

2008 Xerox Preferred Care Gold

PHARMACY	
Prescription	
Tier 1	\$5
Tier 2	\$45
Tier 3	25%
Initial Coverage Limit	\$2,510
Donut Hole Coverage	None
Max Part D out of pocket member expense before catastrophic coverage	\$4,050
Inpatient Hosp - Acute	\$100 per stay/\$300 max per yr
Inpatient Mental Health	\$100 per stay/\$300 max per yr
Skilled Nursing Facility	\$0(day 1-15) \$65 (days 16-100)
Home Health Care	\$0 days 1-20, \$20 days 21+
PCP Visit	\$15
Specialist Visit	\$20
Chiropractic Svcs	\$20
Podiatry Svcs	\$20
Outpatient Mental Health	\$20 per visit
Outpt Substance Abuse	50%
Outpt Services/Surgery	\$0
Ambulance Services	\$50
Emergency Care	\$50
Urgently Needed Care	\$20
Outpatient PT/ST/OT	\$20
Durable Medical Equip.	20%
Prosthetic Devices	20%
Diabetes Supplies	20%
Diabetes Training & Nutritional Therapy	\$0 visits 1-4
Diagnostic Tests and Lab	\$0
X-rays	\$20
Immunizations	\$0
Mammography Screening	\$0
Pap Smears/Pelvic Exams	\$0
Routine Dental Services	<i>Not covered</i>
Hearing Exam	\$15 PCP/\$20 Specialist
Hearing Aids	<i>Not covered</i>
Eye Exams	\$15 Routine \$20 Medical
Post-cataract surgery lenses	20%
Eye Wear - Annual	\$100 allowance
Professionally Admin Rx	\$20
Travel Benefit	30%; \$3k/yr max benefit
Silver Sneakers	Yes