

Rochester Business Alliance 2012 Comparison of MVP Health Care Plans

	Trivantage EPO T03S										
	E0016S	E0046S	E0050S	EC0034S	EC0022S	NEHD06S	NEHD07S	NECHD 32S	Active Lifestyles	Family Focus	Healthy Alternatives
	Product ID #E3000ADQ	Product ID #E3000AC0	Product ID #E2540AFD	Product ID #E3050ALT	Product ID #E4000AGB	Product ID #E000897S/F	Product ID #E000898S/F	Plan will be added 1/1/2012	Product ID #E1540AA9	Product ID #E2040AA9	Product ID #E2540AJH
Annual Deductible											
Single	\$1,000	\$0	\$0	\$1,000	\$1,000	\$2,500	\$1,500	\$2,500	\$0	\$0	\$0
Two Person	\$2,000	\$0	\$0	\$2,000	\$2,000	\$5,000	\$3,000	\$5,000	\$0	\$0	\$0
Family	\$2,500	\$0	\$0	\$2,500	\$2,500	\$5,000	\$3,000	\$5,000	\$0	\$0	\$0
Annual Out of Pocket Maximum											
Single	\$3,000	\$0	\$0	\$3,000	\$3,000	\$5,000	\$2,500	\$5,000	\$0	\$0	\$0
Two Person	\$6,000	\$0	\$0	\$6,000	\$6,000	\$10,000	\$5,000	\$10,000	\$0	\$0	\$0
Family	\$7,500	\$0	\$0	\$7,500	\$7,500	\$10,000	\$5,000	\$10,000	\$0	\$0	\$0
Physician Services											
Primary Care Physician Office Visit for Adults	\$30	\$30	\$25	\$30	\$40	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	\$30 per visit after deductible has been met	>19 yr \$15 0-4 yr \$15; 5-18 \$15	>19 yr \$20 0-4 yr \$0; 5-18 \$5	>19 yr \$25 0-4 yr \$25; 5-18 \$25
Specialist Office Visit	\$30	\$30	\$40	\$50	\$40	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	\$50 per visit after deductible has been met	\$40	\$40	\$40
Preventive Care Services											
Well-Child Visits (through age 18)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Routine GYN exam (one every six months)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Periodic Physical Exams (age 19 and up)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Periodic Mammogram Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Emergency and Urgent Care Services											
Ambulance Services (copay waived if admitted to hospital; not waived for observation stay)	MVP covers at 80% of allowable charges, after deductible	\$150	\$100	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	\$150 per trip after deductible has been met	\$40	\$40	\$40
Emergency Room (copay waived if admitted to hospital; not waived for observation stay)	\$200	\$100	\$100	\$200	\$200	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	\$150 copayment after deductible has been met	\$50	\$75	\$75
Outpatient Hospital and Skilled Nursing Services											
Outpatient Procedures in Facility (per procedure)	MVP covers at 80% of allowable charges, after deductible	\$150	\$150	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	\$200 copayment after deductible has been met	\$100	\$100	\$100
Skilled Nursing Facility (60 days/mbr/yr)	MVP covers at 80% of allowable charges, after deductible	\$0	\$0	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	\$50 copayment after deductible has been met	\$300	\$300	\$300
Inpatient Hospital											
Hospital Admission	MVP covers at 80% of allowable charges, after deductible	\$500	\$500	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	\$500 copayment after deductible has been met	\$300	>19 yr \$300 0-18 yr \$0	\$300
Maternity & Family Planning Services											
Prenatal and postnatal care in the doctor's office (per pregnancy/1st diagnostic visit only)	\$30 (first diagnostic visit only)	\$30 (first diagnostic visit only)	\$25 (first diagnostic visit only)	\$30 (1st diagnostic visit only)	\$40 (1st diagnostic visit only)	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	\$30 Copay After Deductible has been met	\$200	\$0	\$200
Maternity Radiology & Tests (e.g., ultrasound & Amniocentesis)	Subject to Office or Outpatient Hospital/Facility Member Payment	Subject to office or outpatient hospital/facility member payment as applicable	Subject to office or outpatient hospital/facility member payment as applicable	Subject to Outpatient Hospital/Facility, Diagnostic Services Member Payment, as applicable. Office Setting - only subject to Office Visit Copay - no additional copay.	Subject to Outpatient Hospital/Facility, Diagnostic Services Member Payment, as applicable. Office Setting - only subject to Office Visit Copay - no additional copay.	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	Subject to office or outpatient hospital/facility member payment as applicable	\$40	\$0	\$40
Hospital Delivery and Newborn Nurse (per delivery)	MVP covers at 80% of allowable charges, after deductible	\$500	\$500	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	\$500 copayment after deductible has been met	\$500	\$0	\$500
Mental Health											
Inpatient - up to 30 days per calendar year, including physician services	MVP covers at 80% of allowable charges, after deductible	\$500	\$500	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	\$500 copayment after deductible has been met	\$300	>19 yr \$300 0-18 yr \$0	\$300
Outpatient - Up to 20 visits per calendar year	\$30 copay if part of office visit/specialist visit; Subject to deductible and coinsurance if received in outpatient hospital facility	\$30	\$40	\$30	\$40	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	\$50 copayment per visit after deductible has been met	\$40	\$40	\$40
