

2010 Builders Exchange MVP Benefit Comparison

| Services | MVP TriVantage EPO T03S | | | MVP Hybrid EPO | MVP Preferred EPO |
|---|---|---|---|--|--|
| | Active Lifestyles - T03SA | Family Focus - T03SB | Healthy Alternatives - T03SC | E0016S | E0050S |
| Annual Deductible | N/A | N/A | N/A | \$1,000 single/\$2,500 family | N/A |
| Annual Out of Pocket Max | N/A | N/A | N/A | \$3,000 single/\$7,500 family | N/A |
| Co-Insurance | N/A | N/A | N/A | 20% In Network | N/A |
| Referrals | Not Required | Not Required | Not Required | Not Required | Not Required |
| PCP Office Visit | \$15 Copay | \$20 Adults/\$5 Children | \$25 Copay | \$30 Copay | \$25 Copay |
| Specialist Visit | \$40 Copay | \$40 Copay | \$40 Copay | \$30 Copay | \$40 Copay |
| Routine Eye Exams | \$15 Adults/\$20 Children | \$20 Adults/\$5 Children | \$20 Copay | \$30 Copay | \$40 Copay |
| Eyewear | 80% Lens Coverage (\$160 Max) | 80% Lens Coverage (\$160 Max) | 80% Lens Coverage (\$160 Max) | 80% Lens Coverage (\$160 Max) | Not Covered |
| Hospital Inpatient | \$300 Copay | \$300 Copay (\$0 Children) | \$300 Copay | 20% Coinsurance* | \$500 Copay |
| Outpatient Surgery | \$100 Copay | \$100 Copay | \$100 Copay | 20% Coinsurance* | \$150 Copay |
| Emergency Room Care | \$50 Copay | \$75 Copay | \$75 Copay | \$200 Copay | \$100 Copay |
| Outpatient Mental Health | \$40 Copay (20 visits) | \$40 Copay (20 visits) | \$40 Copay (20 visits) | \$30 Copay (20 visits) | \$40 Copay (20 visits) |
| Inpatient Mental Health 30 Day Annual Max | \$300 Copay | \$300 Copay (\$0 Children) | \$300 Copay | 20% Coinsurance* | \$500 Copay |
| Prescription Coverage Mail Order: 2.5 times copay for 90 Day Supply | Tier 1/\$10 Tier 2/\$30 Tier 3/\$50 \$1000 Annual Max/Per Member | Tier 1/\$10 Tier 2/\$30 Tier 3/\$50 \$1000 Annual Max/Per Member | Tier 1/\$10 Tier 2/\$30 Tier 3/\$50 \$1000 Annual Max/Per Member | Tier 1/\$10 Tier 2/\$30 Tier 3/\$50 \$1000 Annual Max | \$10 Generics Only |
| Dependent Coverage | To Age 26 | To Age 26 | To Age 26 | To Age 26 | To Age 23 |
| Extra Benefits | \$300 Lifestyle Benefit \$300 WellStyle Rewards | \$300 Lifestyle Benefit \$300 WellStyle Rewards | \$300 Lifestyle Benefit \$300 WellStyle Rewards | \$300 WellStyle Rewards | \$300 WellStyle Rewards |
| Special Information | Preventive Care Covered In Full Domestic Partner Coverage Annual Eye Exam Cigna National Network | Preventive Care Covered In Full Domestic Partner Coverage Annual Eye Exam Cigna National Network | Preventive Care Covered In Full Domestic Partner Coverage Annual Eye Exam Cigna National Network | Preventive Care Covered In Full Domestic Partner Coverage 1 eye exam every 2 years Cigna National Network | Preventive Care Covered In Full Domestic Partner Coverage 1 eye exam every 2 years Cigna National Network |
| Rates | | | | | |
| Single | \$351.98 | \$351.98 | \$351.98 | \$280.35 | \$318.82 |
| Family of 2 | \$703.96 | \$703.96 | \$703.96 | \$560.71 | \$637.64 |
| Subscriber and Children | \$953.14 | \$953.14 | \$953.14 | \$758.04 | \$856.24 |
| Family | \$953.14 | \$953.14 | \$953.14 | \$758.04 | \$856.24 |
| Sole Prop Rates | | | | | |
| Single | \$404.77 | \$404.77 | \$404.77 | \$322.40 | \$366.64 |
| Family of 2 | \$809.55 | \$809.55 | \$809.55 | \$644.82 | \$733.28 |
| Subscriber and Children | \$1,096.11 | \$1,096.11 | \$1,096.11 | \$871.75 | \$984.68 |
| Family | \$1,096.11 | \$1,096.11 | \$1,096.11 | \$871.75 | \$984.68 |

*Services subject to deductible and coinsurance.