



625 State Street  
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mvphealthcare.com

# USACare - Saratoga County High with Part D Prescription Drug Employer Group 2024 Benefits

<b>BENEFITS</b>	<b>YOU PAY</b>
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<b>DOCTORS VISITS</b>	
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Primary Care	\$10
Specialist	\$10
Chiropractor	\$10
Allergy Injection (allergy serum covered)	\$10 Primary care; \$10 Specialist
Acupuncture (10 visits)	50%

<b>PREVENTIVE CARE</b>	
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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)

<b>HOSPITAL SERVICES</b>	
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Inpatient Acute Hospital Stays Inpatient Mental Health Care (190 days per lifetime)	\$200 per stay
Observation Stays	Covered in full

<b>OUTPATIENT SERVICES</b>	
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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

<b>EMERGENCY CARE</b>	
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Emergency Room Care - worldwide coverage	\$65
Urgently Needed Care	\$0
Ambulance Transportation	\$0 (per use)

<b>DIAGNOSTIC SERVICES - office visit copay may apply</b>	
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X-rays (Radiology)	\$10
Lab Tests	\$0
CT Scans, PET Scans, MRIs, Nuclear Medicine	\$10

<b>REHABILITATION</b>	
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Skilled Nursing Facility	\$0 days 1-100
Physical, Occupational, and Speech Therapy (therapy caps apply)	\$10

<b>MEMBER PROTECTION</b>	<b>YOU PAY</b>
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Maximum Annual Out-of-Pocket Protection (Excludes: Part D costs, acupuncture, eyewear, hearing aids and dental if applicable)	\$400 Combined
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BENEFITS	YOU PAY
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ADDITIONAL COVERAGE	
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Diabetic Glucose Strips - must be preferred brands*	0%
Other Diabetic Supplies	\$0
Durable Medical Equipment (DME)	\$0
Part B Drugs Purchased at Pharmacy	\$0
Part B Drugs Professionally Administered (chemotherapy)	\$0
Radiation Therapy	\$0
Outpatient Dialysis	\$0
Eyewear Allowance Dental Coverage Hearing Aid Allowance	\$100 eyewear allowance every year Medicare-covered dental benefits only TruHearing Advanced \$699/TruHearing Premium \$999 copay per ear, 2 per year or \$600 allowance per ear, 2 per year through TruHearing catalog

ENHANCED PRESCRIPTION DRUG COVERAGE		
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Initial Coverage Stage	Retail Pharmacy (30 day supply)	Mail Order (up to 90 day supply)
Tier 1 - Preferred generic drugs	\$0 copayment	\$0 copayment
Tier 2 - Generic drugs	\$5 copayment	\$5 copayment
Tier 3 - Preferred brand-name drugs	\$20 copayment	\$20 copayment
Tier 4 - Non-preferred drugs	\$40 copayment	\$40 copayment
Tier 5 - Specialty drugs	\$40 copayment	Not Available
<b>Coverage Gap Stage</b>	If your total drug costs (paid by both you and MVP Health Plan, Inc.) reach \$5,030, you will pay either the copayments as listed above or less. You will continue to pay \$0 for Tier 1 drugs.	
<b>Catastrophic Coverage Stage</b>	When you have paid \$8,000 out of pocket, your cost for prescriptions is reduced to \$0	
<b>Additional Coverage</b>	Your plan also covers the following: Erectile dysfunction drugs, weight-loss agents, and additional barbiturates (butalbital/aspirin/caffeine). Insulin drugs have a \$35 maximum copay for a 30-day supply.	

WELL-BEING PROGRAMS	
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24-Hour Nurse Line	Nurse available 24 hours per day, 7 days per week to answer health questions via telephone or email.
SilverSneakers Fitness Program	Free fitness center membership--visit any participating fitness center or join online classes from home.

### Exclusions & Non-covered Services

Neither MVP nor Original Medicare will pay for certain items or services, including cosmetic surgery, custodial care, and experimental procedures and items. For a complete list of excluded services, refer to your Evidence of Coverage (your contract). Unless expressly indicated in the contract, all non-medically necessary services are not covered. Even if you receive the services at an emergency facility, the excluded services are still not covered.

This information is a brief summary, not a comprehensive description of benefits. Some services may require prior authorization from MVP. For more information, refer to your Evidence of Coverage (your contract).

