

2010 MVP Benefit Comparison for Employer Groups

Services	MVP Preferred EPO			MVP High Deductible EPO	
	EPO E0044S	EPO E0050S	EPO E0018S	HDHP EPO NEHD07S	HDHP EPO NEHD08S
Annual Deductible	N/A	N/A	\$1,000/\$2,000/\$2,500	\$1,500 Single; \$3,000 Family	\$2,500 Single; \$5,000 Family
Annual Out of Pocket Max	N/A	N/A	\$3,000/\$6,000/\$7,500	\$2,500 Single; \$5,000 Family	\$3,500 Single; \$7,000 Family
Co-Insurance	N/A	N/A	15% Coinsurance*	0% Coinsurance	0% Coinsurance
Referrals	Not Required	Not Required	Not Required	Not Required	Not Required
PCP Office Visit	\$25 Copay	\$25 Copay	\$40 Copay	Subject to deductible	Subject to deductible
Specialist Visit	\$25 Copay	\$40 Copay	\$40 Copay	Subject to deductible	Subject to deductible
Routine Eye Exams	\$25 Copay**	\$40 Copay**	\$40 Copay**	Not Covered	Not Covered
Eyewear	80% Lens Coverage (\$160 Max)	80% Lens Coverage (\$160 Max)	80% Lens Coverage (\$160 Max)	Not Covered	Not Covered
Hospital Inpatient	\$250 Copay	\$500 Copay	15% Coinsurance*	Subject to deductible	Subject to deductible
Outpatient Surgery	\$75 Copay	\$150 Copay	15% Coinsurance*	Subject to deductible	Subject to deductible
Emergency Room Care	\$50 Copay	\$100 Copay	\$200 Copay	Subject to deductible	Subject to deductible
Outpatient Mental Health	\$25 Copay (20 Visits)	\$40 Copay (20 Visits)	\$40 Copay (20 Visits)*	Subject to deductible (20 Visits)	Subject to deductible (20 Visits)
Inpatient Mental Health 30 Day Annual Max	\$250 Copay	\$500 Copay	15% Coinsurance*	Subject to deductible	Subject to deductible
Prescription Coverage Mail Order: 2.5 copays for 90 day supply	Tier 1/\$10 Tier 2/\$30 Tier 3/\$50 \$1,000 Annual Max per Member	\$10 Copay Generic Drug Coverage Only	Tier 1/\$10 Tier 2/\$30 Tier 3/\$50 \$1,000 Total Policy Annual Max	Tier 1/\$10* Tier 2/\$30* Tier 3/\$50* *Subject to Deductible	Tier 1/\$10* Tier 2/\$30* Tier 3/\$50* *Subject to Deductible
Dependent Coverage	To Age 23	To Age 23	To Age 23	To Age 19 (Students to 25)	To Age 19 (Students to 25)
Extra Benefits www.mvphealthcare.com	\$300 WellStyle Rewards	\$300 WellStyle Rewards	\$300 WellStyle Rewards	\$300 WellStyle Rewards	\$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 **1 exam/eyewear every 2 years CIGNA National Network	Preventive Care Covered In Full Domestic Partners NOT covered CIGNA National Network	Preventive Care Covered In Full Domestic Partners NOT covered CIGNA National Network
Single	\$359.58	\$322.09	\$276.81	\$234.58	\$186.87
Family of 2	\$719.16	\$644.18	\$553.63	\$469.15	\$373.73
Subscriber & Children	\$963.72	\$864.74	\$740.71	\$631.06	\$502.67
Family	\$963.72	\$864.74	\$740.71	\$631.06	\$502.67

*Services subject to deductible and coinsurance.