Preferred Gold HMO-POS - Buy-Up with Part D Prescription Drug Employer Group 2020 Benefits

BENEFITS	YOU PAY
DOCTOR VISITS	
Primary Care	$10
Specialist	$15
Chiropractor	$15
Allergy Injection (allergy serum covered)	$10 Primary Care; $15 Specialist
Acupuncture (10 visits)	50%
PREVENTIVE CARE	
Annual Wellness Exam	Covered in full
Medicare-covered screenings – mammogram, prostate, Pap tests, bone mass measurement	Covered in full (Office visit copay may apply)
Pneumonia and Flu Shots	Covered in full (Office visit copay may apply)
HOSPITAL SERVICES	
Inpatient Acute Hospital Stays Inpatient Mental Health Care (190 days per lifetime)	$0 per stay
Observation Stays	Covered in full
OUTPATIENT SERVICES	
Ambulatory Surgical Center – same day surgery & other services	Covered in full
Outpatient Hospital – same day surgery & other services	Covered in full
Home Health Services	Covered in full
Hospice	Covered by Medicare
EMERGENCY CARE	
Emergency Room Care – worldwide coverage	$65
Urgently Needed Care	$15
Ambulance Transportation	$50 (per use)
DIAGNOSTIC SERVICES – office visit copay may apply	
X-rays (Radiology)	$15
Lab Tests	$0
CT Scans, PET Scans, MRIs, Nuclear Medicine	$15
REHABILITATION	
Skilled Nursing Facility	$0 each day, days 1-20; $135 each day, days 21-100
Physical, Occupational, and Speech Therapy (therapy caps apply)	$15
OUT-OF-NETWORK AND TRAVEL COVERAGE (POS)	
Care from providers (doctors, hospitals and other facilities) that are not part of MVP's network. (Not all services are covered out of network.)	No Deductible. Member pays 30%. $5000 maximum annual benefit.

MEMBER PROTECTION	YOU PAY
Maximum Annual Out-of-Pocket Protection – In Network (Excludes: Part D costs, acupuncture, eyewear, hearing aids and dental if applicable)	$4000

BENEFITS	YOU PAY
ADDITIONAL COVERAGE	
Diabetic Glucose Strips – must be preferred brands*	0%
Other Diabetic Supplies	10%
Durable Medical Equipment (DME)	20%
Part B Drugs Purchased at Pharmacy	20%
Part B Drugs Professionally Administered (chemotherapy)	$15
Radiation Therapy	$0
Outpatient Dialysis	$0
Eyewear Allowance Hearing Aid Allowance	$100 eyewear allowance every two years $600 every 3 yrs. (also TruHearing® discounts)

ENHANCED PRESCRIPTION DRUG COVERAGE 44		
Initial Coverage Stage	**Retail Pharmacy (30 day supply)**	**Mail Order (up to a 90 day supply)**
Tier 1 – Preferred generic drugs	$0 copayment	$0 copayment
Tier 2 –Generic drugs	$10 copayment	$20 copayment
Tier 3 – Preferred brand-name drugs	$30 copayment	$60 copayment
Tier 4 – Non-preferred drugs	$60 copayment	$120 copayment
Tier 5 – Specialty drugs	$60 copayment	Not Available
Coverage Gap Stage	If your total drug costs (paid by both you and MVP Health Plan, Inc.) reach $4,020, you will pay either the copayments as listed above or less. You will continue to pay $0 for Tier 1 drugs.	
Catastrophic Coverage Stage	When you have paid $6,350 out of pocket, your cost for prescriptions is reduced to 5% or $3.60 for generics and $8.95 for all other drugs, whichever is greater. You will never pay more in Catastrophic Coverage than you did in the Initial Coverage stage	
Additional Coverage	Your plan also covers the following: Erectile dysfunction drugs, weight-loss agents, and additional barbiturates (butalbital/aspirin/caffeine).	

WELL-BEING PROGRAMS	
24 Hour Nurse Line	Nurse available 24 hours per day, 7 days per week to answer health questions via telephone or email.
WellBeing Rewards	$100 gift card when preventive services & activities are completed.
The SilverSneakers® Fitness Program	Free fitness center membership benefits at any participating fitness center near you, including use of equipment and other amenities.

Exclusions & Non-covered Services

Neither MVP nor Original Medicare will pay for certain items or services, including cosmetic surgery, custodial care, and experimental procedures and items. For a complete list of excluded services, refer to your Evidence of Coverage (your contract). Unless expressly indicated in the contract, all non-medically necessary services are not covered. Even if you receive the services at an emergency facility, the excluded services are still not covered.

This information is a brief summary, not a comprehensive description of benefits. Some services may require prior authorization from MVP. For more information, refer to your Evidence of Coverage (your contract).

* Preferred Brand Diabetic Test Strips: Precision, OneTouch and Freestyle Brands