

2010 Brighton Chamber Sole Proprietor MVP Benefit Comparison

	MVP High Deductible	MVP HMO Copay \$25	MVP HMO Copay \$25/\$40
<u>Services</u>	<u>NEHD07S</u>	<u>COC-25</u>	<u>COC-25/40</u>
Annual Deductible	\$1,500 single/\$3,000 family	N/A	N/A
Annual Out of Pocket Max	\$2,500 single/\$5,000 family	N/A	N/A
Co-Insurance	0%	N/A	N/A
Referrals	Not Required	Not Required	Not Required
PCP Office Visit	Subject to Deductible	\$25 Copay	\$25 Copay
Specialist Visit	Subject to Deductible	\$25 Copay	\$40 Copay
Routine Eye Exams	Not Covered	\$25 Copay	\$40 Copay
Eyewear	Not Covered	\$60 Allowance	\$60 Allowance
Hospital Inpatient	Subject to Deductible	\$500 Copay	\$500 Copay
Outpatient Surgery	Subject to Deductible	\$75 Copay	\$75 Copay
Emergency Room Care	Subject to Deductible	\$50 Copay	\$100 Copay
Outpatient Mental Health	Subject to Deductible (20 Visits)	\$25 Copay (20 Visits)	\$40 Copay (20 Visits)
Inpatient Mental Health 30 Day Annual Max	Subject to Deductible	\$500 Copay	\$500 Copay
Prescription Coverage	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
Mail Order: 2.5 times copay for 90 Day Supply	*Subject to Deductible	*\$100 Deductible per member	\$2000 Annual Max
Dependent Coverage	To Age 19 (Students to 25)	To Age 23	To Age 23
Extra Benefits	\$300 WellStyle Rewards	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	Preventive Care Covered In Full Cigna National Network	\$0 Well Child Visit Copay 1 eye exam every two years	\$0 Well Child Visit Copay 1 eye exam every two years
Single	\$269.76	\$450.43	\$401.40
Family of 2	\$539.52	\$900.87	\$802.82
Subscriber and Children	\$725.72	\$1,203.40	\$1,074.44
Family	\$725.72	\$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, the subscriber contract will control. 3/1/2010