

2010 MVP Benefit Comparison for GRAR Members

	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
Coinsurance	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 Mail Order: 2.5 copays for 90 day supply	Tier 1/\$10* Tier 2/\$30* Tier 3/\$50* *Subject to Deductible	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 19 (Students to 25)	To Age 23	To Age 23
Extra Benefits www.mvphealthcare.com	\$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
<u>Employer Group</u>			
Single	\$243.58	\$400.68	\$358.05
Family of 2	\$478.15	\$792.37	\$707.11
Family	\$640.06	\$1,055.44	\$943.30
<u>Sole Proprietor</u>			
Single	\$278.76	\$459.43	\$410.40
Family of 2	\$548.52	\$909.87	\$811.82
Family	\$734.72	\$1,212.40	\$1,083.44