



MVP Preferred EPO \$30

Summary of Benefits

New York

\$1,000/\$2,500 Deductible
80%/20% Coinsurance Option

SERVICE CATEGORY ¹	COVERAGE INFORMATION ²
Annual Deductible per Contract Year	\$1,000 per Individual/\$2,500 per Family <i>Some services are subject to satisfaction of the annual deductible.</i>
Coinsurance	As Noted
Lifetime Maximum Benefit Payable	No Maximum
Annual Out-of-Pocket Maximum	\$3,000 per Individual/\$7,500 per Family per Contract Year
Hospital (Hospital Inpatient & Hospital Outpatient Surgery) Physician Inpatient Care (Medical/Surgical) Diagnostic X-ray and Other Imaging Services³ (Inpatient Setting) Ambulance Laboratory Services (Inpatient Setting) Skilled Nursing Facility (60 Days/Contract Year)	MVP covers at 80% of allowable charges, after deductible
Emergency Room (ER) Visit	\$200 Copay/Visit
Well-Child Care Services⁴ Laboratory Services (Outpatient Setting) Adult Physical (One Routine Physical/Contract Year) Screening Mammography, Pap Tests⁴	Covered in Full
Physician Office Visits Office Surgery Diagnostic X-ray and Other Imaging Services³ (Office Setting) Physical/Occupational/Speech Therapy (Office Setting) 30 Visits/Contract Year Chiropractic Benefit Urgent Care Center	\$30 Copay/Visit
High Tech Imaging Services³ (MRI, MRA, CT, etc.)	\$100 Copay/Procedure (Office Setting) MVP covers at 80% of allowable charges, after deductible (Outpatient Facility)
Maternity Physician Pre/Postnatal Care Office Visits ⁵ Inpatient Services (Facility/Physician) Initial Newborn Exam	Covered in Full MVP covers at 80% of allowable charges, after deductible Covered in Full
Mental Health^{6,7} Inpatient – 30 Days/Contract Year Outpatient {Up to 20 combined Visits per Contract Year} Office Visits	MVP covers at 80% of allowable charges, after deductible \$30 Copay/Office Visit
Substance Abuse⁷ Inpatient Detoxification – 7 Days/Contract Year Outpatient Rehabilitation Office Visits {Up to 60 combined Visits per Contract Year}	MVP covers at 80% of allowable charges, after deductible \$30 Copay/Office Visit
Durable Medical Equipment	50% Copay (Not Subject to Deductible)
Diabetic Supplies & Equipment (Items limited to a 31 day supply)	\$30 Copay/Item
Home Health Care (60 Visits/Contract Year)	MVP covers at 80% of allowable charges (Not Subject to Deductible)

¹Some services are subject to Notification or Prior Authorization requirements. See your Certificate of Coverage under *How This Policy Works* for details.

²A network provider must deliver all care. Copays are not applicable toward the deductible or out-of-pocket maximum.

³X-rays usually require two providers' services, one for taking the X-ray, the other for interpreting results. Payments for each may apply and are based on where the work was done.

⁴This represents a partial list of preventive services covered under this Plan. MVP will also cover all preventive services as required under the Patient Protection and Affordable Care Act of 2010 (PPACA). For a full listing of the PPACA preventive services, including any applicable limitations, please visit www.healthcare.gov.

⁵Primary Care Provider Office Visit Copay applies to the initial diagnostic visit only. Other services are covered as noted above.

⁶FOR SMALL GROUPS (2-50 employees): MVP offers an optional rider at additional cost that extends coverage for certain biologically based Mental Health conditions and for children with specific emotional disturbances. Please contact your Employer or the Member Services Department for additional information. To verify your group size, check with your Employer/Health Benefits Administrator or call 1-800-825-5687, option #2, and speak with an Account Representative.

⁷Mental Health and Substance Abuse day and visit limits apply only to small groups.

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Here's how it works

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- You can see any provider in-network with no referrals
- Access to our national network – more than 500,000 doctors, hospitals and specialists nationwide
- Comprehensive coverage – from preventive and sick care to emergency
- Great service for you and your family – the answers, expert guidance and personal support you need

Take advantage of our health management and wellness programs

Personalized Support *Condition Health and Case Management Programs*

If you are living with a physical or mental health concern, call **1-866-942-7966** for guidance and support. Working in partnership with your doctor, we can help you with:

- Asthma
- Cancer (Oncology)
- Chronic Obstructive Pulmonary Disorder (COPD)
- Depression
- Diabetes
- Dialysis
- Heart Events (heart attack or blockages)
- Heart Failure
- Low Back Pain

We also offer services to help members whose needs require different resources than those provided through our condition-specific programs.

- Acute Case Management for members who have complications or other serious health concerns
- Little Footprintssm for high-risk pregnancies
- Social work services that help connect members to community resources and services

Answers and Advice *24/7 Nurse Advice Line*

Expert advice on non-emergency questions is just a phone call away, even on weekends, when you call our *24/7 Nurse Advice Line* at **1-888-MVP-MBRS (1-888-687-6277)**.

Online Wellness Tools and Activities

This dynamic site features a Personal Health Assessment, which provides a customized health action plan to target your modifiable risk factors, as well as a variety of interactive tools, including meal planners and grocery lists, personalized cardio and resistance exercise routines, and online coaching classes that can be tailored to your unique interests and lifestyle goals.

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Geneva Chamber of Commerce EPO (E0016S)

Your employer has chosen the following rider(s) to modify the Plan under which you would be covered as an MVP member:

RX Coverage

Retail Copayments: \$10 Tier 1 / 100% Tier 2 & Tier 3

The Mail Order Copay is 2.5 times the retail Copay

The Specialty Copay is the same as the retail Copay

Annual Vision Coverage

When prescribed by a Participating Provider, MVP will reimburse members 80% of the cost of eyeglasses (single, bi-focal, or tri-focal lenses with frames) or contact lenses once every 2 calendar years up to a maximum of \$160.

Members may purchase covered eyewear from any optical provider. For reimbursement, members must submit the optical provider's original bill to MVP.

Exclusions: Prescription sunglasses; repair of eyeglasses or contact lenses, in whole or in part; and safety glasses required by employment or for sports.

Additional Coverage

Domestic Partner

You may cover your same sex or opposite sex domestic partner as your dependent providing:

- Both of you are age 18 or older
- unmarried and unrelated in a way that would bar marriage
- living together
- involved in a lifetime relationship
- financially interdependent
- in the partnership for one year, or for the period required by your employer, which ever is greater
- provide proof of residency and financial interdependence.

One-year waiting period, or the period required by your employer, whichever is greater, from the termination date of your previous partner's coverage before you may enroll a new domestic partner. Coverage of the subscriber's domestic partner will automatically terminate on the date the domestic partnership ends.

Prescription benefit changes for 2010 are pending regulatory approval.

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Geneva Chamber of Commerce 2012 Rates

E0016S (E3000ADQ)

Rider 500S \$10 Generic

Rider 526S 90 Day Retail

Rider 520S Contraceptives Drugs & Devices

Rider 309 Annual Vision Exam 1 Every 2 Years 80% Lens up to \$160

Rider 702A Domestic Partner Same/Opposite

Monthly Rates	Single	Double	Family
Employer Rate 2+	\$371.24	\$742.48	\$965.22
Sole Proprietor	\$426.92	\$853.86	\$1,110.01



