



GoldAnywhere 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	
<b>Primary Care</b>		
General Office Visit	\$10	\$25
<b>Specialist</b>		
Specialist Office Visit	\$15	\$25
<b>Hospital-Inpatient</b>		
Unlimited days of medically necessary semi-private room (private room if medically necessary)	\$0	20%
<b>Emergency Care</b>		
<b>Worldwide coverage for:</b>		
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
<b>Urgent Care</b>		
Coverage for treatment in an urgent care center	\$15	\$15
<b>Preventive Care</b>		
Periodic health assessment for adults	\$0	\$25
Adult immunizations and vaccinations (Pneumonia, flu and Hepatitis B)	\$0	\$0
Allergy injection, testing and evaluation (allergy serum covered)	\$10 Primary Care \$15 Specialist	\$25 Primary Care \$25 Specialist
Routine gynecological exam (annual)	\$10 Primary Care \$15 Specialist	\$25 Primary Care \$25 Specialist
Mammograms	\$0	\$0
<b>Mental Health</b>		
Inpatient—Up to 190 days in a psychiatric hospital per lifetime	\$0	20%
Outpatient	\$15	\$25
Outpatient Substance Abuse/Dependence	\$15	\$25
<b>Vision Care – Eye exam for Medical or Routine</b>	\$15	\$25
<b>Eyewear</b>		
Eyewear after cataract surgery	20%	
Routine eyewear	\$100 annual eyewear allowance	
<b>Hearing Coverage</b>		
Hearing exam	\$15	\$25
Hearing Aid	\$600 allowance every 3 years	
<b>Dental Coverage</b>	\$300 annual allowance for any dental service	

Covered Service	In-Network	Out-of-Network
<b>Other Services</b>		
Outpatient/ambulatory procedures	\$0	20%
Chiropractic care	\$15	\$20
Laboratory tests	\$0	20%
Skilled nursing facility per benefit period	\$0 days 1-100	20% days 1-100
Home health services	\$0	20%
X-rays	\$15	\$25
CT scan, PET scan, MRI, nuclear medicine	\$15	20%
Physical, occupational, and speech therapy	\$15	\$25
Hospice care	Covered by Medicare	
Prosthetic devices (artificial limb, brace, etc.)	20%	20%
Professional administration of drugs	\$15	\$25
Durable medical equipment	20%	20%
Acupuncture (10 visits)	50%	50%

### Standard 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% the cost 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).

**Non-Part D drugs are not covered including:** Weight-gain drugs, benzodiazepines, barbiturates, erectile dysfunction drugs, and weight-loss agents.

### Health and Wellness

- 24 Hour Nurse Line— Nurse available 24 hours per day, 7 days per week to answer health questions via telephone or email.
- HealthDollars<sup>sm</sup> — \$100 in HealthDollars to use toward health programs such as weight loss and smoking cessation
- The SilverSneakers Fitness Program— Free fitness center membership benefits at a participating fitness center near you, including use of equipment and other amenities, at no charge.

### 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).

MVP Health Plan, Inc.

**Medicare GOLD ANYWHERE PPO 2012**

Group Customer Quote



**Customer Name:** ULSTER COUNTY CHAMBER  
**Customer Number:** 210591\_0002  
**Contract Period:** 1/1/2012 thru 12/31/2012  
**Region:** Mid-Hudson

<b>Product Description and Rates:</b>	
<b>MVP PRODUCT PG120013/ RPG0046X</b>	
<b>BASE PLAN MCP010GR</b>	
<b>PCP Office Visits</b>	\$10
<b>Specialist Office Visits</b>	\$15
<b>Hospital Inpatient Copay</b>	\$0 In Network / 20% OoN
<b>Emergency Room</b>	\$65
<b>Skilled Nursing Facility Copay</b>	\$0(days 1-100) In; 20% OoN
<b>Eyewear</b>	\$100 Annual Allowance
<b>Hearing Aids</b>	\$600 Allowance /3 years
<b>Dental</b>	\$300 annual allowance for any dental service
<b>Attached Riders:</b>	
MRXP040A/MRXP040B	STANDARD Part D Rx \$8/\$35/\$90/33%/\$0 - with \$8 Tier 1&5 coverage through donut hole, NO deductible
Eyewear	Benefits included in Base Plan/Price
Hearing Aids	Benefits included in Base Plan/Price
Dental Rider	Dental Rider - \$300 annual allowance for any dental service.
<b>Contingencies:</b>	
Group Retiree members must be enrolled in Medicare Part A and Part B to be eligible to join MVP Medicare Advantage Plans.	
Employer must contribute a minimum of 50% of the member premium.	
Minimum requirement of 2 enrolled contracts	
<b>Rates per Subscriber per Month</b>	<b>\$310.52</b>

**These rates are approved and guaranteed through 12/31/2012**

<i>Name of Group Representative</i>	<i>Date</i>
<i>Signature of Group Representative</i>	