

2010 MVP Benefit Comparison for Employer Groups

| | MVP HMO Copay \$25 | MVP HMO Copay \$25/\$40 |
|--|--|--|
| <u>Services</u> | <u>COC-25</u> | <u>COC-25/40</u> |
| Annual Deductible | N/A | N/A |
| Annual Out of Pocket Max | N/A | N/A |
| Coinsurance | N/A | N/A |
| Referrals | Not Required | Not Required |
| PCP Office Visit | \$25 Copay | \$25 Copay |
| Specialist Visit | \$25 Copay | \$40 Copay |
| Routine Eye Exams | \$25 Copay** | \$40 Copay** |
| Eyewear | \$60 Allowance | \$60 Allowance |
| Hospital Inpatient | \$500 Copay | \$500 Copay |
| Outpatient Surgery | \$75 Copay | \$75 Copay |
| Emergency Room Care | \$50 Copay | \$100 Copay |
| Outpatient Mental Health | \$25 Copay (20 Visits) | \$40 Copay (20 Visits) |
| Inpatient Mental Health 30 Day Annual Max | \$500 Copay | \$500 Copay |
| Prescription Coverage Mail Order: 2.5 copays for 90 day supply | Tier 1/\$10* Tier 2/\$30* Tier 3/\$50* *\$100 Deductible per member | Tier 1/\$10 Tier 2/\$30 Tier 3/\$50 \$2,000 Total Policy Annual Max |
| Dependent Coverage | To Age 23 | To Age 23 |
| Extra Benefits | 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 |
| Special Information | \$0 Well Child Visit Copay **1 eye exam every 2 years | \$0 Well Child Visit Copay **1 eye exam every 2 years |
| Single | \$391.68 | \$349.05 |
| Family of 2 | \$783.37 | \$698.11 |
| Subscriber & Children | \$1,046.44 | \$934.30 |
| Family | \$1,046.44 | \$934.30 |

This comparison is intended to be a brief summary of benefits only.

It is not a contract. In the event of a dispute, subscriber contract will control.