



**GoldAnywhere PPO/USA Care PPO
Enhanced Prescription Drug \$7/\$20/\$40/\$40/\$0
With No Deductible, Full Coverage in the Gap**

This Rider provides coverage for services and products not covered under your Evidence of Coverage (your contract) or included in the MVP Health Care Part D Covered Drugs list (Formulary). MVP reserves the right to determine Medical Necessity for all drugs and devices, and may require Prior Authorization of certain drugs and devices. Unless changed by this Rider, the coinsurance, copayments, terms and conditions of your Evidence of Coverage (your contract) apply.

Added Benefits Covered

This Rider provides additional prescription drug coverage for the following:

- Prescription Vitamins*
- Erectile Dysfunction drugs (quantity limits apply)**
- Weight loss drugs (prior authorization may apply)**
- Additional Barbiturates (butalbital/aspirin/caffeine)***

* These drugs will not apply toward your TrOOP (true out-of-pocket drug costs). Also, these drugs are not listed in your Formulary (covered drugs lists). To find out if a drug is covered, call the MVP Medicare Customer Care Center at the phone number on the back of your member ID card.

** These drugs will not apply toward your TrOOP (true out-of-pocket drug costs).

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Exclusions (Types of drugs we do not cover)

Medicare and MVP do not pay for the following drugs:

- Drugs that are not CMS approved Part D drugs
- Drugs purchased outside of the United States and its territories
- Drug uses not approved by the Food and Drug Administration (Off-label use)
- Experimental or investigational drug(s) or device(s)
- Over the counter (OTC) drugs
- Fertility drugs
- Cough and cold drugs
- Cosmetic or hair growth drugs

**Your Copayments for Prescription Drugs
Initial Coverage**

| Benefit Structure | Retail Pharmacy | Mail Order Pharmacy |
|--------------------------|----------------------------------|----------------------------------|
| Tier 1 Drugs | \$7 copayment per 30 day supply | \$7 copayment per 90 day supply |
| Tier 2 Drugs | \$20 copayment per 30 day supply | \$20 copayment per 90 day supply |
| Tier 3 Drugs | \$40 copayment per 30 day supply | \$40 copayment per 90 day supply |
| Tier 4 Drugs | \$40 copayment per 30 day supply | \$40 copayment per 90 day supply |
| Tier 5 Drugs | \$0 copayment per 30 day supply | \$0 copayment per 90 day supply |

You will be responsible for any cost difference between the actual cost of the prescription and the MVP negotiated rate for that prescription, minus your applicable copay if you use an out-of-network pharmacy.

Coverage Gap

Once your total drugs costs (paid by both you and MVP Health Plan, Inc.) reach \$2,850, you will pay your Tier copay or 72%, whichever is less, for generic drugs, \$0 for Tier 5 drugs, and your Tier copay for Medicare-contracted brands until the Catastrophic Coverage level is reached.

Catastrophic Coverage

When your out-of-pocket drug costs reach \$4,550, your cost for covered prescriptions is reduced to \$2.55 for generics, \$6.35 for brand named drugs or 5% of the cost of the prescription, whichever is greater. You will never pay more in Catastrophic Coverage than you did during the Initial Coverage stage of your benefit.

Coverage will end if your contract is terminated, the premium is not paid for this Rider, you leave the Group through which this Rider is issued, or the Group through which this Rider is issued discontinues purchasing this Rider.



President and CEO
MVP Health Plan, Inc.