

2010 MVP Benefit Comparison for Employer Groups

Services	MVP Preferred EPO		MVP TriVantage EPO T03S		
	EPO E0009S	EPO E0046S	Active Lifestyles - T03SA	Family Focus - T03SB	Healthy Alternatives - T03SC
Annual Deductible	\$200/\$400/\$500	N/A	N/A	N/A	N/A
Annual Out of Pocket Max	\$600/\$1,200/\$1,500	N/A	N/A	N/A	N/A
Coinsurance	10%	N/A	N/A	N/A	N/A
Referrals	Not Required	Not Required	Not Required	Not Required	Not Required
PCP Office Visit	\$25 Copay	\$30 Copay	\$15 Copay	\$20 Adults/\$5 Children	\$25 Copay
Specialist Visit	\$25 Copay	\$30 Copay	\$40 Copay	\$40 Copay	\$40 Copay
Routine Eye Exams	\$25 Copay**	\$30 Copay**	\$15 Adults/\$20 Children**	\$20 Adults/\$5 Children**	\$25 Adults/\$20 Children**
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	10% Coinsurance*	\$500 Copay	\$300 Copay	\$300 Copay (\$0 Children)	\$300 Copay
Outpatient Surgery	10% Coinsurance*	\$150 Copay	\$100 Copay	\$100 Copay	\$100 Copay
Emergency Room Care	\$100 Copay	\$100 Copay	\$50 Copay	\$75 Copay	\$75 Copay
Outpatient Mental Health	\$25 Copay (20 Visits)	\$30 Copay (20 Visits)	\$40 Copay (20 Visits)	\$40 Copay (20 Visits)	\$40 Copay (20 Visits)
Inpatient Mental Health 30 Day Annual Max	10% Coinsurance*	\$500 Copay	\$300 Copay	\$300 Copay (\$0 Children)	\$300 Copay
Prescription Coverage Mail Order: 2.5 copays for 90 day supply	Tier 1/\$10 Tier 2/\$30 Tier 3/\$50 \$2,500 Max then 50% Coinsurance	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 23	To Age 23	To Age 26	To Age 26	To Age 26
Extra Benefits www.mvphealthcare.com	\$300 WellStyle Rewards	\$300 WellStyle Rewards	\$300 Lifestyle Benefit \$300 WellStyle Rewards	\$300 Lifestyle Benefit \$300 WellStyle Rewards	\$300 Lifestyle Benefit \$300 WellStyle Rewards
Special Information	Preventive Care Covered In Full Domestic Partner Coverage **1 exam/eyewear every 2 years CIGNA National Network	Preventive Care Covered In Full Domestic Partner Coverage **1 exam/eyewear every 2 years CIGNA National Network	Preventive Care Covered In Full Domestic Partner Coverage **annual exam/biannual eyewear CIGNA National Network	Preventive Care Covered In Full Domestic Partner Coverage **annual exam/biannual eyewear CIGNA National Network	Preventive Care Covered In Full Domestic Partner Coverage **annual exam/biannual eyewear CIGNA National Network
Single	\$380.40	\$394.85	\$405.67	\$405.67	\$405.67
Family of 2	\$760.79	\$789.70	\$811.34	\$811.34	\$811.34
Subscriber & Children	\$1,016.09	\$1,053.75	\$1,094.12	\$1,094.12	\$1,094.12
Family	\$1,016.09	\$1,053.75	\$1,094.12	\$1,094.12	\$1,094.12

*Services subject to deductible and coinsurance.