 2 \$10
Tier 3 \$47	Tier 3 \$45	Tier 3 \$35	Tier 3 \$35
Tier 4 36%	Tier 4 36%	Tier 4 36%	Tier 4 36%
Tier 5 25%	Tier 5 33%	Tier 5 33%	Tier 5 33%

What you pay after \$400 deductible is met.

Your Co-Pay for a 90-Day Supply From CVS Caremark’s Mail Order Program

BasiCare	GoldValue	Gold PPO	Preferred Gold
Tier 1 \$4–No deductible	Tier 1 \$0	Tier 1 \$0	Tier 1 \$0
Tier 2 \$22–No deductible	Tier 2 \$30	Tier 2 \$20	Tier 2 \$20
Tier 3 \$94	Tier 3 \$90	Tier 3 \$70	Tier 3 \$70
Tier 4 36%	Tier 4 36%	Tier 4 36%	Tier 4 36%
Tier 5 Not available	Tier 5 Not available	Tier 5 Not available	Tier 5 Not available

What you pay after \$400 deductible is met.

If your total drug costs in 2018 reach \$3,750, you enter the Coverage Gap and pay:

44% for generic drugs and 35% for Medicare-contracted brands.	Tier 1–\$0	Tier 2 through Tier 5–44% for generic drugs and 35% for Medicare-contracted brands
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Reaching the \$5,000 Catastrophic Coverage Limit:

If your True Out-of-Pocket costs reach \$5,000 in 2018, you reach the Catastrophic Coverage Limit and your cost for prescriptions is reduced to the greater of 5% or \$3.35 for generics and \$8.35 for brand-name drugs. Amounts applied to the \$5,000 while in the Coverage Gap:

