



Preferred Gold HMO

Employer Group 2011 Benefits

Covered Service	Copayment (per person, per visit)
Primary Care	
General Office Visit	\$15
Specialist	
Specialist Office Visit	\$30
Hospital-Inpatient	
Unlimited days of medically necessary semi-private room (private room if medically necessary)	\$250 per stay; \$750 maximum per year
Emergency Care	
Worldwide coverage for:	
Ambulance transport when medically necessary	\$50 (per use)
Emergency room treatment of illness or injury	\$50 copay unless admitted to hospital (not waived for observation stays)
Urgent Care	
Coverage for treatment in an urgent care center	\$30
Preventive Care	
Periodic health assessment for adults	\$0
Adult immunizations and vaccinations	\$0 for pneumonia, flu and Hepatitis B
Allergy injection, testing and evaluation (allergy serum covered)	\$15 General office visit/\$30 Specialist
Routine gynecological exam (annual)	\$15 General office visit/\$30 Specialist
Mammograms	\$0
Travel Benefit	
Routine care outside the Preferred Gold service area	No Deductible. Member pays 30% \$5000 maximum annual benefit
Mental Health	
Inpatient—Up to 190 days in a psychiatric hospital per lifetime	\$250 per stay; \$750 maximum per year
Outpatient	\$30
Chemical Abuse/Dependence	
Inpatient	\$250 per stay; \$750 maximum per year
Outpatient	\$30 (per visit)

Covered Service	Copayment (per person, per visit)
-----------------	-----------------------------------

Vision Care	
Eye exams	\$30
Vision Wear	
20% Discount at participating providers	
Eyewear after cataract surgery	20%
Hearing Coverage	
Hearing exam	\$30
Other Services	
Outpatient/ambulatory procedures	\$0
Chiropractic care	\$20
Laboratory tests	\$0
Skilled nursing facility per benefit period	\$0 days 1-20; \$105 days 21-100
Home health services	\$0
Radiology and x-rays	\$30
Physical, occupational, and speech therapy	\$30
Hospice care	Covered by Medicare
Prosthetic devices (artificial limb, brace, etc.)	20%
Physician administered injectible medications	\$30
Durable medical equipment	20%

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. (Any unused portion of this benefit cannot be carried over from one calendar year to the next.)
- 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, 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.

RBA

Gold 823 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 Under the Generic MAC program, if there is an A-rated generic drug, you have the option of choosing the brand name drug but will be responsible for the difference in cost between the generic and the brand name drug plus your copayment. Not Covered: Non-standard/unevaluated medications and cosmetic drugs.	Retail: <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) Mail Order: Available at 2 times the retail copay for up to a 90 day supply. Gap coverage: If total drug costs (paid by both you and the Health Plan, Inc.) reach \$2,840, you receive a 50% discount on your copayment for Medicare-contracted brand name drugs until the Catastrophic Coverage level is reached. 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. Includes coverage for Benzodiazepines, Barbiturates, contraceptive drugs and devices, weight loss/gain medications, erectile dysfunction medications, and bone density drugs and devices.
Annual Annual Eyewear Coverage	\$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.

This Added Benefits Summary is only an overview of the plan provisions. While every effort has been made to ensure that this summary accurately reflects the provisions of the plan contract, it is the contract that governs the operations of the plan and payment of all benefits.
10/13/2010