



## Geneva Chamber of Commerce 2010 Comparison of MVP Health Care Plans FOR EMPLOYER GROUPS

	Price per month	Price per month	Price per month	Price per month	Price per month	Price per month	Price per month	Price per month
	COC-25/40	COC-25	E0016S	E0034S	E0041S	E0046S	E0050S	NEHD07S
	Product ID # H2540553	Product ID # H2500952	Product ID # E3000168	Product ID # E3050452	Product ID # E2000880	Product ID # E3000167	Product ID # E2540588	Product ID # E000252 S/F
<b>Annual Deductible</b>								
Single	\$0	\$0	\$1,000	\$1,000	\$0	\$0	\$0	\$1,500
Two Person	\$0	\$0	\$2,000	\$2,000	\$0	\$0	\$0	\$3,000
Family	\$0	\$0	\$2,500	\$2,500	\$0	\$0	\$0	\$3,000
<b>Annual Out of Pocket Maximum</b>								
Single	\$0	\$0	\$3,000	\$3,000	\$0	\$0	\$0	\$2,500
Two Person	\$0	\$0	\$6,000	\$6,000	\$0	\$0	\$0	\$5,000
Family	\$0	\$0	\$7,500	\$7,500	\$0	\$0	\$0	\$5,000
<b>Physician Services</b>								
Primary Care Physician Office Visit for Adults	\$25	\$25	\$30	\$30	\$20	\$30	\$25	MVP covers at 100% of allowable charges, after deductible
Specialist Office Visit	\$40	\$25	\$30	\$50	\$20	\$30	\$40	MVP covers at 100% of allowable charges, after deductible
<b>Preventive Care Services</b>								
Well-Child Visits (through age 18)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Routine GYN exam (one every six months)	\$25	\$25	\$0	\$0	\$0	\$0	\$0	\$0
Periodic Physical Exams (age 19 and up)	\$25	\$25	\$0	\$0	\$0	\$0	\$0	\$0
Periodic Mammogram Screenings	\$25	\$25	\$0	\$0	\$0	\$0	\$0	\$0
<b>Emergency and Urgent Care Services</b>								
Ambulance Services (copay waived if admitted to hospital; not waived for observation stay)	\$100	\$100	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	\$0	\$150	\$100	MVP covers at 100% of allowable charges, after deductible
Emergency Room (copay waived if admitted to hospital; not waived for observation stay)	\$100	\$50	\$200	\$200	\$50	\$100	\$100	MVP covers at 100% of allowable charges, after deductible
<b>Outpatient Hospital and Skilled Nursing Services</b>								
Outpatient Procedures in Facility (per procedure)	\$75	\$75	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	\$75	\$150	\$150	MVP covers at 100% of allowable charges, after deductible
Skilled Nursing Facility (60 days/mbr/yr)	\$0	\$0	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	\$0	\$0	\$0	MVP covers at 100% of allowable charges, after deductible
<b>Inpatient Hospital</b>								
Hospital Admission	\$500	\$500	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	\$250	\$500	\$500	MVP covers at 100% of allowable charges, after deductible
<b>Maternity &amp; Family Planning Services</b>								
Prenatal and postnatal care in the doctor's office (per pregnancy/1st diagnostic visit only)	\$25	\$25	\$30	\$25	\$20	\$30	\$25	MVP covers at 100% of allowable charges, after deductible
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	Subject to Office or Outpatient Hospital/Facility Member Payment	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 office or outpatient hospital/facility member payment as applicable	MVP covers at 100% of allowable charges, after deductible
Hospital Delivery and Newborn Nursey (per delivery)	\$500 Admission/\$200 Delivery	\$500	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	\$250	\$500	\$500	MVP covers at 100% of allowable charges, after deductible
<b>Mental Health</b>								
Inpatient - up to 30 days per calendar year, including physician services	\$500	\$500	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	\$250	\$500	\$500	MVP covers at 100% of allowable charges, after deductible
