MVP HEALTH CARE
625 State Street
Schenectady, NY 12305-2111
mvphealthcare.com

USACare - Base with Part D Prescription Drug Employer Group 2023 Benefits

BENEFITS	YOU PAY
DOCTORS VISITS	
Primary Care	$20
Specialist	$40
Chiropractor	$20
Allergy Injection (allergy serum covered)	$20 Primary care; $40 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)	$500 per stay $1,500 maximum per year
Observation Stays	$250
OUTPATIENT SERVICES	
Ambulatory Surgical Center - same day surgery & other services	$150
Outpatient Hospital - same day surgery & other services	$250
Home Health Services	Covered in full
Hospice	Covered by Medicare
EMERGENCY CARE	
Emergency Room Care - worldwide coverage	$95
Urgently Needed Care	$40
Ambulance Transportation	$75 (per use)
DIAGNOSTIC SERVICES - office visit copay may apply	
X-rays (Radiology)	$40
Lab Tests	$10
CT Scans, PET Scans, MRIs, Nuclear Medicine	$100
REHABILITATION	
Skilled Nursing Facility	$0 each day, days 1-20; $196 each day, days 21-100
Physical, Occupational, and Speech Therapy (therapy caps apply)	$40

MEMBER PROTECTION	YOU PAY
Maximum Annual Out-of-Pocket Protection (Excludes: Part D costs, acupuncture, eyewear, hearing aids and dental if applicable)	$6,000 Combined

BENEFITS	YOU PAY
ADDITIONAL COVERAGE	
Diabetic Glucose Strips - must be preferred brands*	0%
Other Diabetic Supplies	$0
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 Dental Coverage Hearing Aid Allowance	$100 eyewear allowance every two years TruHearing Advanced $699/TruHearing Premium $999 copay per ear, 2 per year or $600 allowance per ear, 2 per year through TruHearing catalog

ENHANCED PRESCRIPTION DRUG COVERAGE

Initial Coverage Stage	Retail Pharmacy (30 day supply)	Mail Order (up to 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 $4,660, 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 $7,400 out of pocket, your cost for prescriptions is reduced to 5% or $4.15 for generics and $10.35 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	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.
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: FreeStyle, OneTouch, Precision and Prodigy