



MVP SmartFund™ (MSA)

A \$0 Premium Medicare Medical Savings Account



MVP Health Care is excited to offer the SmartFund (MSA) health plan. SmartFund combines a high-deductible Medicare Advantage health plan with a medical savings account, giving you freedom to choose how you spend your health care dollars.

Medicare MSA health plans are similar to Health Savings Accounts (HSAs) that are available outside of Medicare. An MSA health plan has two parts.

Part 1 is a **\$0 premium Medicare Advantage health plan** that covers hospital (Medicare Part A) and medical (Medicare Part B, including Part B drugs) services. MSAs do not cover Medicare Part D prescription drugs or non-Medicare-covered services. You pay the full cost for your Medicare-covered medical services until you reach a set deductible amount. If you reach that amount, the health plan then pays for your Medicare-covered medical services for the remainder of the year.

Part 2 is a tax-exempt trust or custodial **savings account** (as defined by the IRS). The bank account is set up and a yearly contribution amount is deposited by MVP. The contribution amount is pro-rated based on effective month of enrollment. You can use this money to help pay for Medicare-covered medical services.



HERE'S HOW THE SMARTFUND (MSA) PLAN WORKS

- 1 You enroll in SmartFund (MSA) for medical coverage.
- 2 Your MSA savings account is opened.
- 3 When you receive Medicare-covered medical services, your provider submits a claim to MVP.
- 4 MVP will process your claim and apply it to your deductible. The provider will then bill you directly.
- 5 **Before** your annual deductible is met, you pay 100% of your Medicare-covered medical services.
- 6 You may pay:
 - Using your MSA account
 - Using money from a previous HSA account
 - Using your own credit card or checking account
- 7 **After** your annual deductible is met, MVP pays in full for Medicare-covered medical services for the remainder of the year.
- 8 Money left in your account at the end of the year rolls over to the next year.

SmartFund™ MSA

Monthly plan premium	\$0
Annual contribution	Pro-rated based on effective month of enrollment
Referrals	Not required
Primary doctor visit	You pay 100% for Medicare-covered medical services. After you meet your deductible, MVP pays 100% for Medicare-covered medical services
Specialist visit and X-ray	
Worldwide coverage for emergency room and urgently needed care	
Inpatient and outpatient hospital stays	
Ambulatory surgical center	
Lab	
Preventive care, such as annual physicals and screenings	
Part D prescription drug coverage	Medicare MSA plans do not include Part D prescription drugs. To avoid a Medicare penalty, enroll in a separate Part D Prescription Drug Plan (PDP)

Questions and Answers About SmartFund (MSA) Health Plan

Q. Who can join SmartFund?

A. You can join SmartFund if you have Medicare Part A and Part B and live in the MVP Health Care service area.

Q. Who cannot join SmartFund?

A. You cannot join SmartFund if you:

- Have other health care coverage, including union or employer group
- Have TRICARE or Veterans Affairs benefits
- Are eligible for or enrolled in Medicaid
- Have Federal Employees Health Benefits Program (FEHBP)
- Have End-Stage Renal Disease (ESRD)
- Are on hospice
- Live outside of the U.S. more than 183 total days a year

Q. When can I join SmartFund?

A. You can enroll in SmartFund when you first become eligible for Medicare, and during the annual Medicare open enrollment period, October 15 – December 7 to be effective January 1 of the following year.

Q. As a SmartFund member, do I continue to pay my Part B premium?

A. Yes. When you join SmartFund, you must continue to pay your Part B premium to Medicare.

Q. Is Medicare Part D prescription drug coverage included in my coverage?

A. No. Medicare MSA plans do not include Part D prescription drug coverage. To avoid a Medicare penalty, you need to enroll separately in a Medicare Prescription Drug Plan (PDP) or have drug coverage that is as good as Medicare’s standard.

Q. What doctors and hospitals can I seek care from?

A. As a SmartFund member, you may see any eligible provider in the U.S. who is willing to supply services to Medicare patients. You are not limited to a group of doctors.

