



GoldAnywhere PPO

Employer Group 2011 Benefits

Covered Service	In-Network	Out-of-Network
Annual Deductible	None	
Annual Out-of-Pocket Maximum (once met, plan pays 100%)	\$4,000 Combined	
Primary Care		
General Office Visit	\$10	\$25
Specialist		
Specialist Office Visit	\$15	\$25
Hospital-Inpatient		
Unlimited days of medically necessary semi-private room (private room if medically necessary)	\$0	20%
Emergency Care		
Worldwide coverage for:		
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)	\$50	\$50
Urgent Care		
Coverage for treatment in an urgent care center	\$15	\$15
Preventive Care		
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 PCP \$15 Specialist	\$25 PCP \$25 Specialist
Routine gynecological exam (annual)	\$10 PCP \$15 Specialist	\$25 PCP \$25 Specialist
Mammograms	\$0	\$0
Mental Health		
Inpatient—Up to 190 days in a psychiatric hospital per lifetime	\$0	20%
Outpatient	\$15	\$25
Chemical Abuse/Dependence		
Inpatient	\$0	20%

Outpatient	\$15	\$25
Covered Service	In-Network	Out-of-Network
Vision Care – Eye exam for Medical or Routine	\$15	\$25
Eyewear		
Routine eyewear	\$100 annual eyewear allowance	
Eyewear after cataract surgery	20%	
Hearing Coverage		
Hearing exam	\$15	\$25
Hearing Aid	\$600 allowance every 3 years	
Other Services		
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%
Radiology	\$15	20%
X-rays	\$15	\$25
Physical, occupational, and speech therapy	\$15	\$25
Hospice care	Covered by Medicare	
Prosthetic devices (artificial limb, brace, etc.)	20%	20%
Physician administered injectible medications	\$15	\$25
Durable medical equipment	20%	20%
Acupuncture	50%	50%

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.
- HealthDollarssm— \$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.

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Gold Anywhere Added Benefits

In addition to the covered services listed on the **Summary of Benefits**, your employer has selected the following additional or extended benefits:

Coverage	Description
Prescription Drug Coverage	<p><u>Retail:</u></p> <ul style="list-style-type: none">• \$8 copayment for Tier 1 (most generic drugs)• \$35 copayment for Tier 2 (preferred drugs)• \$90 copayment for Tier 3 (non-preferred drugs)• 33% copayment for Tier 4 (specialty drugs) <p><u>Mail Order:</u> Available at 2 times the retail copay for up to a 90 day supply.</p> <p>Gap coverage: Once your total drug expenses reach \$2840, you will pay \$8 for a 30-day supply for Tier 1 Preferred Generic Drugs. You will pay 93% for all other generic drugs. You will pay 50% for Medicare-contracted brands, and 100% for non-Medicare contracted brands.</p> <p>Catastrophic Coverage: After your True Out-of-Pocket (TrOOP) drug costs reach \$4,550 you pay the greater of 5% coinsurance or copayment of \$2.50 for generics and \$6.30 for all other drugs.</p> <p>Select Medicare excluded drugs not covered</p>
Annual Annual Eyewear Coverage	<p>\$100 annual eyewear allowance plus an eyewear discount at a MVP Health participating eyewear dealer. Any unused portion of the eyewear benefit cannot be carried over from on calendar year to the next.</p>