

2010 MVP Benefit Comparison for the Orleans Chamber of Commerce

	MVP TriVantage EPO T01S			MVP Preferred EPO	
Services	Active Lifestyles - T01SA	Family Focus - T01SB	Healthy Alternatives - T01SC	E0041S	E0046S
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
Coinsurance	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 Adults/\$20 Children	\$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 copays 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 www.mvphealthcare.com	\$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
Employer Group Rates					
Single	\$430.43	\$430.43	\$430.43	\$442.38	\$401.85
Family of 2	\$853.85	\$853.85	\$853.85	\$877.76	\$796.70
Family	\$1,149.37	\$1,149.37	\$1,149.37	\$1,181.44	\$1,071.29
Sole Proprietor Rates					
Single	\$493.95	\$493.95	\$493.95	\$507.69	\$461.08
Family of 2	\$980.88	\$980.88	\$980.88	\$1,008.38	\$915.16
Family	\$1,320.73	\$1,320.73	\$1,320.73	\$1,357.60	\$1,230.93