Outpatient - Up 20 visits per calendar year	\$40	\$25	\$30 copay if part of office visit/specialist visit; Subject to deductible and coinsurance if received in hospital facility	\$30 copay if part of office visit/\$50 copay if part of a specialist visit; Subject to deductible and coinsurance if received in hospital facility	\$20	\$30	\$40	MVP covers at 100% of allowable charges, after deductible
<b>Chemical Abuse</b>								
Inpatient Detoxification (7 days per calendar year)	\$500	\$500	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	\$250	\$500	\$500	MVP covers at 100% of allowable charges, after deductible

Outpatient (up to 60 visits per calendar year)	\$40	\$25	\$30 copay if part of office visit/specialist visit; Subject to deductible and coinsurance if received in hospital facility	\$30 copay if part of office visit/\$50 copay if part of a specialist visit; Subject to deductible and coinsurance if received in hospital facility	\$20	\$30	\$25	MVP covers at 100% of allowable charges, after deductible
<b>Additional Services</b>								
Chiropractic Care	\$40	\$25	\$30	\$50	\$20	\$30	\$40	MVP covers at 100% of allowable charges, after deductible
Physical, Occupational, and Speech Therapy (30 visit combined benefit)	\$40	\$25	\$30 copay if part of office visit; Subject to deductible and coinsurance if received in hospital facility	\$30 copay if part of office visit/\$50 copay if part of a specialist visit; Subject to deductible and coinsurance if received in hospital facility	\$20	\$30	\$40	MVP covers at 100% of allowable charges, after deductible
Chemotherapy and Radiation Therapy	\$25	\$25	\$30 copay if part of office visit; Subject to deductible and coinsurance if received in hospital facility	\$30 copay if part of office visit/\$50 copay if part of a specialist visit; Subject to deductible and coinsurance if received in hospital facility	\$20	\$30	\$25	MVP covers at 100% of allowable charges, after deductible
Dialysis	\$25	\$25	MVP covers at 80% of allowable charges, after deductible	MVP covers at 80% of allowable charges, after deductible	\$20	\$30	\$25	MVP covers at 100% of allowable charges, after deductible
Laboratory Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	MVP covers at 100% of allowable charges, after deductible
Diagnostic x-ray services (per procedure)	\$40	\$25	\$30 copay if part of office visit; Subject to deductible and coinsurance if received in hospital facility	\$30 copay if part of office visit/\$50 copay if part of a specialist visit; Subject to deductible and coinsurance if received in hospital facility	\$20	\$30	\$40	MVP covers at 100% of allowable charges, after deductible
Home health care (per day) (up to 60 visits per calendar year)	\$25	\$25	MVP covers at 80% of allowable charges (Not subject to the Deductible)	MVP covers at 80% of allowable charges (Not subject to the Deductible)	\$20	\$30	\$25	MVP covers at 100% of allowable charges, after deductible
	<b>COC-25/40</b>	<b>COC-25</b>	<b>E0016S</b>	<b>E0034S</b>	<b>E0041S</b>	<b>E0046S</b>	<b>E0050S</b>	<b>NEHD07S</b>
	<b>Product ID # H2540553</b>	<b>Product ID # H2500952</b>	<b>Product ID # E3000168</b>	<b>Product ID # E3050452</b>	<b>Product ID# E2000880</b>	<b>Product ID # E3000167</b>	<b>Product ID # E2540588</b>	<b>Product ID # E000252 S/F</b>
<b>Routine Eye and Hearing Services</b>								
Eye exam for glasses or contacts	\$40 1 routine eye exam every 2 calendar years	\$25 1 routine eye exam every 2 calendar years	1 routine eye exam every 2 calendar years	1 routine eye exam every 2 calendar years	1 routine eye exam every 2 calendar years	1 routine eye exam every 2 calendar years	1 routine eye exam/ calendar year	Not Covered
Vision wear (Members are eligible for a 20% discount from some providers. See www.mvphealthcare.com for a list.)	\$60 credit plus a 20% discount at participating providers	\$60 credit plus a 20% discount at participating providers	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	Covered at 80% up to Maximum of \$160 every 2 calendar years	20% discount from various providers	Not Covered
