



2012 MVP Health Care Quarterly Insurance Rates

EMPLOYER GROUP (BUSINESS MUST HAVE 2 OR MORE EMPLOYEES)

MVP HEALTH CARE PLAN OPTIONS	Single	Sponsor (2 people)	Family (3+)
Preferred EPO \$25/\$40 (E0050S) \$25/\$40 Copays, \$500 Inpatient Hospital, \$100 Emergency Room, \$25 Eye Exam, Rx: \$10 Generics Only	\$1,334.01	\$2,668.02	\$3,468.45
Preferred EPO \$30 (E0046S) \$30 Copays, \$500 Inpatient Hospital, \$100 Emergency Room, Vision/Eyewear Coverage, Rx: \$10/\$30/\$50, \$2,500 Max/50%	\$1,569.39	\$3,138.78	\$4,080.42
TriVantage EPO (T03) You Choose the Lifestyle That Best Fits Your Needs, \$300 Inpatient Hospital, Vision/Eyewear Coverage, Rx: \$10/\$30/\$50, \$1,000 Max/50%	\$1,563.00	\$3,126.00	\$4,063.80
Preferred EPO \$30 Hybrid (E0016S) \$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	\$1,288.98	\$2,577.96	\$3,351.33
Preferred EPO \$30/\$50 Hybrid (EC0034S) \$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	\$1,221.51	\$2,443.02	\$3,175.92
Preferred EPO \$40 Hybrid (EC0022S) \$40 Copays, Vision/Eyewear Coverage, Rx: \$10 Generics Only, *Deductible: \$1,000 S/\$2,000 SP/\$2,500 F, 20% Coinsurance	\$1,034.73	\$2,069.46	\$2,690.31
Preferred High Deductible EPO With HSA (NEHD07S) 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	\$1,025.07	\$2,050.14	\$2,665.20
Preferred High Deductible EPO With HSA (NEHD06S) 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	\$731.58	\$1,463.16	\$1,902.12
Preferred High Deductible EPO With HSA (NECHD32S) 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	\$831.39	\$1,662.78	\$2,161.62

*Not all benefits are subject to the deductible.

All premiums are quarterly. Coverage begins on the 1st of any month. Paperwork and payment must be received by the 15th 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