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# Preferred Gold HMO-POS with Part D Prescription Drug Employer Group 2022 Benefits

| BENEFITS   |  | YOU PAY   |
|--|--|---|
| <b>DOCTORS VISITS</b>  |  |   |
| Primary Care   |  | \$15  |
| Specialist   |  | \$30  |
| Chiropractor   |  | \$20  |
| Allergy Injection (allergy serum covered)  |  | \$15 Primary care; \$30 Specialist                                |
| Acupuncture (10 visits)  |  | 50%   |
| <b>PREVENTIVE CARE</b>   |  |   |
| Annual Wellness Exam   |  | Covered in full   |
| Medicare-covered screenings - mammogram, prostate, Pap tests, bone mass measurement  |  | Covered in full<br>(Office visit copay may apply)                 |
| Pneumonia and Flu Shots  |  | Covered in full<br>(Office visit copay may apply)                 |
| <b>HOSPITAL SERVICES</b>   |  |   |
| Inpatient Acute Hospital Stays   |  | \$250 per stay  |
| Inpatient Mental Health Care (190 days per lifetime)   |  | \$750 maximum per year  |
| Observation Stays  |  | \$60  |
| <b>OUTPATIENT SERVICES</b>   |  |   |
| Ambulatory Surgical Center - same day surgery & other services   |  | \$30  |
| Outpatient Hospital - same day surgery & other services  |  | \$60  |
| Home Health Services   |  | Covered in full   |
| Hospice  |  | Covered by Medicare   |
| <b>EMERGENCY CARE</b>  |  |   |
| Emergency Room Care - worldwide coverage   |  | \$75  |
| Urgently Needed Care   |  | \$30  |
| Ambulance Transportation   |  | \$100 (per use)   |
| <b>DIAGNOSTIC SERVICES - office visit copay may apply</b>  |  |   |
| X-rays (Radiology)   |  | \$30  |
| Lab Tests  |  | \$10  |
| CT Scans, PET Scans, MRIs, Nuclear Medicine  |  | \$75  |
| <b>REHABILITATION</b>  |  |   |
| Skilled Nursing Facility   |  | \$0 each day, days 1-20; \$188 each day, days 21-100              |
| Physical, Occupational, and Speech Therapy (therapy caps apply)  |  | \$30  |
| <b>OUT-OF-NETWORK AND TRAVEL COVERAGE (POS)</b>  |  |   |
| 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%.<br>\$5000 maximum annual benefit. |

| MEMBER PROTECTION   |  | YOU PAY |
|---|--|---------|
| Maximum Annual Out-of-Pocket Protection (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                                       | 0-10%  |
| Durable Medical Equipment (DME)                               | 20%  |
| Part B Drugs Purchased at Pharmacy                            | 20%  |
| Part B Drugs Professionally Administered (chemotherapy)       | 20%  |
| Radiation Therapy   | 20%  |
| Outpatient Dialysis   | 20%  |
| Eyewear Allowance<br>Dental Coverage<br>Hearing Aid Allowance | \$100 eyewear allowance every two years<br>\$600 every 3 yrs. (also TruHearing® discounts) |

| <b>Initial Coverage Stage</b>       | <b>Retail Pharmacy (30 day supply)</b>  | <b>Mail Order (up to 90 day supply)</b> |
|-------------------------------------|---|---|
| Tier 1 - Preferred generic drugs    | \$0 copayment   | \$0 copayment                           |
| Tier 2 - Generic drugs              | \$10 copayment  | \$20 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                           |
| <b>Coverage Gap Stage</b>           | If your total drug costs (paid by both you and MVP Health Plan, Inc.) reach \$4,430, 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. |   |
| <b>Catastrophic Coverage Stage</b>  | When you have paid \$7,050 out of pocket, your cost for prescriptions is reduced to 5% or \$3.95 for generics and \$9.85 for all other drugs, whichever is greater.   |   |
| <b>Additional Coverage</b>          | 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 dollars in rewards for healthy activities.   |
| SilverSneakers Fitness Program | Free fitness center 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).

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