<b>Prescription Coverage</b>								
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.  Not Covered: Non-standard/unevaluated medications and cosmetic drugs	\$10/30/50 \$2000 Max Mail Order: 2 1/2 times the retail copay through Medco	\$10/30/50 after \$100 deductible/member/ calendar year	\$10/30/50 \$1000 Max Mail Order: 2 1/2 times the retail copay through Medco	\$10/30/50 \$1000 Max/Member/Yr Mail Order: 2 1/2 times the retail copay through Medco	\$10/30/50 unlimited Mail Order: 2 1/2 times the retail copay through Medco	\$10/30/50 unlimited Mail Order: 2 1/2 times the retail copay through Medco	\$10 Generic prescription only	After Deductible Is Met: \$10/30/50
<b>Durable Medical Equipment</b>								
Durable Medical Equipment/External Prosthetic Devices/Ostomy Supplies	50% of Cost; \$25,000 Lifetime Max	50% of Cost; \$25,000 Lifetime Max	50% of Cost; \$25,000 Lifetime Max	50% of Cost; \$25,000 Lifetime Max	50% of Cost; \$25,000 Lifetime Max	50% of Cost; \$25,000 Lifetime Max	50% of Cost; \$25,000 Lifetime Max	MVP covers at 100% of allowable charges, after deductible. \$25,000 Lifetime Max
<b>Preventive Dental Care for Kids</b>								
Periodic Exams and X-rays to age 19 (if you have dental coverage then you must use your plan as primary)	\$25	\$25	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Health and Wellness Program</b>								
<b>Health and Wellness Program</b>	<ul style="list-style-type: none"> <li>•Personal Health Manager (powered by WebMD)</li> <li>•After Hours (24 x 7) Nurseline</li> <li>• National Discounts Chiropractor, Massage, Acupuncture, Registered Dieticians, Fitness Centers (free 1 week trail membership), online Store with free shipping</li> </ul>	<ul style="list-style-type: none"> <li>•Personal Health Manager (powered by WebMD)</li> <li>•After Hours (24 x 7) Nurseline</li> <li>• National Discounts Chiropractor, Massage, Acupuncture, Registered Dieticians, Fitness Centers (free 1 week trail membership), online Store with free shipping</li> </ul>	WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Health Risk Assessment, participating in coaching, filing out an on-line smoke-free attestation, and much more!	WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Health Risk Assessment, participating in coaching, filing out an on-line smoke-free attestation, and much more! Register today at mvphealthcare.com.	WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Health Risk Assessment, participating in coaching, filing out an on-line smoke-free attestation, and much more! Register today at mvphealthcare.com.	WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Health Risk Assessment, participating in coaching, filing out an on-line smoke-free attestation, and much more! Register today at mvphealthcare.com.	WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Health Risk Assessment, participating in coaching, filing out an on-line smoke-free attestation, and much more! Register today at mvphealthcare.com.	WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Health Risk Assessment, participating in coaching, filing out an on-line smoke-free attestation, and much more! Register today at mvphealthcare.com.

Dependent/Student Coverage								
Dependent/Student Coverage	Dependent to 23	Dependent to 23	Dependent to 26	Dependent to 23	Dependent to 26	Dependent to 26	Dependent to 23	Dependent to 19/ Student to 25
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 <a href="http://www.mvohhealthcare.com">www.mvohhealthcare.com</a>	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible
