

	<b>MVP High Deductible</b>	<b>MVP HMO Copay \$25</b>	<b>MVP HMO Copay \$25/\$40</b>
<u>Services</u>	<u>NEHD07S</u>	<u>COC-25</u>	<u>COC-25/40</u>
<b>Annual Deductible</b>	\$1,500 single/\$3,000 family	N/A	N/A
<b>Annual Out of Pocket Max</b>	\$2,500 single/\$5,000 family	N/A	N/A
<b>Co-Insurance</b>	0%	N/A	N/A
<b>Referrals</b>	Not Required	Not Required	Not Required
<b>PCP Office Visit</b>	Subject to Deductible	\$25 Copay	\$25 Copay
<b>Specialist Visit</b>	Subject to Deductible	\$25 Copay	\$40 Copay
<b>Routine Eye Exams</b>	Not Covered	\$25 Copay	\$40 Copay
<b>Eyewear</b>	Not Covered	\$60 Allowance	\$60 Allowance
<b>Hospital Inpatient</b>	Subject to Deductible	\$500 Copay	\$500 Copay
<b>Outpatient Surgery</b>	Subject to Deductible	\$75 Copay	\$75 Copay
<b>Emergency Room Care</b>	Subject to Deductible	\$50 Copay	\$100 Copay
<b>Outpatient Mental Health</b>	Subject to Deductible (20 Visits)	\$25 Copay (20 Visits)	\$40 Copay (20 Visits)
<b>Inpatient Mental Health 30 Day Annual Max</b>	Subject to Deductible	\$500 Copay	\$500 Copay
<b>Prescription Coverage</b>	Tier 1/\$10* Tier 2/\$30* Tier 3/\$50*	Tier 1/\$10* Tier 2/\$30* Tier 3/\$50*	Tier 1/\$10 Tier 2/\$30 Tier 3/\$50
<b>Mail Order: 2.5 times copay for 90 Day Supply</b>	*Subject to Deductible	*\$100 Deductible per member	\$2000 Annual Max
<b>Dependent Coverage</b>	To Age 19 (Students to 25)	To Age 23	To Age 23
<b>Extra Benefits</b>	\$300 WellStyle Rewards	Preventive Dental for Kids to 19 \$25 Copay for Periodic Exams & X-rays	Preventive Dental for Kids to 19 \$25 Copay for Periodic Exams & X-rays
<b>Special Information</b>	Preventive Care Covered In Full Cigna National Network	\$0 Well Child Visit Copay 1 eye exam every two years	\$0 Well Child Visit Copay 1 eye exam every two years
<b><u>Rates</u></b>			
<b>Single</b>	<b>\$234.58</b>	<b>\$391.68</b>	<b>\$349.05</b>
<b>Family of 2</b>	<b>\$469.15</b>	<b>\$783.37</b>	<b>\$698.11</b>
<b>Subscriber and Children</b>	<b>\$631.06</b>	<b>\$1,046.44</b>	<b>\$934.30</b>
<b>Family</b>	<b>\$631.06</b>	<b>\$1,046.44</b>	<b>\$934.30</b>
<b><u>Sole Prop Rates</u></b>			
<b>Single</b>	<b>\$269.76</b>	<b>\$450.43</b>	<b>\$401.40</b>
<b>Family of 2</b>	<b>\$539.52</b>	<b>\$900.87</b>	<b>\$802.82</b>
<b>Subscriber and Children</b>	<b>\$725.72</b>	<b>\$1,203.40</b>	<b>\$1,074.44</b>
<b>Family</b>	<b>\$725.72</b>	<b>\$1,203.40</b>	<b>\$1,074.44</b>