



USA Care 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	\$15	\$15
Specialist		
Specialist Office Visit	\$20	\$20
Hospital-Inpatient		
Unlimited days of medically necessary semi-private room (private room if medically necessary)	\$100	\$100
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	\$20	\$20
Preventive Care		
Periodic health assessment for adults	\$0	\$0
Adult immunizations and vaccinations (Pneumonia, flu and Hepatitis B)	\$0	\$0
Allergy injection, testing and evaluation (allergy serum covered)	\$15 Primary Care \$20 Specialist	\$15 Primary Care \$20 Specialist
Routine gynecological exam (annual)	\$15 Primary Care \$20 Specialist	\$15 Primary Care \$20 Specialist
Mammograms	\$0	\$0
Mental Health		
Inpatient—Up to 190 days in a psychiatric hospital per lifetime	\$100	\$100
Outpatient	\$20	\$20
Outpatient Substance Abuse/Dependence	\$20	\$20
Vision Care – Eye exam for Medical or Routine	\$20	\$20
Eyewear		
Eyewear after cataract surgery	20%	
Hearing Coverage		
Hearing exam	\$20	\$20

Covered Service	In-Network	Out-of-Network
Other Services		
Outpatient/ambulatory procedures	\$0	\$0
Chiropractic care	\$20	\$20
Laboratory tests	\$0	\$0
Skilled nursing facility per benefit period	\$0 days 1-100; \$135 days 21-100	20% days 1-100; \$135 days 21-100
Home health services	\$0	\$0
X-rays	\$20	\$20
CT scan, PET scan, MRI, nuclear medicine	\$20	\$20
Physical, occupational, and speech therapy	\$20	\$20
Hospice care	Covered by Medicare	
Prosthetic devices (artificial limb, brace, etc.)	20%	20%
Professional administration of drugs	\$20	\$20
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.

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).