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# USACare - Buy-Up with Part D Prescription Drug Employer Group 2023 Benefits

BENEFITS		YOU PAY
<b>DOCTORS VISITS</b>		
Primary Care		\$10
Specialist		\$15
Chiropractor		\$15
Allergy Injection (allergy serum covered)		\$10 Primary care; \$15 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 (Office visit copay may apply)
Pneumonia and Flu Shots		Covered in full (Office visit copay may apply)
<b>HOSPITAL SERVICES</b>		
Inpatient Acute Hospital Stays Inpatient Mental Health Care (190 days per lifetime)		Covered in full
Observation Stays		Covered in full
<b>OUTPATIENT SERVICES</b>		
Ambulatory Surgical Center - same day surgery & other services		Covered in full
Outpatient Hospital - same day surgery & other services		Covered in full
Home Health Services		Covered in full
Hospice		Covered by Medicare
<b>EMERGENCY CARE</b>		
Emergency Room Care - worldwide coverage		\$65
Urgently Needed Care		\$15
Ambulance Transportation		\$35 (per use)
<b>DIAGNOSTIC SERVICES - office visit copay may apply</b>		
X-rays (Radiology)		\$15
Lab Tests		\$0
CT Scans, PET Scans, MRIs, Nuclear Medicine		\$35
<b>REHABILITATION</b>		
Skilled Nursing Facility		\$0 days 1-100
Physical, Occupational, and Speech Therapy (therapy caps apply)		\$15
<b>MEMBER PROTECTION</b>		<b>YOU PAY</b>
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**

Diabetic Glucose Strips - must be preferred brands*	0%
Other Diabetic Supplies	\$0
Durable Medical Equipment (DME)	20%
Part B Drugs Purchased at Pharmacy	\$15
Part B Drugs Professionally Administered (chemotherapy)	\$15
Radiation Therapy	\$0
Outpatient Dialysis	\$0
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**

<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	\$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
<b>Coverage Gap Stage</b>	If your total drug costs (paid by both you and MVP Health Plan, Inc.) reach \$4,660, you will pay either the copayments as listed above or less. You will continue to pay \$0 for Tier 1 drugs.	
<b>Catastrophic Coverage Stage</b>	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	
<b>Additional Coverage</b>	Your plan also covers the following: Erectile dysfunction drugs, weight-loss agents, and additional barbiturates (butalbital/aspirin/caffeine).	

**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).

