

2018 MVP Medicare Advantage Plans Include These Benefits

Rochester/Buffalo Region

	GoldSecure with Part D (HMO-POS)	WellSelect with Part D (PPO) IN=In-Network OUT=Out-of-Network	Preferred Gold with Part D (HMO-POS)
Monthly Plan Premium	\$25 with Part D	\$73 with Part D	\$197 with Part D
Monthly Premium for EPIC Subsidy Members Assumes 2018 EPIC subsidy	\$1.10	\$35.20	\$158
Doctor Visits			
Primary Care	\$15	IN: \$15 OUT: \$60	\$15
Specialist No referrals! Including routine hearing and vision exams	\$50	IN: \$50 OUT: \$60	\$40
Chiropractic Visit	\$20	\$20	\$20
Medicare Part B Prescription Drugs Includes chemotherapy	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
Urgently Needed Care Worldwide coverage	\$65	\$50	\$50
Ambulance Transportation	\$250	\$200	\$150
Hospital Services			
Observation Stays	\$300	IN: \$300 OUT: 40% co-insurance	\$300
Inpatient Hospital Stays Emergency Hospital Stays Worldwide coverage	\$595 per day for days 1–3 \$0 per day for days 4 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	\$300	IN: \$300 OUT: 40% co-insurance	\$150
Outpatient Hospital Same day surgery and other services	\$600	IN: \$600 OUT: 40% co-insurance	\$300
Diagnostic Services—Office Visit Co-pay May Apply			
X-ray (Radiology)	\$60	IN: \$60 OUT: \$60	\$40
Outpatient CT Scans, PET Scans, MRIs, and Nuclear Medicine	\$150	IN: \$100 OUT: 40% co-insurance	\$100
Lab	\$15	IN: \$20 OUT: 40% co-insurance	\$10
Rehabilitation			
Skilled Nursing Facility (Post-acute rehabilitation center)	\$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	\$0	IN: \$0 OUT: 40% co-insurance	\$0
Physical, Speech, and Occupational Therapy Visits	\$40	IN: \$40 OUT: \$60	\$20
Plus Even More Value for Your Monthly Premium!			
SilverSneakers® Fitness Program Basic fitness center membership and SilverSneakers classes	\$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
Eyewear Allowance	N/A	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	N/A	\$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
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	\$15–\$40	\$15–\$40
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.	Point of Service (POS): 30% co-insurance, MVP pays 70% up to \$1,500 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.	\$6,700	IN Only: \$6,700 IN and OUT combined: \$10,000	\$6,700

MVP Medicare Part D Coverage Details

GoldSecure with Part D	WellSelect with Part D	Preferred Gold with Part D
\$400 Deductible (Tiers 3–5)	\$325 Deductible (Tiers 3–5)	No Deductible

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

Tier 1 \$1 –No deductible	Tier 1 \$1 –No deductible	Tier 1 \$0
Tier 2 \$12 –No deductible	Tier 2 \$12 –No deductible	Tier 2 \$10
Tier 3 \$47 What you pay after \$400 deductible is met.	Tier 3 \$47 What you pay after \$325 deductible is met.	Tier 3 \$40
Tier 4 36%	Tier 4 36%	Tier 4 36%
Tier 5 25%	Tier 5 25%	Tier 5 33%

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

Tier 1 \$2 –No deductible	Tier 1 \$2 –No deductible	Tier 1 \$0
Tier 2 \$24 –No deductible	Tier 2 \$24 –No deductible	Tier 2 \$20
Tier 3 \$94 What you pay after \$400 deductible is met.	Tier 3 \$94 What you pay after \$325 deductible is met.	Tier 3 \$80
Tier 4 36%	Tier 4 36%	Tier 4 36%
Tier 5 Not available	Tier 5 Not available	Tier 5 Not available

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:

