



Live Well With Preferred Care!

A photograph of an elderly man and woman sitting on a light-colored sofa. The man is on the left, wearing a dark sweater, and is holding a white sign that says "Welcome!". The woman is on the right, wearing a grey cardigan, and is holding a pen. They are both looking towards the camera with slight smiles.

Welcome!

Xerox Gold
2008



Xerox 2008 Preferred Care Gold Benefits

SERVICE	COPAY
Inpatient Hospitalization	\$100 copay per stay/\$300 max per yr
Inpatient Mental Health	\$100 copay per stay/\$300 max per yr
Skilled Nursing Facility 3-day prior hospital stay is required	\$0(day 1-15) \$65 (days 16-100)
Doctor Office Visits	PCP - \$15 copay Specialist - \$20 copay
Ambulance	\$50 copay
Speech and Physical Therapy	\$20 copay per visit
Occupational Therapy	\$20 copay per visit
Eyeglasses	\$100 annual eyewear allowance – plus discounts at participating providers

Retail

- A 30 day supply
 - \$5 copay for tier 1 drugs – Generic drugs
 - \$45 copay for tier 2 drugs – A combination of “preferred brand” and “non-preferred brand”
 - 25% copay for tier 3 drugs – Specialty drugs and High cost drugs costing more than \$500

Mail Order (Medco)

- Mail Order pharmacy: Available at 2 times the copay for up to a 90 day supply.
 - \$10 copay for tier 1 drugs,
 - \$90 copay for tier 2 drugs,
 - 25% copay

Certain drugs may require prior authorization (approval).

- **Gap Coverage/Donut Hole Coverage:** If total drug costs (paid by both you and MVP Health Plan, Inc.) reach \$2,510, you pay 100% of prescription drug costs until the Catastrophic Coverage level is reached.
- **Catastrophic Coverage:** After your annual True Out-of-Pocket (TrOOP) drug costs reach \$4050 you pay the greater of 5% coinsurance or a copayment of \$2.25 for generics and \$5.60 for all other drugs.
- **Generic Substitution:** When there is a generic version of a brand-name drug available, our network pharmacies will automatically give you the generic version, unless your doctor has told the pharmacist that you must take the brand-name drug. If you purchase the brand name drugs, you will be responsible for the generic copay and the difference in cost between the brand and generic medications.
- **Not Covered:** Non-standard/unevaluated Medications and cosmetic drugs.

- **Travel Benefit**
- In addition to coverage worldwide for Emergency and Urgent Care, each member is covered for up to \$3,000 for routine services such as physicals, office visits, allergy shots while outside of the Preferred Care nine county service area.
- Member pays 30%, Preferred Care Gold pays 70% up to \$3,000 each year.

- **Members Stay Healthy With...**
- SilverSneakers Fitness Program – Free Health Club Membership
- \$50 Preferred Care Health Dollars
- Care Management