MVP Preferred EPO \$40

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Lifetime Maximum Benefit Payable	No Maximum
Annual Out-of-Pocket Maximum	\$3,000 per Individual/\$7,500 per Family per Contract Year
Hospital (Hospital Inpatient & Hospital Outpatient Surgery) Physician Inpatient Care (Medical/Surgical) Diagnostic X-ray/Imaging Services³ (Inpatient & Outpatient Setting) Ambulance Laboratory Services³ (Inpatient Setting) Skilled Nursing Facility (60 Days/Contract Year)	MVP covers at 80% of allowable charges, after deductible
Emergency Room (ER) Visit	\$200 Copay/Visit
Preventive & Well Care Services⁴ Well Baby, Child Care & Immunizations Adult Physical (One Routine Physical/Contract Year) Mammography & Prostate Cancer Screening Annual Pap Test & Ob/Gyn Exam Immunizations for Adults Colonoscopy & Sigmoidoscopy Screening for Adults Bone Density Tests Laboratory Services³ (Outpatient Setting)	Covered in Full
Physician Office Visits Office Surgery Diagnostic X-ray/Imaging Services³ (Office Setting) Physical/Occupational/Speech Therapy Office Setting/30 Visits/Contract Year Chiropractic Benefit Urgent Care Center	\$40 Copay/Visit
Maternity Physician Pre/Postnatal Care Office Visits ⁵ Inpatient Services (facility/physician) Initial Newborn Exam	Covered in Full MVP covers at 80% of allowable charges, after deductible Covered in Full
Mental Health Inpatient – 30 Days/Contract Year Outpatient {Up to 20 combined Visits per Contract Year} Office Visits	MVP covers at 80% of allowable charges, after deductible \$40 Copay/Office Visit
Substance Abuse Inpatient Detoxification – 7 Days/Contract Year Outpatient Rehabilitation Office Visits {Up to 60 combined Visits per Contract Year}	MVP covers at 80% of allowable charges, after deductible \$40 Copay/Office Visit
Durable Medical Equipment	50% Copay (Not Subject to Deductible)
Diabetic Supplies & Equipment (Items limited to a 31 day supply)	\$40 Copay/Item (Not Subject to Deductible)
Home Health Care (60 Visits/Contract Year)	MVP covers at 80% of allowable charges (Not Subject to Deductible)
Routine Vision Exam (Contract limits apply)	\$40 Copay/Visit, once every two calendar years
Eyeglasses and Contact Lenses	\$100 allowance, once every two calendar years

¹Some services are subject to Notification or Prior Authorization requirements. See your Certificate of Coverage under "How This Policy Works" for details.

²A network provider must deliver all care. Copays are not applicable toward the deductible or out-of-pocket maximum.

³Many X-rays and laboratory tests require two providers' services, one for taking the X-ray or drawing the lab work, the other for interpreting/processing results. Payments for each may apply and are based on where the work was done.

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- Chronic Obstructive Pulmonary Disorder (COPD)
- Depression
- Diabetes
- Dialysis
- Heart Events (heart attack or blockages)
- Heart Failure
- Low Back Pain

We also offer services to help members whose needs require different resources than those provided through our condition-specific programs.

- Acute Case Management for members who have complications or other serious health concerns
- Little Footprintssm for high-risk pregnancies
- Social work services that help connect members to community resources and services

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Geneva Chamber of Commerce EPO (EC0022S)

Your employer has chosen the following rider(s) to modify the Plan under which you would be covered as an MVP member:

RX Coverage

Retail Copayments: \$10 Tier 1 / 100% Tier 2 & Tier 3

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The Specialty Copay is the same as the retail Copay

Additional Coverage

Domestic Partner

You may cover your same sex or opposite sex domestic partner as your dependent providing:

- Both of you are age 18 or older
- unmarried and unrelated in a way that would bar marriage
- living together
- involved in a lifetime relationship
- financially interdependent
- in the partnership for one year, or for the period required by your employer, which ever is greater
- provide proof of residency and financial interdependence.

One-year waiting period, or the period required by your employer, whichever is greater, from the termination date of your previous partner's coverage before you may enroll a new domestic partner. Coverage of the subscriber's domestic partner will automatically terminate on the date the domestic partnership ends.

Prescription benefit changes for 2010 are pending regulatory approval.

