

2010 MVP Benefit Comparison for Sole Proprietors

	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	\$450.43	\$401.40
Family of 2	\$900.87	\$802.83
Subscriber & Children	\$1,203.40	\$1,074.44
Family	\$1,203.40	\$1,074.44

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.