



Greater Amsterdam School District  
 USACare – Premier with Part D  
 Employer Group 2021 Benefits

<b>BENEFITS</b>		<b>YOU PAY</b>
<b>DOCTOR VISITS</b>		
Primary Care		\$0
Specialist		\$0
Chiropractor		\$0
Allergy Injection (allergy serum covered)		\$0 Primary Care; \$0 Specialist
Acupuncture (10 visits)		50%
<b>PREVENTIVE CARE</b>		
Annual Wellness Exam		Covered in full
Medicare-covered screenings – mammogram, prostate, Pap tests, bone mass measurement		Covered in full
Pneumonia and Flu Shots		Covered in full
<b>HOSPITAL SERVICES</b>		
Inpatient Acute Hospital Stays Inpatient Mental Health Care (190 days per lifetime)		\$0 per stay
Observation Stays		Covered in full
<b>OUTPATIENT SERVICES</b>		
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>		
Emergency Room Care – worldwide coverage		\$0
Urgently Needed Care		\$0
Ambulance Transportation		\$0
<b>DIAGNOSTIC SERVICES</b>		
X-rays (Radiology)		\$0
Lab Tests		\$0
CT Scans, PET Scans, MRIs, Nuclear Medicine		\$0
<b>REHABILITATION</b>		
Skilled Nursing Facility		\$0 days 1-100
Physical, Occupational, and Speech Therapy (therapy caps apply)		\$0
<b>MEMBER PROTECTION</b>		<b>YOU PAY</b>
Maximum Annual Out-of-Pocket Protection (Excludes: Part D costs, acupuncture, eyewear, hearing aids and dental if applicable)		\$3,000 Combined

BENEFITS		YOU PAY
<b>ADDITIONAL COVERAGE</b>		
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		\$175 eyewear allowance every two years \$300 per calendar year for any dental services \$500 per yr (also TruHearing® discounts)

ENHANCED PRESCRIPTION DRUG COVERAGE		
Initial Coverage Stage	Retail Pharmacy (30 day supply)	Mail Order (up to a 90 day supply)
Tier 1 – Preferred generic drugs	\$0 copayment	\$0 copayment
Tier 2 – Generic drugs	\$2 copayment	\$4 copayment
Tier 3 – Preferred brand-name drugs	\$7 copayment	\$14 copayment
Tier 4 – Non-preferred drugs	\$7 copayment	\$14 copayment
Tier 5 – Specialty drugs	\$7 copayment	Not Available
<b>Coverage Gap Stage</b>	If your total drug costs (paid by both you and MVP Health Plan, Inc.) reach \$4,130, 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 \$6,550 out of pocket, your cost for prescriptions is reduced to 5% or \$3.70 for generics and \$9.20 for all other drugs, whichever is greater. You will never pay more in Catastrophic Coverage than you did in the Initial Coverage stage	
<b>Additional Coverage</b>	Your plan also covers the following: Erectile dysfunction drugs, weight-loss agents, and additional barbiturates (butalbital/aspirin/caffeine).	

WELL-BEING PROGRAMS	
24 Hour Nurse Line	Nurse available 24 hours per day, 7 days per week to answer health questions via telephone or email.
WellBeing Rewards	\$200 gift card when preventive services & activities are completed.
The SilverSneakers® Fitness Program	Free fitness center membership benefits at any participating fitness center near you, including use of equipment and other amenities.

### 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).

\* Preferred Brand Diabetic Test Strips: Precision, OneTouch and Freestyle Brands