

# TriVantage EPO *Summary of Benefits*

TriVantage is a unique plan that lets you choose the benefit package that best fits your lifestyle and health care preferences. You get to choose from three benefit options – **Active Lifestyles**, **Family Focus**, or **Healthy Alternatives**. The difference between the options is the savings on the services you value most. All TriVantage EPO options come with no referrals and access to our national network of more than 500,000 doctors, hospitals and specialists.

## LIFESTYLE CREDITS:

*Per contract per calendar year*

### Active Lifestyles

Up to \$300 reimbursement for adult members' (age 18 and over) healthy activities, plus low copays for routine and emergency care.

### Family Focus

Up to \$300 reimbursement for kids' (under the age of 18) healthy activities, plus low or no copays for kids' sick visits.

### Healthy Alternatives

Up to \$300 reimbursement for any members' massage therapy, chiropractic care, acupuncture or other alternative medicine therapy.

### Healthy Weight Support

Included in all three options (Active Lifestyles, Family Focus and Healthy Alternatives), use your \$300 Lifestyle Credit to be reimbursed for select weight management programs – Weight Watchers®, Nutrisystem®, Jenny Craig®, TOPS (Take Off Pounds Sensibly) – health provider-based programs, or counseling with registered dietician. The age restrictions mentioned above also apply to Healthy Weight Support.



## Take advantage of our best Wellness Package:

### Core Wellness plus WellStyle Extras

## CORE WELLNESS:

### Care Management Programs

Working in partnership with your doctor, we provide guidance and support for:

- Asthma
- Cancer
- Cardiac Conditions
- Depression
- Diabetes
- Kidney Dialysis Support
- Low Back Pain
- Maternity
- Mental Health
- Prenatal Care
- Prenatal Care for High Risk Pregnancies
- Smoking Cessation
- Substance Abuse

### 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.

### 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**.

### Exclusive Member Discounts

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

## WELLSTYLE EXTRAS:

### Real rewards for fun and fitness

You can earn up to \$300 WellStyle Rewards, per contract per calendar year – for a range of healthy activities. WellStyle Rewards are paid directly to you in the form of reward checks or gift cards. This is in addition to your \$300 Lifestyle Credits – **that's up to \$600 per subscriber per year!**

### We are here for you

- Contact Member Services 7 days a week at **1-888-MVP-MBRS (1-888-687-6277)**.
- Access [mvphealthcare.com](http://mvphealthcare.com) to find doctors, compare drug costs, look up benefits, change your address, research hospitals and many other time-saving services.