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Geneva Chamber of Commerce 2012 Rates

EC0022S (E4000AGB)

Rider 500S \$10 Generic RX Only

Rider 526S 90 Day Retail

Rider 520S Contraceptives Drugs & Devices

Rider 702A Domestic Partner Same/Opposite

Monthly Rates	Single	Double	Family
Employer Rate 2+	\$344.91	\$689.82	\$896.77
Sole Proprietor	\$396.65	\$793.29	\$1,031.29



MVP Preferred EPO \$25/\$40

Summary of Benefits

New York

SERVICE CATEGORY ¹	COVERAGE INFORMATION ²
Annual Deductible per Contract Year	Not Applicable
Coinsurance	Not Applicable
Lifetime Maximum Benefit Payable	No Maximum
Annual Out-of-Pocket Maximum	Not Applicable
Preventive & Well Care Services³ Well Baby, Child Care & Immunizations Adult Physical One Routine Physical/Contract Year Mammography & Prostate Cancer Screening Annual Pap Test & Ob/Gyn Exam Immunizations for Adults Colonoscopy & Sigmoidoscopy Screening for Adults Bone Density Tests Physician Inpatient Care (Medical/Surgical) Laboratory Services Skilled Nursing Facility (60 Days/Contract Year)	Covered in Full
Hospital Hospital Inpatient Hospital Outpatient Surgery	\$500 Copay \$150 Copay
Ambulance Emergency Room (ER) Visit	\$100 Copay/Visit
Physician Office Visits Office Surgery Diagnostic X-ray and Other Imaging Services⁴ Physical/Occupational/Speech Therapy (Office Setting) (30 Visits/Contract Year)	\$25 Copay/Primary Care Provider Office Visit \$40 Copay/Specialty Care Provider Office Visit
Chiropractic Benefit	\$40 Copay/Visit
Urgent Care Center	\$25 Copay/Visit
Home Health Care (60 Visits/Contract Year)	\$40 Copay/Procedure
High Tech Imaging Services⁴ (MRI, MRA, CT, etc.)	\$25 Copay/Item
Diabetic Supplies & Equipment (Items limited to a 31 day supply)	
Maternity Physician Pre/Postnatal Care Office Visits ⁵ Inpatient Services (facility/physician) Initial Newborn Exam	Covered in Full \$500 Copay Covered in Full
Mental Health^{6,7} Inpatient - 30 Days/Contract Year Outpatient Office Visits {Up to 20 combined Visits per Contract Year}	\$500 Copay \$40 Copay/Visit
Substance Abuse⁷ Inpatient Detoxification - 7 Days/Contract Year Outpatient Rehabilitation {Up to 60 combined Visits per Contract Year} Office Visits	\$500 Copay \$25 Copay/Visit
Durable Medical Equipment	50% Copay

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²A network provider must deliver all care.

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⁴X-rays usually require two providers' services, one for taking the X-ray, the other for interpreting results. Payments for each may apply and are based on where the work was done.

⁵Primary Care Provider Office Visit Copay applies to the initial diagnostic visit only. Other services are covered as noted above.

⁶FOR SMALL GROUPS (2-50 employees): MVP offers an optional rider at additional cost that extends coverage for certain biologically based Mental Health conditions and for children with specific emotional disturbances. Please contact your Employer or the Member Services Department for additional information. To verify your group size, check with your Employer/Health Benefits Administrator or call 1-800-825-5687, option #2, and speak with an Account Representative.

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RX Coverage

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The Mail Order Copay is 2.5 times the retail Copay

The Specialty Copay is the same as the retail Copay

Annual Vision Coverage

Benefits for one routine eye exam per Calendar Year by a Participating Provider. This Benefit is subject to the Copayments, Deductibles, or Coinsurance for Physician Office Visits.

