



Preferred Gold HMO-POS - Buy-Up
with Part D Prescription Drug
Employer Group 2017 Benefits

BENEFITS		YOU PAY
DOCTOR VISITS		
Primary Care		\$10
Specialist		\$15
Chiropractor		\$15
Allergy Injection (allergy serum covered)		\$10 Primary Care; \$15 Specialist
Acupuncture (10 visits)		50%
PREVENTIVE CARE		
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)
HOSPITAL SERVICES		
Inpatient Acute Hospital Stays Inpatient Mental Health Care (190 days per lifetime)		\$0 per stay
Observation Stays		Covered in full
OUTPATIENT SERVICES		
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
EMERGENCY CARE		
Emergency Room Care – worldwide coverage		\$65
Urgently Needed Care – worldwide coverage		\$15
Ambulance Transportation		\$50 (per use)
DIAGNOSTIC SERVICES – office visit copay may apply		
X-rays (Radiology)		\$15
Lab Tests		\$0
CT Scans, PET Scans, MRIs, Nuclear Medicine		\$15
REHABILITATION		
Skilled Nursing Facility		\$0 each day, days 1-20; \$135 each day, days 21-100
Physical, Occupational, and Speech Therapy (therapy caps apply)		\$15
OUT-OF-NETWORK AND TRAVEL COVERAGE (POS)		
Care from providers (doctors, hospitals and other facilities) that are not part of MVP's network. (Not all services are covered out of network.)		No Deductible. Member pays 30%. \$5000 maximum annual benefit.
MEMBER PROTECTION		YOU PAY
Maximum Annual Out-of-Pocket Protection – In and Out of Network (Excludes: Part D costs, acupuncture, eyewear, hearing aids and dental if applicable)		\$4000