

2010 Builders Exchange MVP Benefit Comparison

	MVP TriVantage EPO T01S			MVP Preferred EPO	
<u>Services</u>	<u>Active Lifestyles - T01SA</u>	<u>Family Focus - T01SB</u>	<u>Healthy Alternatives - T01SC</u>	<u>E0041S</u>	<u>E0046S</u>
Annual Deductible	N/A	N/A	N/A	N/A	N/A
Annual Out of Pocket Max	N/A	N/A	N/A	N/A	N/A
Co-Insurance	N/A	N/A	N/A	N/A	N/A
Referrals	Not Required	Not Required	Not Required	Not Required	Not Required
PCP Office Visit	\$10 Adults/\$20 Children	\$15 Adults/\$5 Children	\$20 Copay	\$20 Copay	\$30 Copay
Specialist Visit	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$30 Copay
Routine Eye Exams	\$10 Adults/\$20 Children	\$20 Adults/\$5 Children	\$20 Copay	\$20 Copay	\$30 Copay
Eyewear	80% Lens Coverage (\$160 Max)	80% Lens Coverage (\$160 Max)	80% Lens Coverage (\$160 Max)	80% Lens Coverage (\$160 Max)	80% Lens Coverage (\$160 Max)
Hospital Inpatient	\$300 Copay	\$300 Copay (\$0 Children)	\$300 Copay	\$250 Copay	\$500 Copay
Outpatient Surgery	\$100 Copay	\$100 Copay	\$100 Copay	\$75 Copay	\$150 Copay
Emergency Room Care	\$40 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$100 Copay
Outpatient Mental Health	\$20 Copay (20 visits)	\$20 Copay (20 visits)	\$20 Copay (20 visits)	\$20 Copay (20 visits)	\$30 Copay (20 visits)
Inpatient Mental Health 30 Day Annual Max	\$300 Copay	\$300 Copay (\$0 Children)	\$300 Copay	\$250 Copay	\$500 Copay
Prescription Coverage Mail Order: 2.5 times copay for 90 Day Supply	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	Tier 1/\$10 Tier 2/\$30 Tier 3/\$50	Tier 1/\$10 Tier 2/\$30 Tier 3/\$50
Dependent Coverage	To Age 26	To Age 26	To Age 26	To Age 26	To Age 26
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
<u>Rates</u>					
Single	\$423.43	\$423.43	\$423.43	\$435.38	\$394.85
Family of 2	\$846.85	\$846.85	\$846.85	\$870.76	\$789,070.00
Subscriber and Children	\$1,142.37	\$1,142.37	\$1,142.37	\$1,174.44	\$1,064.29
Family	\$1,142.37	\$1,142.37	\$1,142.37	\$1,174.44	\$1,064.29
<u>Sole Prop Rates</u>					
Single	\$486.95	\$486.95	\$486.95	\$500.69	\$454.08
Family of 2	\$973.88	\$973.88	\$973.88	\$1,001.38	\$908.16
Subscriber and Children	\$1,313.73	\$1,313.73	\$1,313.73	\$1,350.60	\$1,223.93
Family	\$1,313.73	\$1,313.73	\$1,313.73	\$1,350.60	\$1,223.93