Additional Coverage

Domestic Partner

You may cover your same sex or opposite sex domestic partner as your dependent providing:

- Both of you are age 18 or older
- unmarried and unrelated in a way that would bar marriage
- living together
- involved in a lifetime relationship
- financially interdependent
- in the partnership for one year, or for the period required by your employer, whichever is greater
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Geneva Chamber of Commerce 2012 Rates

E0050S (E2540AFD)

Rider 500S \$10 Generic Only

Rider 526S 90 Day Retail

Rider 520S Contraceptives Drugs & Devices

Rider 312 Annual Vision Exam

Rider 702A Domestic Partner Same/Opposite

Monthly Rates	Single	Double	Family
Employer Rate 2+	\$444.67	\$889.34	\$1,156.15
Sole Proprietor	\$511.37	\$1,022.74	\$1,329.58



MVP Preferred EPO \$30

Summary of Benefits

New York

SERVICE CATEGORY ¹	COVERAGE INFORMATION ²
Annual Deductible per Contract Year	Not Applicable
Coinsurance	Not Applicable
Lifetime Maximum Benefit Payable	No Maximum
Annual Out-of-Pocket Maximum	Not Applicable
Preventive & Well Care Services³ Well Baby, Child Care & Immunizations Adult Physical One Routine Physical/Contract Year Mammography & Prostate Cancer Screening Annual Pap Test & Ob/Gyn Exam Immunizations for Adults Colonoscopy & Sigmoidoscopy Screening for Adults Bone Density Tests Physician Inpatient Care (Medical/Surgical) Laboratory Services Skilled Nursing Facility (60 Days/Contract Year)	Covered in Full
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Emergency Room (ER) Visit	\$100 Copay/Visit
Ambulance	\$150 Copay
Physician Office Visits Office Surgery Diagnostic X-ray and Other Imaging Services⁴ Physical/Occupational/Speech Therapy (Office Setting) (30 Visits/Contract Year) Chiropractic Benefit Home Health Care (60 Visits/Contract Year) Urgent Care Center	\$30 Copay/Visit
High Tech Imaging Services⁴ (MRI, MRA, CT, etc.)	\$100 Copay (Office) \$200 Copay (Outpatient Facility)/Procedure
Diabetic Supplies & Equipment (Items limited to a 31 day supply)	\$30 Copay/Item
Maternity Physician Pre/Postnatal Care Office Visits ⁵ Inpatient Services (facility/physician) Initial Newborn Exam	Covered in Full \$500 Copay Covered in Full
Mental Health^{6,7} Inpatient - 30 Days/Contract Year Outpatient Office Visits {Up to 20 combined Visits per Contract Year}	\$500 Copay \$30 Copay/Visit
Substance Abuse⁷ Inpatient Detoxification - 7 Days/Contract Year Outpatient Rehabilitation {Up to 60 combined Visits per Contract Year} Office Visits	\$500 Copay \$30 Copay/Visit
Durable Medical Equipment	50% Copay

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Geneva Chamber of Commerce EPO (E0046S)

Your employer has chosen the following rider(s) to modify the Plan under which you would be covered as an MVP member:

RX Coverage

Retail Copayments: \$10 Tier 1 / 50% Tier 2 & Tier 3

The Mail Order Copay is 2.5 times the retail Copay

The Specialty Copay is the same as the retail Copay

Annual Vision Coverage

When prescribed by a Participating Provider, MVP will reimburse members 80% of the cost of eyeglasses (single, bi-focal, or tri-focal lenses with frames) or contact lenses once every 2 calendar years up to a maximum of \$160.

Members may purchase covered eyewear from any optical provider. For reimbursement, members must submit the optical provider's original bill to MVP.

Exclusions: Prescription sunglasses; repair of eyeglasses or contact lenses, in whole or in part; and safety glasses required by employment or for sports.

Additional Coverage

Domestic Partner

You may cover your same sex or opposite sex domestic partner as your dependent providing:

- Both of you are age 18 or older
- unmarried and unrelated in a way that would bar marriage
- living together
- involved in a lifetime relationship
- financially interdependent
- in the partnership for one year, or for the period required by your employer, which ever is greater
- provide proof of residency and financial interdependence.

One-year waiting period, or the period required by your employer, whichever is greater, from the termination date of your previous partner's coverage before you may enroll a new domestic partner. Coverage of the subscriber's domestic partner will automatically terminate on the date the domestic partnership ends.

Prescription benefit changes for 2010 are pending regulatory approval.

