



Employer Group 2011 Benefits

Preferred Gold HMO

Covered Service	Copayment (per person, per visit)
Primary Care	
General Office Visit	\$10
Specialist	
Specialist Office Visit	\$15
Hospital-Inpatient	
Unlimited days of medically necessary semi-private room (private room if medically necessary)	\$0
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	\$15
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)	\$10 General office visit/\$15 Specialist
Routine gynecological exam (annual)	\$10 General office visit/\$15 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	\$0
Outpatient	\$15
Chemical Abuse/Dependence	
Inpatient	\$0
Outpatient	\$15 (per visit)

Covered Service**Copayment (per person, per visit)****Vision Care**

Eye exams	\$15
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Vision Wear

20% Discount at participating providers	
Eyewear after cataract surgery	20%

Hearing Coverage

Hearing exam	\$15
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Other Services

Outpatient/ambulatory procedures	\$0
Chiropractic care	\$15
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	\$15
Physical, occupational, and speech therapy	\$15
Hospice care	Covered by Medicare
Prosthetic devices (artificial limb, brace, etc.)	20%
Physician administered injectible medications	\$15
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.
- 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.



Cooperstown Chamber Of Commerce

GOLD 813 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	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) <p>Mail Order: Available at 2 times the retail copay for up to a 90 day supply.</p> <p>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.</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>Includes coverage for Benzodiazepines, Barbiturates, contraceptive drugs and devices, weight loss/gain medications, erectile dysfunction medications, and bone density drugs and devices.</p>
Annual Eyewear Coverage	\$100 annual eyewear allowance at an MVP Health Plan participating eyewear provider. Any unused portion of the eyewear benefit cannot be carried over from one calendar year to the next.