



GoldAnywhere PPO - Buy-Up with Part D Prescription Drug Employer Group 2021 Benefits

| BENEFITS | YOU PAY | |
|--|---|---|
| | In-Network | Out-of-Network |
| DOCTOR VISITS | | |
| Primary Care | \$10 | \$25 |
| Specialist | \$15 | \$25 |
| Chiropractor | \$15 | \$20 |
| Allergy Injection (allergy serum covered) | \$10 Primary Care \$15 Specialist | \$25 Primary Care \$25 Specialist |
| Acupuncture (10 visits) | 50% | 50% |
| PREVENTIVE CARE | | |
| Annual Wellness Exam | Covered in full | \$25 |
| Medicare-covered screenings – mammogram, prostate, Pap tests, bone mass measurement | Covered in full (Office visit copay may apply) | Covered in full (Office visit copay may apply) |
| Pneumonia and Flu Shots | Covered in full (Office visit copay may apply) | Covered in full (Office visit copay may apply) |
| HOSPITAL SERVICES | | |
| Inpatient Acute Hospital Stays Inpatient Mental Health Care (190 days per lifetime) | Covered in full | 20% |
| Observation Stays | Covered in full | 20% |
| OUTPATIENT SERVICES | | |
| Ambulatory Surgical Center – same day surgery & other services | Covered in full | 20% |
| Outpatient Hospital – same day surgery & other services | Covered in full | 20% |
| Home Health Services | Covered in full | 20% |
| Hospice | Covered by Medicare | |
| EMERGENCY CARE | | |
| Emergency Room Care – worldwide coverage | \$65 | \$65 |
| Urgently Needed Care | \$15 | \$15 |
| Ambulance Transportation | \$35 (per use) | \$35 (per use) |
| DIAGNOSTIC SERVICES – office visit copay may apply | | |
| X-rays (Radiology) | \$15 | \$25 |
| Lab Tests | Covered in full | 20% |
| CT Scans, PET Scans, MRIs, Nuclear Medicine | \$15 | 20% |
| REHABILITATION | | |
| Skilled Nursing Facility | \$0 days 1-100 | 20% days 1-100 |
| Physical, Occupational, and Speech Therapy (therapy caps apply) | \$15 | \$25 |

| MEMBER PROTECTION | YOU PAY |
|--|------------------|
| Maximum Annual Out-of-Pocket Protection (Excludes: Part D costs, acupuncture, eyewear, hearing aids and dental if applicable) | \$4,000 Combined |

| BENEFITS | YOU PAY | |
|---|--|----------------|
| ADDITIONAL COVERAGE | In-Network | Out-of-Network |
| Diabetic Glucose Strips – must be preferred brands * | 0% | 20% |
| Other Diabetic Supplies | 10% | 20% |
| Durable Medical Equipment (DME) | 20% | 20% |
| Part B Drugs Purchased at Pharmacy | 20% | 20% |
| Part B Drugs Professionally Administered (chemotherapy) | \$15 | \$25 |
| Radiation Therapy | \$0 | 20% |
| Outpatient Dialysis | \$0 | \$0 |
| Eyewear Allowance Hearing Aid Allowance | \$100 eyewear allowance every two years \$600 every 3 yrs. (also TruHearing® discounts) | |

| ENHANCED PRESCRIPTION DRUG COVERAGE | | |
|-------------------------------------|---|---------------------------------------|
| 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 | \$8 copayment | \$16 copayment |
| Tier 3 – Preferred brand-name drugs | \$35 copayment | \$70 copayment |
| Tier 4 – Non-preferred drugs | 50% coinsurance | 50% coinsurance |
| Tier 5 – Specialty drugs | 33% coinsurance | Not Available |
| Coverage Gap Stage | If your total drug costs (paid by both you and MVP Health Plan, Inc.) reach \$4,130, you will pay 25% for generic drugs, 25% for Medicare-contracted Brand-name drugs, and 100% of the drug cost for Non-Medicare-contracted Brand-name drugs. You will continue to pay \$0 for Tier 1 drugs. | |
| Catastrophic Coverage Stage | When you have paid \$6,550 out of pocket, your cost for prescriptions is reduced to 5% or \$3.70 for generics and \$9.20 for all other drugs, whichever is greater. | |
| Additional Coverage | Non-Part D drugs are not covered. | |

| 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. |
| Wellness Rewards | Up to \$200 in rewards for healthy activities. |
| SilverSneakers® Fitness Program | Free fitness membership--visit any participating fitness center or join online classes from home. |

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).