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 rider(s), your Certificate of Coverage, Schedule and rider(s) will be controlling.

Geneva Chamber of Commerce 2012 Rates

E0046S (E3000AB5)

Rider 506S \$10/50%/50%

Rider 526S 90 Day Retail

Rider 520S Contraceptives Drugs & Devices

Rider 309 Annual Vision Exam 1 Every 2 Years 80% Lens up to \$160

Rider 702A Domestic Partner Same/Opposite

Monthly Rates	Single	Double	Family
Employer Rate 2+	\$507.96	\$1,015.92	\$1,320.69
Sole Proprietor	\$584.16	\$1,168.31	\$1,518.80



MVP Preferred EPO \$30/\$50

Summary of Benefits

New York

\$1,000/\$2,500 Deductible
80%/20% Coinsurance Option

SERVICE CATEGORY ¹	COVERAGE INFORMATION ²
Annual Deductible per Contract Year	\$1,000 per Individual/\$2,500 per Family <i>Some services are subject to satisfaction of the annual deductible.</i>
Coinsurance	As Noted
Lifetime Maximum Benefit Payable	No Maximum
Annual Out-of-Pocket Maximum	\$3,000 per Individual/\$7,500 per Family per Contract Year
Hospital (Hospital Inpatient & Hospital Outpatient Surgery) Physician Inpatient Care (Medical/Surgical) Diagnostic X-ray/Imaging Services³ (Inpatient & Outpatient Setting) Ambulance Laboratory Services (Inpatient Setting)³ Skilled Nursing Facility (60 Days/Contract Year)	MVP covers at 80% of allowable charges, after deductible
Emergency Room (ER) Visit	\$200 Copay/Visit
Preventive & Well Care Services⁴ Well Baby, Child Care & Immunizations Adult Physical (One Routine Physical/Contract Year) Mammography & Prostate Cancer Screening Annual Pap Test & Ob/Gyn Exam Immunizations for Adults Colonoscopy & Sigmoidoscopy Screening for Adults Bone Density Tests	Covered in Full
Laboratory Services³ (Outpatient Setting)	
Physician Office Visits Office Surgery Diagnostic X-ray/Imaging Services³ (Office Setting) Physical/Occupational/Speech Therapy Office Setting/30 Visits/Contract Year	\$30 Copay/Primary Care Provider Office Visit \$50 Copay/Specialty Care Provider Office Visit
Urgent Care Center	\$30 Copay/Visit
Chiropractic Benefit	\$50 Copay/Office Visit
Maternity Physician Pre/Postnatal Care Office Visits ⁵ Inpatient Services (facility/physician) Initial Newborn Exam	Covered in Full MVP covers at 80% of allowable charges, after deductible Covered in Full
Mental Health Inpatient - 30 Days/Contract Year Outpatient {Up to 20 combined Visits per Contract Year} Office Visits	MVP covers at 80% of allowable charges, after deductible \$50 Copay/Office Visit
Substance Abuse Inpatient Detoxification - 7 Days/Contract Year Outpatient Rehabilitation Office Visits {Up to 60 combined Visits per Contract Year}	MVP covers at 80% of allowable charges, after deductible \$30 Copay/Office Visit
Durable Medical Equipment	50% Copay (Not Subject to Deductible)
Diabetic Supplies & Equipment (Items limited to a 31 day supply)	\$30 Copay/Item (Not Subject to Deductible)
Home Health Care (60 Visits/Contract Year)	MVP covers at 80% of allowable charges (Not Subject to Deductible)
Routine Vision Exam (Contract limits apply)	\$50 Copay/Visit, once every two calendar years
Eyeglasses and Contact Lenses	\$100 allowance, once every two calendar years

¹Some services are subject to Notification or Prior Authorization requirements. See your Certificate of Coverage under "How This Policy Works" for details.

²A network provider must deliver all care. Copays are not applicable toward the deductible or out-of-pocket maximum.

³Many X-rays and laboratory tests require two providers' services, one for taking the X-ray or drawing the lab work, the other for interpreting/processing results. Payments for each may apply and are based on where the work was done.

