

2010 Brighton Chamber Employer Group MVP Benefit Comparison

Services	MVP TriVantage EPO T03S			MVP Preferred EPO	MVP Preferred EPO
	Active Lifestyles - T03SA	Family Focus - T03SB	Healthy Alternatives - T03SC	E0041S	E0050S
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
Co-Insurance	N/A	N/A	N/A	N/A	N/A
Referrals	Not Required	Not Required	Not Required	Not Required	Not Required
PCP Office Visit	\$15 Copay	\$20 Adults/\$5 Children	\$25 Copay	\$20 Copay	\$25 Copay
Specialist Visit	\$40 Copay	\$40 Copay	\$40 Copay	\$20 Copay	\$40 Copay
Routine Eye Exams	\$15 Adults/\$20 Children	\$20 Adults/\$5 Children	\$20 Copay	\$20 Copay	\$40 Copay
Eyewear	80% Lens Coverage (\$160 Max)	80% Lens Coverage (\$160 Max)	80% Lens Coverage (\$160 Max)	80% Lens Coverage (\$160 Max)	Not Covered
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	\$50 Copay	\$75 Copay	\$75 Copay	\$50 Copay	\$100 Copay
Outpatient Mental Health	\$40 Copay (20 visits)	\$40 Copay (20 visits)	\$40 Copay (20 visits)	\$20 Copay (20 Visits)	\$40 Copay (20 visits)
Inpatient Mental Health 30 Day Annual Max	\$300 Copay	\$300 Copay (\$0 Children)	\$300 Copay	\$250 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	Tier 1/\$10 Tier 2/\$30 Tier 3/\$50	\$10 Generics Only
Mail Order: 2.5 times copay for 90 Day Supply	\$1000 Annual Max/Per Member	\$1000 Annual Max/Per Member	\$1000 Annual Max/Per Member		
Dependent Coverage	To Age 26	To Age 26	To Age 26	To Age 26	To Age 23
Extra Benefits	\$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
Single	\$351.98	\$351.98	\$351.98	\$453.38	\$318.82
Family of 2	\$703.96	\$703.96	\$703.96	\$870.76	\$637.64
Subscriber and Children	\$953.14	\$953.14	\$953.14	\$1,174.44	\$856.24
Family	\$953.14	\$953.14	\$953.14	\$1,174.44	\$856.24

*Services subject to deductible and co-insurance.