

Compare Current Kodak Coverage to 2012 MVP Direct Pay Medicare Advantage Plans



Rochester Region	Current Kodak coverage	What you pay with MVP's plans		
		You may pay a lower monthly premium if you qualify for EPIC or Low Income Subsidy.		
Benefit Highlights	Kodak GoldAnywhere PPO IN=In-Network OUT=Out-of-Network	GoldValue HMO-POS	Preferred Gold HMO-POS	GoldAnywhere PPO IN=In-Network OUT=Out-of-Network
Based on Medicare's 5-star rating	4.5 Star Rated by Medicare	4.5 Star Rated by Medicare	4.5 Star Rated by Medicare	4.5 Star Rated by Medicare
Monthly Plan Premium	Varies.	\$0 with Part D.	\$0 without Part D. \$102.50 with Part D.	\$254.90 with Part D.
Monthly Part B Premium	You continue to pay your Part B premium.	You continue to pay your Part B premium.	You continue to pay your Part B premium.	You continue to pay your Part B premium.
Out of Network Coverage	No deductible. \$50 for office visits. 20% for most other services.	No deductible. MVP pays 70% up to \$5,000/year. You pay 30%.	No deductible. MVP pays 70% up to \$5,000/year. You pay 30%.	No deductible. \$35 for office visits. 25% for most other services.
HOSPITAL SERVICES				
Inpatient Hospital Stays	IN – \$300 per admission up to 3 times per calendar year; \$0 thereafter. OUT – \$500 per admission.	\$500 per admission up to 3 times per calendar year; \$0 thereafter.	\$300 per admission up to 3 times per calendar year; \$0 thereafter.	IN – \$150 per admission up to 3 times per calendar year; \$0 thereafter. OUT – 25% coinsurance per admission.
Mental Health Inpatient Hospital Stays – 190-day max	IN – Ambulatory Surgical Center - \$75. Outpt. Hospital – \$150. OUT - 20% coins.	Ambulatory Surgical Center - \$150. Outpt. Hospital – \$250.	Ambulatory Surgical Center - \$75. Outpatient Hospital – \$150.	IN – covered in full. OUT - 25% coinsurance.
Same Day (Outpatient) Surgery	IN – Ambulatory Surgical Center - \$75. Outpt. Hospital – \$150. OUT - 20% coins.	Ambulatory Surgical Center - \$150. Outpt. Hospital – \$250.	Ambulatory Surgical Center - \$75. Outpatient Hospital – \$150.	IN – covered in full. OUT - 25% coinsurance.
DIAGNOSTIC SVS.				
X-ray (Radiology)	IN – \$40; OUT – \$50	\$40	\$25	IN – \$15; OUT – \$35
High-tech Radiology (CT, PET, MRI, nuclear medicine)	IN – \$60; OUT – \$75	\$60	\$40	IN – \$15; OUT – 25%
Lab	IN – \$10; OUT – 20%	\$0 – preventive. \$10 – maintenance.	\$0 – preventive. \$10 – maintenance.	IN – covered in full. OUT – 25% coins.
EMERGENCY CARE				
Emergency Room Care	Worldwide coverage. \$65	Worldwide coverage. \$65	Worldwide coverage. \$65	Worldwide coverage. \$65
Urgently Needed Care - covered in U.S.	\$40	\$40	\$25	\$15
Ambulance	\$50	\$125	\$75	\$75
REHABILITATION				
Home Health Care	Covered in full.	Covered in full.	Covered in full.	IN – covered in full. OUT – 25% coins.
Skilled Nursing Facility - 3-day hospital stay required	IN – Days 1-20 covered in full. \$135 days 21-100. OUT – 20% coins.	Days 1-20 covered in full. \$135 days 21-100.	Days 1-20 covered in full. \$135 days 21-100.	IN – Days 1-20 covered in full. \$135 days 21-100. OUT – 25% coins.
Physical, Speech and Occupational Therapy	IN – \$40; OUT – \$50 (therapy caps apply)	\$40 (therapy caps apply)	\$25 (therapy caps apply)	IN – \$15; OUT – \$35 (therapy caps apply)
DOCTOR VISITS				
Primary Care Doctor	IN – \$20; OUT – \$25	\$20	\$15	IN – \$10; OUT – \$35
Specialist Doctor	IN – \$40; OUT – \$50	\$40	\$25	IN – \$15; OUT – \$35
Professionally Admin. Drugs – including chemotherapy	\$40 Office visit copay may also apply.	\$40 Office visit copay may also apply.	\$25 Office visit copay may also apply.	IN – \$15; OUT – \$35 Office visit copay may also apply.
Chiropractic Visits	\$20	\$20	\$20	IN – \$15; OUT - \$20
Hearing Exam	IN – \$40; OUT – \$50	\$40	\$25	IN - \$15; OUT - \$35
Vision Exam	IN – \$40; OUT – \$50	\$40	\$25	IN - \$15; OUT - \$35
PREVENTIVE CARE				
Welcome to Medicare Physical	Covered in full.	Covered in full.	Covered in full.	Covered in full.
Annual Physical	IN - Covered in full. OUT - \$40	Covered in full.	Covered in full.	IN - Covered in full. OUT - \$35
Screenings – Pap test, mammogram, prostate, bone mass	Covered in full.	Covered in full.	Covered in full.	Covered in full.
Allergy, pneumonia and flu shots	Covered in full. Office visit copay may apply.	Covered in full. Office visit copay may apply.	Covered in full. Office visit copay may apply.	Covered in full. Office visit copay may apply.
Other Vaccinations & Administration Fees	Part D Tier copay. Vaccine administration fee covered up to \$20.	Part D Tier copay. Vaccine administration fee covered up to \$20.	Part D Tier copay. Vaccine administration fee covered up to \$20.	Part D Tier copay. Vaccine administration fee covered up to \$20.