Q. What if my doctor is not familiar with Medicare MSA plans?

A. If your doctor or other health care provider would like more information about SmartFund (MSA), they can call MVP Provider Services directly at **1-800-684-9286**.

Q. What about coverage for urgently needed care or emergency room care?

A. As a SmartFund member, you have the right to get emergency room care or urgently needed care when and where you need it – anywhere in the world, from Albany to the Amazon.

Q. Can I make deposits into my SmartFund savings account?

A. No. Federal regulations prohibit you from depositing funds into your account.

Q. Can I have both an MSA and an HSA account?

A. Yes. As a SmartFund member, you may use dollars from a pre-age 65 HSA account to pay for Medicare-covered medical expenses.

Q. How do I best use my SmartFund dollars?

A. You can use your SmartFund dollars to pay for:

1. Medicare-covered medical services

- You can use your SmartFund dollars
- These expenses count toward your SmartFund annual deductible
- These expenses will not be taxed

2. Qualified medical expenses

- You can use your SmartFund dollars
- These expenses do not count toward your SmartFund annual deductible
- These expenses will not be taxed

3. Non-qualified medical expenses

- You can use your SmartFund dollars
- These expenses do not count toward your annual deductible
- These expenses will be taxed as part of your income
- These expenses will be subject to an additional 50 percent tax penalty

The following chart shows examples of how Medicare and the IRS define medical expenses in an MSA plan:

	Medicare-covered Medical Services (Part A & Part B)	Qualified Medical Expenses (defined by IRS)	Non-qualified Medical Expenses (defined by IRS)
Examples of Medical Expenses	<ul style="list-style-type: none"> • Hospital stays • Doctor visits • Urgent/ Emergency care • Durable Medical Equipment 	<ul style="list-style-type: none"> • Acupuncture • Chiropractor • Dentures • Wigs 	<ul style="list-style-type: none"> • Cosmetic surgery • Dancing lessons • Teeth whitening • Vitamins
Can SmartFund be used to pay for this expense?	YES	YES	YES
Will this expense count toward the SmartFund annual deductible?	YES	NO	NO
Will this expense be taxed?	NO	NO	YES

For more information on Medicare-covered medical services as defined by Medicare, refer to the *Medicare & You* handbook or *Your Guide to Medicare Medical Savings Account (MSA) Plans* published by Medicare. Call 1-800-MEDICARE or visit www.medicare.gov.

For more information on Internal Revenue Service definitions of Qualified and Non-Qualified Medical Expenses, refer to IRS publication 502, *Medical and Dental Expenses* and IRS publication 969, *Health Savings Accounts and Other Tax-Favored Health Plans*. Call the IRS at 1-800-829-3676 or visit www.irs.gov.

Q. When do I pay the bills for my medical services?

A. When you visit a doctor or specialist, or are admitted to the hospital, ask the doctor or hospital to submit a claim to MVP. **Do not pay at the time of service.** This will allow MVP to determine whether the claim qualifies to count toward your deductible. After MVP processes the claim, if you have not met your deductible, the doctor or hospital will bill you for the cost of the Medicare-covered medical service. If you have met your deductible, MVP will pay for Medicare-covered medical services.

Q. Can I track my SmartFund deductible expenses and view my claims history?

A. Yes! You can go online at www.mvphealthcare.com to manage your account, view your expenses, claims history, and more!



LIVE HEALTHIER. MVP WILL HELP YOU DO IT.

When it comes to your health and well-being, consider MVP a valuable asset and partner. We offer these added benefits as part of your coverage **at no added cost to you!** And when you take advantage of these free and confidential programs, you and MVP are working together to help keep health care costs down.

Get Support around the Clock with Our 24/7 MVP Nurse Advice Line

Call the Nurse Advice Line anytime day or night for answers to your health questions. You'll speak with a nurse who can help you (especially when your doctor's office is closed) with issues such as:

- A "what do I do if" health question, even if it's in the middle of the night
- Finding information and resources about prevention and wellness, treatments, chronic conditions, and other health topics or concerns

Listen to selections from an audio library of more than 400 pre-recorded messages on general health topics, designed to help you make informed health decisions.

Manage Chronic Conditions with MVP's Help

Get extra support if you are living with a physical or mental health concern. MVP has free, confidential programs to help you get the care you need, understand your treatment options and make the most of your benefits when you are living with:

- Asthma
- Cancer
- Chronic obstructive pulmonary disorder (COPD)
- Depression (managed by ValueOptions®)
- Diabetes
- Dialysis
- Heart attack or blockages
- Heart failure
- Lower back pain

A Free House Call to Evaluate Your Health

Say yes to a free MVP-Matrix Medical home health visit — an important part of your membership that gives you the chance to discuss your health in detail in the comfort of your own home. A nurse practitioner will make a house call to evaluate your current health.

Studies show that MVP members who take advantage of these home visits:

- Have lower medical expenses
- Have fewer hospital admissions
- Feel more informed and in charge of their health
- Are more satisfied with their health plan

The information you discuss during the visit is shared with your doctor. Working together, we can help you take steps now to prevent health issues later.



MVP IS HERE FOR YOU

MVP’s Medicare Customer Care Center — Ready to Serve You

Once you join, feel free to call with any question, big or small. We’re ready to help with:

- **A dedicated team** experienced in Medicare Advantage health plans, ready to give personal attention to your questions about your health care coverage
- **Toll-free phone service** Monday – Friday, 8 am – 8 pm Eastern Time.
Oct. 1 – Feb. 14 call seven days a week, 8 am – 8 pm

Maintaining Your Confidentiality is Important to MVP

MVP has policies to ensure the confidentiality of your personal health information. A copy of MVP’s Privacy Notice can be obtained by calling the MVP Medicare Customer Care Center or by visiting **www.mvphealthcare.com**.

To provide benefits, it may be necessary to get your medical records from health care professionals who treated you. Providing benefits includes determining your eligibility, processing your claims, reviewing complaints or appeals that involve your care, and quality assurance and quality improvement reviews of your care, whether based on a specific complaint or a routine audit of randomly selected cases.

Watching Out for You — Ensuring the Right Services to Meet Your Medical Needs

MVP's Utilization Management Program is a process to review the health care services our members receive. We make sure that you get the right services for your health care needs. MVP asks questions when reviewing a service or making coverage decisions, such as:

- What is the quality of the care like?
- Do the benefits of getting this care outweigh its risks?
- Is this care right for your specific medical condition?
- Is this the only service that is available or are there other more cost-effective treatments?
- Does your health plan cover this type of care?

In other words, MVP wants to make sure that you are receiving the right kinds of medical services to treat your specific health condition. We use quality criteria to ensure that decisions are made consistently by health care professionals involved before, during, and after your treatment.


MVP does not reward or offer incentives for employees or health care professionals to deny health care services. If you have questions about our review of your medical services or treatments, contact the MVP Medicare Customer Care Center at the phone numbers on the back of your MVP Member ID card.

A Note about Prior Authorization

Prior authorization is a process in which MVP works with you and your doctors to make sure you receive medically necessary, high-quality medical treatment at a reasonable cost. Some services may require prior authorization by MVP.


GETTING STARTED


Once you join MVP, expect this in your mailbox:

 **A letter from MVP and a Master Signature Card form from BenefitWallet™** with important information and instructions for setting up your SmartFund (MSA) savings account. Your enrollment in SmartFund is not complete until you fill out, sign and return the form to MVP.

 **Your MVP Member ID card** within 1 – 2 weeks. At that time:

- You have been automatically disenrolled out of any other Medicare Advantage HMO, HMO-POS, PPO or MSA plan in which you were a member.
- To avoid a Medicare penalty, consider enrolling in a Medicare Prescription Drug Plan (PDP) for Medicare Part D prescription drug coverage.
- Your medical care is covered by MVP. Your MVP plan takes the place of Medicare.
- Always carry and show your MVP Member ID card when you visit your doctor.
- **Keep your Medicare card at home for your records.**

 **A new member packet,** which includes your Evidence of Coverage (your MVP contract) and other important materials to read and keep for future reference.