Chemical Abuse											
Inpatient Detoxification (7 days per calendar year)	MVP covers at 80% of allowable charges, after deductible	\$500	\$500	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	\$500 copayment after deductible has been met	\$300	>19 yr \$300 0-18 yr \$0	\$300
Outpatient (up to 60 visits per calendar year)	\$30 copay if part of office visit/specialist visit; Subject to deductible and coinsurance if received in hospital facility	\$30	\$25	\$50	\$40	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	\$50 copayment per visit after deductible has been met	\$25	\$25	\$25

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Additional Services											
Chiropractic Care	\$30	\$30	\$40	\$50	\$40	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	\$50 copayment per visit after deductible has been met	\$15	\$20	\$25
Physical, Occupational, and Speech Therapy (30 visit combined benefit)	\$30 copay if part of office visit; Subject to deductible and coinsurance if received in outpatient hospital facility	\$30	\$40	\$50 copay if part of office visit. Subject to deductible and coinsurance if received in outpatient hospital facility	\$40 copay if part of office/specialist visit; Subject to deductible and coinsurance if received in hospital outpatient facility	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	\$50 copayment per visit after deductible has been met	\$40	\$40	\$40
Chemotherapy and Radiation Therapy	\$30 copay if part of office visit; Subject to deductible and coinsurance if received in outpatient hospital facility	\$30	\$25	\$30 copay if part of office visit/Subject to deductible and coinsurance if received in hospital facility	\$40 copay if part of office/specialist visit; Subject to deductible and coinsurance if received in hospital facility	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	\$50 copayment per visit after deductible has been met	\$25	\$25	\$25
Dialysis	MVP covers at 80% of allowable charges, after deductible	\$30	\$25	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges after deductible	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	\$50 copayment per visit after deductible has been met	\$0	\$0	\$0
Laboratory Services	\$0	\$0	\$0	\$0	\$0	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	\$0	\$0	\$0
Diagnostic x-ray services (per procedure)	\$30 copay if part of office visit; Subject to deductible and coinsurance if received in outpatient hospital facility	\$30	\$40	\$30 copay if part of office visit/\$50 copay if part of a specialist visit; Subject to deductible and coinsurance if received in outpatient hospital facility	\$40 copay if part of office/specialist visit; Subject to deductible and coinsurance if received in outpatient hospital facility	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	\$50 copayment per visit after deductible has been met	\$40	\$40	\$40
Home health care (per day) (up to 60 visits per calendar year)	MVP covers at 80% of allowable charges (Not subject to the Deductible)	\$30	\$25	Subject to 20% coinsurance only	Subject to 20% coinsurance only	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible	\$50 copayment per visit after deductible has been met	\$25	\$25	\$25
Routine Eye and Hearing Services											
Eye exam for glasses or contacts	1 routine eye exam every 2 calendar years	1 routine eye exam every 2 calendar years	1 routine eye exam/calendar year	1 routine eye exam every 2 calendar years	1 routine eye exam every 2 calendar years	Not Covered	Not Covered	\$50 copayment per visit after deductible has been met	1 Exam/Calendar Year Adults: \$15 Children 0-18: \$20	1 Exam/Calendar Year Adults: \$20 Children 0-18: \$5	1 Exam/Calendar Year Adults: \$25 Children 0-18: \$20
Vision wear (Members are eligible for a 20% discount from some providers. See www.mvphealthcare.com for a list.)	Covered at 80% up to Maximum of \$160 every 2 calendar years	Covered at 80% up to Maximum of \$160 every 2 calendar years	20% discount from various providers	Maximum of \$100 allowance per member every 2 calendar years after the deductible	Maximum of \$100 allowance per member every 2 calendar years after the deductible	20% discount from various providers	20% discount from various providers	\$100 Allowance If Deductible has NOT been met, allowance is applied to Deductible If Deductible has been met, allowance is reimbursed to member Claim form must be submitted w/receipt	Covered at 80% up to Maximum of \$160 every 2 calendar years	Covered at 80% up to Maximum of \$160 every 2 calendar years	Covered at 80% up to Maximum of \$160 every 2 calendar years
Prescription Coverage											
Under the Generic MAC program, if there is an A-rated generic drug, you have the option of choosing the brand name drug but will be responsible for the difference in cost between the generic and the brand name drug plus your copayment.	\$10/\$30/\$50 \$1000 Annual Maximum then 50% Coinsurance	\$10/\$30/\$50 \$2500 Annual Maximum then 50% Coinsurance	\$10 Generic prescription only	\$10/\$30/\$50 \$1000 Annual Maximum then 50% Coinsurance	\$10 Generic prescription only	After Deductible Is Met: 20% Formulary 40% Non-formulary	After Deductible Is Met: \$10/\$30/\$50	After Deductible Is Met: \$5/\$35/\$70	\$10/\$30/\$50 \$1000 Annual Maximum then 50% Coinsurance	\$10/\$30/\$50 \$1000 Annual Maximum then 50% Coinsurance	\$10/\$30/\$50 \$1000 Annual Maximum then 50% Coinsurance
