



## 2012 MVP Health Care Quarterly Insurance Rates

### SOLE PROPRIETOR

MVP HEALTH CARE PLAN OPTIONS	Single	Sponsor (2 people)	Family (3+)
<b><u>Preferred EPO \$25/\$40 (E0050S)</u></b> \$25/\$40 Copays, \$500 Inpatient Hospital, \$100 Emergency Room, \$25 Eye Exam, Rx: \$10 Generics Only	\$1,534.11	\$3,068.22	\$3,988.74
<b><u>Preferred EPO \$30 (E0046S)</u></b> \$30 Copays, \$500 Inpatient Hospital, \$100 Emergency Room, Vision/Eyewear Coverage, Rx: \$10/\$30/\$50, \$2,500 Max/50%	\$1,804.80	\$3,609.60	\$4,692.51
<b><u>TriVantage EPO (T03)</u></b> You Choose the Lifestyle That Best Fits Your Needs, \$300 Inpatient Hospital, Vision/Eyewear Coverage, Rx: \$10/\$30/\$50, \$1,000 Max/50%	\$1,797.42	\$3,594.93	\$4,673.40
<b><u>Preferred EPO \$30 Hybrid (E0016S)</u></b> \$30 Copays, Vision/Eyewear Coverage, Rx: \$10/\$30/\$50, \$1,000 Max/50%, *Deductible: \$1,000 S/\$2,000 SP/\$2,500 F, 20% Coinsurance	\$1,482.30	\$2,964.69	\$3,854.04
<b><u>Preferred EPO \$30/\$50 Hybrid (EC0034S)</u></b> \$30/\$50 Copays, Vision/Eyewear Coverage, Rx: \$10/\$30/\$50, \$1,000 Max/50%, *Deductible: \$1,000 S/\$2,000 SP/\$2,500 F, 20% Coinsurance	\$1,404.72	\$2,809.50	\$3,652.32
<b><u>Preferred EPO \$40 Hybrid (EC0022S)</u></b> \$40 Copays, Vision/Eyewear Coverage, Rx: \$10 Generics Only, *Deductible: \$1,000 S/\$2,000 SP/\$2,500 F, 20% Coinsurance	\$1,189.95	\$2,379.87	\$3,093.87
<b><u>Preferred High Deductible EPO With HSA (NEHD07S)</u></b> Deductible: \$1,500 S/\$3,000 F, \$0 Coinsurance, Rx: \$10/\$30/\$50 after the deductible, Out of Pocket Max: \$2,500 S/\$5,000 F	\$1,178.82	\$2,357.67	\$3,064.98
<b><u>Preferred High Deductible EPO With HSA (NEHD06S)</u></b> Deductible: \$2,500 S/\$5,000 F, 20% Coinsurance, Rx: 20%/40% after the deductible, Out of Pocket Max: \$5,000 S/\$10,000 F	\$841.32	\$1,682.64	\$2,187.45
<b><u>Preferred High Deductible EPO With HSA (NECHD32S)</u></b> Deductible: \$2,500 S/\$5,000 F, After deductible: \$30/\$50 Copays, \$500 Inpatient Hospital, \$150 Emergency Room, Vision/Eyewear Coverage, Rx: \$5/\$35/\$70, Out of Pocket Max: \$5,000 S/\$10,000 F	\$956.10	\$1,912.20	\$2,485.86

\*Not all benefits are subject to the deductible.

**All premiums are quarterly. Coverage begins on the 1<sup>st</sup> of any month. Paperwork and payment must be received by the 15<sup>th</sup> of the month prior to the coverage effective date. For additional information, please contact Nina Shelton at (585) 256-4644 or email [Nina.Shelton@RBAAlliance.com](mailto:Nina.Shelton@RBAAlliance.com)**