⁴This represents a partial list of preventive services covered under this Plan. MVP will also cover all preventive services as required under the Patient Protection and Affordable Care Act of 2010 (PPACA). For a full listing of the PPACA preventive services, including any applicable limitations, please visit www.healthcare.gov.

⁵Primary Care Provider Office Visit Copay applies to the initial diagnostic visit only. Other services are covered as noted above.

This Summary of Benefits chart is intended to provide a general outline of coverage. In the event of any conflict between this document and your Certificate of Coverage, Schedule and any applicable Rider(s), your Certificate of Coverage, Schedules and Rider(s) will be controlling. For details, please call 1-800-TALK-MVP (1-800-825-5687), option #2.

Here's how it works

Welcome to a new generation of health plans – built around the way you live your life. Each comes with unique features and valuable tools. From a company known for great customer service. Truly dedicated to helping you take on life and live well. All MVP Preferred EPO options come with these advantages:

- You can see any provider in-network with no referrals
- Access to our national network – more than 500,000 doctors, hospitals and specialists nationwide
- Comprehensive coverage – from preventive and sick care to emergency
- Great service for you and your family – the answers, expert guidance and personal support you need

Take advantage of our health management and wellness programs

Personalized Support *Condition Health and Case Management Programs*

If you are living with a physical or mental health concern, call **1-866-942-7966** for guidance and support. Working in partnership with your doctor, we can help you with:

- Asthma
- Cancer (Oncology)
- Chronic Obstructive Pulmonary Disorder (COPD)
- Depression
- Diabetes
- Dialysis
- Heart Events (heart attack or blockages)
- Heart Failure
- Low Back Pain

We also offer services to help members whose needs require different resources than those provided through our condition-specific programs.

- Acute Case Management for members who have complications or other serious health concerns
- Little Footprintssm for high-risk pregnancies
- Social work services that help connect members to community resources and services

Answers and Advice *24/7 Nurse Advice Line*

Expert advice on non-emergency questions is just a phone call away, even on weekends, when you call our *24/7 Nurse Advice Line* at **1-888-MVP-MBRS (1-888-687-6277)**.

Online Wellness Tools and Activities

This dynamic site features a Personal Health Assessment, which provides a customized health action plan to target your modifiable risk factors, as well as a variety of interactive tools, including meal planners and grocery lists, personalized cardio and resistance exercise routines, and online coaching classes that can be tailored to your unique interests and lifestyle goals.

Exclusive Member Discounts

From Massage Therapy to Gym Memberships

Enjoy savings on a wide range of health and wellness products and services.

Plus, WellStyle Extras:

Real Dollars for Living Well *\$300 WellStyle Rewards*

You can earn up to \$300 WellStyle Rewards, per subscriber per year – by completing milestone activities that show you are maintaining or improving your health. WellStyle Rewards are paid directly to members in the form of debit or gift cards.

Expert Guidance *Lifestyle Coaches*

Whether you want to lower your cholesterol or get a little more active, talk to our professional Lifestyle Coaches – to help guide, motivate and facilitate your positive lifestyle changes.

We are here for you

- Reach our Member Services Department at **1-888-MVP-MBRS**.
- Access **mvphealthcare.com** to find doctors, compare drug costs, look up benefits, change your address, research hospitals and many other time-saving services.



Geneva Chamber of Commerce

EPO (EC0034S)

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Prescription benefit changes for 2010 are pending regulatory approval.

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 rider(s), your Certificate of Coverage, Schedule and rider(s) will be controlling.

Geneva Chamber of Commerce 2012 Rates

EC0034S (E3050AK9)

Rider 506S \$10/50%/50%

Rider 526S 90 Day Retail

Rider 520S Contraceptives Drugs & Devices

Rider 702A Domestic Partner Same/Opposite

Monthly Rates	Single	Double	Family
Employer Rate 2+	\$405.99	\$811.98	\$1,055.57
Sole Proprietor	\$466.89	\$933.78	\$1,213.91