



## Preferred Gold HMO

## Employer Group 2011 Benefits

Covered Service	Copayment (per person, per visit)
<b>Primary Care</b>	
General Office Visit	\$15
<b>Specialist</b>	
Specialist Office Visit	\$30
<b>Hospital-Inpatient</b>	
Unlimited days of medically necessary semi-private room (private room if medically necessary)	\$250 per stay; \$750 maximum per year
<b>Emergency Care</b>	
Worldwide coverage for: Ambulance transport when medically necessary Emergency room treatment of illness or injury	\$50 (per use) \$50 copay unless admitted to hospital (not waived for observation stays)
<b>Urgent Care</b>	
Coverage for treatment in an urgent care center	\$30
<b>Preventive Care</b>	
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
<b>Travel Benefit</b>	
Routine care outside the Preferred Gold service area	No Deductible. Member pays 30% \$5000 maximum annual benefit
<b>Mental Health</b>	
Inpatient—Up to 190 days in a psychiatric hospital per lifetime	\$250 per stay; \$750 maximum per year
Outpatient	\$30
<b>Chemical Abuse/Dependence</b>	
Inpatient	\$250 per stay; \$750 maximum per year
Outpatient	\$30 (per visit)

Covered Service	Copayment (per person, per visit)
<b>Vision Care</b>	
Eye exams	\$30
<b>Vision Wear</b>	
20% Discount at participating providers	
Eyewear after cataract surgery	20%
<b>Hearing Coverage</b>	
Hearing exam	\$30
<b>Other Services</b>	
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.
- HealthDollars<sup>sm</sup> — \$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:

<b>Coverage</b>	<b>Description</b>
<b>Annual Annual Eyewear Coverage</b>	\$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 one 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