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		GoldValue HMO-POS	Preferred Gold HMO-POS	GoldAnywhere PPO IN=In-Network OUT=Out-of-Network
Benefit Highlights	Kodak GoldAnywhere PPO			
PLUS MORE!				
Radiation Therapy	IN – covered in full. OUT - 20% coins. Office visit copay may apply.	Covered in full. Office visit copay may apply.	Covered in full. Office visit copay may apply.	IN – covered in full. OUT - 25% coinsurance. Office visit copay may apply.
Durable Medical Equipment	20% coinsurance.	20% coinsurance.	20% coinsurance.	IN – 20% coinsurance. OUT – 25% coinsurance.
DRUG COVERAGE				
Part D Prescription Drug Benefit (works with EPIC and VA)	\$8/\$45/\$65/33%/\$0 copay for 30-day supply No deductible!	\$8/\$35/\$90/33%/\$0 copay for 30-day supply No deductible!	Preferred Gold with Part D only: \$8/\$35/\$90/33%/\$0 copay for 30-day supply No deductible!	\$5/\$35/\$90/33%/\$0 copay for 30-day supply No deductible!
MVP BENEFITS THAT GO ABOVE AND BEYOND ORIGINAL MEDICARE FOR YOUR HEALTH AND WELL-BEING				
Maximum Out-of-Pocket protection (excluding premium, acupuncture & Part D)	\$4,000 combined (not applied to Part D drugs)	\$4,600 maximum out-of-pocket. Once met, MVP pays 100% of covered services.	\$3,800 maximum out-of-pocket. Once met, MVP pays 100% of covered services.	IN and OUT – \$5,000 IN ONLY – \$2,000 Once met, MVP pays 100% of covered services.
Dental allowance ♦	No coverage.	No coverage.	For Preferred Gold with Part D only: \$300 per year for preventive dental services.	\$300 per year for any dental service.
Hearing aid allowance	No coverage.	No coverage.	No coverage.	\$600 hearing aid allowance every 3 years.
Eye wear allowance ♦	No coverage.	No coverage.	\$100 allowance.	\$100 allowance.
Acupuncture	50%; 10-visit max per year.			
Care Management	Covered in full.			
SilverSneakers®	Basic fitness center membership and SilverSneakers® Fitness Program classes.			
MVP health, nutrition & wellness resources	Covered in full.			
\$100 HealthDollarssm ♦	Yes!			
24/7 Nurse Advice Line	Yes!			

♦ Any unused portion of these benefits cannot carry over to the next calendar year.

This chart is for general reference only. All benefits are subject to federal Medicare program medical necessity guidelines.