# 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.								
<b><i>This comparison is not a contract. It is intended to highlight coverage of each program. Benefits are determined by the terms of the contract.</i></b>								



Outpatient (up to 60 visits per calendar year)	\$20	\$20	\$20	\$25	\$25	\$25
<b>Additional Services</b>						
Chiropractic Care	\$10	\$15	\$20	\$15	\$20	\$25
Physical, Occupational, and Speech Therapy (30 visit combined benefit)	\$20	\$20	\$20	\$40	\$40	\$40
Chemotherapy and Radiation Therapy	\$20	\$20	\$20	\$25	\$25	\$25
Dialysis	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Services	\$0	\$0	\$0	\$0	\$0	\$0
Diagnostic x-ray services (per procedure)	\$20	\$20	\$20	\$40	\$40	\$40
Home health care (per day) (up to 60 visits per calendar year)	\$20	\$20	\$20	\$25	\$25	\$25
	<b>Active Lifestyles</b>	<b>Family Focus</b>	<b>Healthy Alternatives</b>	<b>Active Lifestyles</b>	<b>Family Focus</b>	<b>Healthy Alternatives</b>
	<b>Product ID # E1020193</b>	<b>Product ID # E1520192</b>	<b>Product ID # E2000881</b>	<b>Product ID # E1540132</b>	<b>Product ID # E2040132</b>	<b>Product ID # E2540695</b>
<b>Routine Eye and Hearing Services</b>						
Eye exam for glasses or contacts	1 Exam/Calendar Year Adults: \$10 Children 0-18: \$20	1 Exam/Calendar Year Adults: \$20 Children 0-18: \$5	1 Exam/Calendar Year Adults: \$20 Children 0-18: \$20	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	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	Covered at 80% up to Maximum of \$160 every 2 calendar years
<b>Prescription Coverage</b>						
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.  Not Covered: Non-standard/unevaluated medications and cosmetic drugs	\$10/30/50 unlimited Mail Order: 2 1/2 times the retail copay through Medco	\$10/30/50 unlimited Mail Order: 2 1/2 times the retail copay through Medco	\$10/30/50 unlimited Mail Order: 2 1/2 times the retail copay through Medco	\$10/30/50 \$1000 Max/Member/Yr Mail Order: 2 1/2 times the retail copay through Medco	\$10/30/50 \$1000 Max/Member/Yr Mail Order: 2 1/2 times the retail copay through Medco	\$10/30/50 \$1000 Max/Member/Yr Mail Order: 2 1/2 times the retail copay through Medco
<b>Durable Medical Equipment</b>						
Durable Medical Equipment/External Prosthetic Devices/Ostomy Supplies	50% of Cost; \$25,000 Lifetime Max	50% of Cost; \$25,000 Lifetime Max	50% of Cost; \$25,000 Lifetime Max	50% of Cost; \$25,000 Lifetime Max	50% of Cost; \$25,000 Lifetime Max	50% of Cost; \$25,000 Lifetime Max
<b>Preventive Dental Care for Kids</b>						
Periodic Exams and X-rays to age 19 (if you have dental coverage then you must use your plan as primary)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Health and Wellness Program</b>						
<b>Health and Wellness Program</b>	Lifestyle credit reimbursement of up to \$300 per contact towards physical activities and fitness classes.  WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Health Risk Assessment, participating in coaching, filing out an on-line smoke-free attestation, and much more! Register today at mvphealthcare.com.	Lifestyle credit reimbursement of up to \$300 per contact towards fun and fitness such as swimming lessons and youth sports.  WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Health Risk Assessment, participating in coaching, filing out an on-line smoke-free attestation, and much more! Register today at mvphealthcare.com.	Lifestyle credit reimbursement of up to \$300 per contact towards chiropractic, acupuncture, and massage therapy.  WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Health Risk Assessment, participating in coaching, filing out an on-line smoke-free attestation, and much more! Register today at mvphealthcare.com.	Lifestyle credit reimbursement of up to \$300 per contact towards physical activities and fitness classes.  WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Health Risk Assessment, participating in coaching, filing out an on-line smoke-free attestation, and much more! Register today at mvphealthcare.com.	Lifestyle credit reimbursement of up to \$300 per contact towards fun and fitness such as swimming lessons and youth sports.  WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Health Risk Assessment, participating in coaching, filing out an on-line smoke-free attestation, and much more! Register today at mvphealthcare.com.	Lifestyle credit reimbursement of up to \$300 per contact towards chiropractic, acupuncture, and massage therapy.  WellStyle Rewards - You can earn \$300 per contract, per calendar year, for such things as completing or updating your Health Risk Assessment, participating in coaching, filing out an on-line smoke-free attestation, and much more! Register today at mvphealthcare.com.

Dependent/Student Coverage						
Dependent/Student Coverage	Dependent to 26	Dependent to 26	Dependent to 26	Dependent to 26	Dependent to 26	Dependent to 26
<p>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 <a href="http://www.mvohhealthcare.com">www.mvohhealthcare.com</a></p>	\$300 Lifestyle Credit	\$300 Lifestyle Credit	\$300 Lifestyle Credit	\$300 Lifestyle Credit	\$300 Lifestyle Credit	\$300 Lifestyle Credit
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