Not Covered: Non-standard/unevaluated medications and cosmetic											
Durable Medical Equipment											
Durable Medical Equipment/External Prosthetic Devices/Ostomy Supplies	50% of Cost	50% of Cost	50% of Cost	50% of Cost	50% of Cost	MVP covers at 80% of allowable charges, after deductible	MVP covers at 100% of allowable charges, after deductible.	MVP covers at 50% of allowable charges, after deductible.	50% of Cost	50% of Cost	50% of Cost
Health and Wellness Program											
Health and Wellness Program	WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Personal Health Assessment, participating in lifestyle coaching, on classes and working with your physician to report your biometric data! Register today at mvphealthcare.com.	WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Personal Health Assessment, participating in lifestyle coaching, on classes and working with your physician to report your biometric data! Register today at mvphealthcare.com.	WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Personal Health Assessment, participating in lifestyle coaching, on classes and working with your physician to report your biometric data! Register today at mvphealthcare.com.	WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Personal Health Assessment, participating in lifestyle coaching, on classes and working with your physician to report your biometric data! Register today at mvphealthcare.com.	WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Personal Health Assessment, participating in lifestyle coaching, on classes and working with your physician to report your biometric data! Register today at mvphealthcare.com.	WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Personal Health Assessment, participating in lifestyle coaching, on classes and working with your physician to report your biometric data! Register today at mvphealthcare.com.	WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Personal Health Assessment, participating in lifestyle coaching, on classes and working with your physician to report your biometric data! Register today at mvphealthcare.com.	WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Personal Health Assessment, participating in lifestyle coaching, on classes and working with your physician to report your biometric data! Register today at mvphealthcare.com.	WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Personal Health Assessment, participating in lifestyle coaching, on classes and working with your physician to report your biometric data! Register today at mvphealthcare.com.	WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Personal Health Assessment, participating in lifestyle coaching, on classes and working with your physician to report your biometric data! Register today at mvphealthcare.com.	WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Personal Health Assessment, participating in lifestyle coaching, on classes and working with your physician to report your biometric data! Register today at mvphealthcare.com.
Dependent Coverage											
TriVantage EPO has up to \$300 Lifestyle Credits (per contract) each calendar year for fun and fitness. Depending on if you choose Active Lifestyle, Family Focus or Healthy Alternative you will be able to get reimbursed up to \$300 for activities or alternative therapies or, new for 2010 for a Healthy Weight Management program. See the details for the plan you choose to determine what you can use your Lifestyle Credits for. You'll need to submit an original, paid receipt for any qualifying activity along with a completed TriVantage EPO Lifestyle Credits reimbursement Form which can be found on the website at www.mvphealthcare.com.	Dependent to 26	Dependent to 26	Dependent to 26	Dependent to 26	Dependent to 26	Dependent to 26	Dependent to 26	Dependent to 26	Dependent to 26	Dependent to 26	Dependent to 26
	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Lifestyle credit reimbursement of up to \$300 per contact towards physical activities and fitness classes.	Lifestyle credit reimbursement of up to \$300 per contact towards fun and fitness such as swimming lessons and youth sports.	Lifestyle credit reimbursement of up to \$300 per contact towards chiropractic, acupuncture, and massage therapy.

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<small>Worldwide coverage for emergency care. For out-of-area pre-approved or emergency services, call CIGNA HealthCare at 1.800.CIGNA24 (1.800.244.6224) for provider recommendation. . This summary is intended to provide a general outline of MVP coverage. In the event of any conflict between this document and the member Certificate of Coverage Schedule and any applicable riders(s), your Certificate of Coverage, Schedule and riders will be controlling.</small>											