 **A BenefitWallet™ debit card and checkbook.** This card is connected to your SmartFund savings account and can be used to pay for Medicare-covered medical expenses.



READY TO JOIN SMARTFUND?

We've made it easy to enroll in MVP's SmartFund (MSA) Plan:

Step 1

Fill out and submit the SmartFund application. Be sure to select the \$20 per month optional rider if you want to enhance your coverage. You can do so by:



PHONE

1-800-324-3899



ONLINE

www.joinMVPmedicare.com/enroll

Step 2

To complete your enrollment, fill out and sign the BenefitWallet Master Signature Card that will arrive in the mail and return it to MVP as soon as possible.

CALL US FIRST — WE’RE HERE TO LISTEN

Grievance and Appeal Procedures

You have rights and responsibilities as an MVP Health Care member and as someone who is getting Medicare. MVP is committed to honor your rights, to take your problems and concerns seriously, and to treat you with respect. You have the right to voice concerns, make complaints, or ask MVP Health Care to reconsider decisions we have made about your coverage.

If you have a problem or concern, please call us first. Your health and satisfaction are important to us. We will work with you to try to find a satisfactory solution to your problem. **We’re available to help.**

Call the MVP Medicare Customer Care Center at **1-800-665-7924**, Monday–Friday, 8 am – 8 pm Eastern Time. Oct. 1 – Feb. 14 call seven days a week, 8 am – 8 pm. TTY: **1-800-662-1220**.

If you do not wish to call, or you called and were not satisfied, you can put your complaint in writing and send it to us at:

MVP Health Care
Attn: Member Appeals Department
PO Box 2207
625 State Street
Schenectady, NY 12301

Two Ways to Deal with Concerns

Sometimes you might need to use a more formal process to address a concern or problem you are having as a member of our plan. There are two ways to formally handle these issues:

- For some issues you need to use the process for making a complaint, also called a grievance.
- For other issues, you need to use the process to question or challenge a coverage decision, also called an appeal.

Which process should you use? That will depend on the type of problem you are having. Please call MVP first for help, or refer to the chapter of your Evidence of Coverage (your contract with MVP) titled, “What to do if you have a problem or complaint (coverage decisions, appeals, complaints)” to help you decide which process to use and to find more details about grievances and appeals.

Filing a Grievance

A grievance is a complaint about the way your Medicare health plan is giving care or service. Issues that might lead you to file a grievance include concerns with:

- The service you receive from the MVP Medicare Customer Care Center
- The quality of care you receive from a doctor, hospital, or other health care provider in MVP's network
- Getting appointments when you need them, or waiting too long on the phone or to be seen
- Cleanliness or conditions of doctors' offices, clinics, or hospitals

To file a grievance, you must contact MVP within 60 days after the incident occurred.

Filing an Appeal

An appeal is the process you use if you disagree with certain kinds of decisions made by MVP. Issues that might lead you to file an appeal include:

- A claim being denied for a service you already received and which you believe is covered by your MVP contract
- MVP not approving medical care that you believe is covered by your contract

To file an appeal, you must contact MVP within 60 days from the date on the denial letter that we send you.

Both the grievance and the appeal processes have been approved by the Medicare program. To ensure fairness and prompt handling of your concerns, each process has a set of rules, procedures, and deadlines that must be followed by us and by you. Refer to your Evidence of Coverage (your contract) for further details on appeals and grievances.

Fraud, Waste and Abuse Prevention

Fraud, waste, and abuse prevention programs benefit all Medicare beneficiaries, the Center for Medicare & Medicaid Services (CMS), and MVP. MVP is committed to preventing and detecting potential cases of fraud, waste, and abuse. If you suspect a case of fraud, waste, or abuse, call the MVP Special Investigations Unit Hotline toll free at **1-877-835-5687**. All messages are confidential.



MVP Health Plan, Inc. is an HMO-POS/PPO/MSA organization with a Medicare contract. Enrollment in MVP Health Plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You will receive notice when necessary. 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.