



GoldAnywhere PPO with
MVP Part D Prescription Drug

Employer Group
2012 Benefits

Covered Service	In-Network	Out-of-Network
Annual Out-of-Pocket Maximum (Excludes: Part D costs, acupuncture, eyewear, hearing aids and dental if applicable)	\$4,000 Combined	
Primary Care		
General Office Visit	\$10	\$25
Specialist		
Specialist Office Visit	\$15	\$25
Hospital-Inpatient		
Unlimited days of medically necessary semi-private room (private room if medically necessary)	\$0	20%
Emergency Care		
Worldwide coverage for:		
Ambulance transport when medically necessary	\$35 (per use)	\$35 (per use)
Emergency room treatment of illness or injury (unless admitted to hospital: not waived for observation stays)	\$65	\$65
Urgent Care		
Coverage for treatment in an urgent care center	\$15	\$15
Preventive Care		
Periodic health assessment for adults	\$0	\$25
Adult immunizations and vaccinations (Pneumonia, flu and Hepatitis B)	\$0	\$0
Allergy injection, testing and evaluation (allergy serum covered)	\$10 Primary Care \$15 Specialist	\$25 Primary Care \$25 Specialist
Routine gynecological exam (annual)	\$10 Primary Care \$15 Specialist	\$25 Primary Care \$25 Specialist
Mammograms	\$0	\$0
Mental Health		
Inpatient—Up to 190 days in a psychiatric hospital per lifetime	\$0	20%
Outpatient	\$15	\$25
Outpatient Substance Abuse/Dependence	\$15	\$25
Vision Care – Eye exam for Medical or Routine	\$15	\$25
Eyewear		
Eyewear after cataract surgery	20%	
Routine eyewear	\$100 annual eyewear allowance	
Hearing Coverage		
Hearing exam	\$15	\$25
Hearing Aid	\$600 allowance every 3 years	
Dental Coverage	\$300 annual allowance for any dental service	

Covered Service	In-Network	Out-of-Network
Other Services		
Outpatient/ambulatory procedures	\$0	20%
Chiropractic care	\$15	\$20
Laboratory tests	\$0	20%
Skilled nursing facility per benefit period	\$0 days 1-100	20% days 1-100
Home health services	\$0	20%
X-rays	\$15	\$25
CT scan, PET scan, MRI, nuclear medicine	\$15	20%
Physical, occupational, and speech therapy	\$15	\$25
Hospice care	Covered by Medicare	
Prosthetic devices (artificial limb, brace, etc.)	20%	20%
Professional administration of drugs	\$15	\$25
Durable medical equipment	20%	20%
Acupuncture (10 visits)	50%	50%

Enhanced Part D Prescription Drug Coverage

- \$8 copayment for Tier 1 - Preferred Generic drugs
- \$35 copayment for Tier 2 - Preferred Brand-name drugs
- \$90 copayment for Tier 3 - Non-preferred drugs
- 33% copayment for Tier 4 - Specialty drugs
- \$0 copayment for Tier 5 - No Cost Generics

Gap Coverage: If total drug costs (paid by both you and MVP Health Plan, Inc.) reach \$2,930:

- You pay \$8 or 86%, whichever is less, for Tier 1 Drugs
- You pay 50% of your copayment for Medicare-contracted Brand-name drugs
- You pay 100% of the cost for Non-Medicare-contracted Brand-name drugs
- You pay \$0 for Tier 5 drugs

Catastrophic Coverage: When you have paid \$4,700 out of pocket, your cost for prescriptions is reduced to 5% or \$2.60 for generics and \$6.50 for all other drugs, whichever is greater.

Mail Order pharmacy: 90-day supply available at 2 times the retail cost of a 30-day supply (\$16/\$70/\$180/33%/\$0).

Additional Coverage: Your Enhanced Part D plan also covers the following: Weight-gain drugs, benzodiazepines, barbiturates, erectile dysfunction drugs, and weight-loss agents.

Health and Wellness

- 24 Hour Nurse Line— Nurse available 24 hours per day, 7 days per week to answer health questions via telephone or email.
- HealthDollarssm — \$100 in HealthDollars to use toward health programs such as weight loss and smoking cessation
- The SilverSneakers Fitness Program— Free fitness center membership benefits at a participating fitness center near you, including use of equipment and other amenities, at no charge.

Exclusions & Non-covered Services

Such services as cosmetic surgery, custodial care, dental care, non-standard and unevaluated treatments and services provided in conjunction with a non-covered service, among others. Unless expressly indicated in the contract, all non-medically necessary services are not covered.

This information is a brief summary, not a comprehensive description of benefits. For more information, refer to your Evidence of Coverage (your contract).