BENEFITS CONTINUED ON BACK ►



SERVICE CATEGORY <sup>2</sup>	ACTIVE LIFESTYLES	FAMILY FOCUS	HEALTHY ALTERNATIVES
<b>Physician Services</b>			
<b>Primary Care Physician Office Visits</b>			
Adults 19+	\$15	\$20	\$25
Sick Child Visits (5-18 years)	\$15	\$5	\$25
Sick Child Visits (through age 4)	\$15	No Copay	\$25
Specialist Office Visits	\$40	\$40	\$40
Chiropractic Visits	\$15	\$20	\$25
Inpatient/Outpatient Professional Services			
<b>Preventive Care Services</b>			
Physical Exam – adults 19+ (One Routine Visit/Contract Year)			
Well Child Office Visits (through age 18) Per MVP Preventive Care Guidelines		No Copay	
Routine Gynecological Exam			
Mammography and Prostate Cancer Screenings			
Bone Density Tests, Colonoscopies & Sigmoidoscopies			
<b>Emergency and Urgent Care Services</b>			
Emergency Room (ER) Visit	\$50	\$75	\$75
Urgent Care Center	\$15	\$20	\$25
Ambulance	\$40	\$40	\$40
<b>Inpatient Hospital</b>			
Inpatient Hospital Admission (adults 19+)	\$300	\$300	\$300
Inpatient Hospital Admission (through age 18)	\$300	No Copay	\$300
<b>Maternity</b>			
Prenatal and Postnatal Care (per pregnancy)	\$200	No Copay	\$200
Hospital Delivery and Newborn Nursery (per delivery)	\$500	No Copay	\$500
<b>Mental Health<sup>3,4</sup></b>			
Inpatient Hospital Admission (adults 19+)	\$300	\$300	\$300
Inpatient Hospital Admission (through age 18)	\$300	No Copay	\$300
Outpatient Visits	\$40	\$40	\$40
<b>Substance Abuse<sup>5</sup></b>			
Inpatient – Covered services only (adults 19+)	\$300	\$300	\$300
Inpatient – Covered services only (through age 18)	\$300	No Copay	\$300
Outpatient Visits (60 visits/Contract Year)	\$25	\$25	\$25
<b>Additional Services</b>			
Hospital/Facility Outpatient Surgery (per visit)	\$100	\$100	\$100
Home Health Care (60 visits/Contract Year)	\$25	\$25	\$25
Durable Medical Equipment Lifetime Max Benefit \$25,000	50% Copay	50% Copay	50% Copay
Radiology Services	\$40 Copay/Visit	\$40 Copay/Visit	\$40 Copay/Visit
Laboratory Services	No Copay	No Copay	No Copay
Physical/Occupational/Speech Therapy (30 visits/Contract Year)	\$40 Copay/Visit	\$40 Copay/Visit	\$40 Copay/Visit
Acupuncture & Massage Therapy 12 comb. visits/Contract Yr	50% Copay	Not Covered	50% Copay
Vision Exams – Adults 19+ (once per calendar year)	\$15	\$20	\$25
Child through age 18 (once per calendar year)	\$20	\$5	\$20
Coverage for children to age 19	Large Group (Additional dependent riders are available, check with your employer for differences in coverage.)		
Coverage for Unmarried Dependent Children to age 23	Small Group Only		

<sup>1</sup>A network provider must deliver all care. For the Additional Services of Acupuncture/Massage/Chiropractic (routine/non-spinal) any duly licensed provider can be used outside the MVP Preferred Service Area.

<sup>2</sup>Some services are subject to Notification or Prior Authorization requirements. See your Certificate of Coverage under *How This Policy Works* for details.

<sup>3</sup>FOR SMALL GROUPS (2-50 EMPLOYEES): An optional rider is offered at an 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.

<sup>4</sup>For small groups (2-50 employees), Mental Health inpatient hospital admission is limited to 30 days per Contract Year. Mental Health outpatient/office visits are limited to 20 per Contract Year.

<sup>5</sup>Substance Abuse day and visit limits apply only to small groups.

**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, Schedule and Rider(s) will be controlling. For details, please call 1-800-TALK-MVP (1-800-825-5687), option #2.**



## Geneva Chamber of Commerce Trivantage EPO (T03S)

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**

1. Eyeglasses and Contact Lenses.

MVP will reimburse for 80 percent of the price of one (1) pair of eyeglasses or contact lenses, up to a maximum of \$160, once in every two calendar years, when purchased from any provider.

MVP will not reimburse for:

- (1) Prescription sunglasses.
- (2) Replacement of eyeglasses or contact lenses, in whole or in part.
- (3) Safety glasses required by employment or sport.

### **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

### T03S (E1540AA9, E2040AA9, E2540AJH)

Rider 500S \$10 Generic RX Only

Rider 526S 90 Day Retail

Rider 520S Contraceptives Drugs & Devices

Rider 320T Trivantage Eyewear Rider

Rider 702A Domestic Partner Same/Opposite

<b>Monthly Rates</b>	<b>Single</b>	<b>Double</b>	<b>Family</b>
Employer Rate 2+	\$462.58	\$925.16	\$1,202.71
Sole Proprietor	\$531.96	\$1,063.94	\$1,383.13