



2012 MVP MEDICAL PLAN OPTIONS

Please direct questions to Catherine @ 785-6995 or catherine@coloniechamber.org



(HSA Eligible)

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	EPO ECO322S	HDEPO NECHD -32	HDPPO 06	
			In Network (INN)	Out of Network (OON)
Annual deductible	\$1500 S / \$3750 F A*	\$2500 S / \$5K F A*	\$2500 S / \$5K F A*	\$6K S/\$12K F A*
Annual Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Co-insurance split**	80% / 20%	None	80% / 20%	60% / 40%
Co-insurance maximum	N/A	N/A	N/A	N/A
Dependents Coverage	For all plans: To age 26 regardless of student status. Domestic p[artners are eligible for coverage.			
Emergency Room	\$200 co-pay	\$150 co-pay after deductible	20% co-ins after ded	All ER care considered INN
Hospital Svcs	20% co-ins after ded	\$500 co-pay after ded	Ded then 20%	Ded then 40%
Lifetime Maximum Benefit	No Maximum	No Maximum	No Maximum	No Maximum
Mental Health Inpatient	Ded then 20% co-insurance	Ded then \$500 co-pay	Ded then 20% co-insurance	Ded then 40% co-ins
Mental Health Outpatient	\$50 office visit co-pay	Ded then \$50 per visit co-pay	Ded then 20% co-insurance	Ded then 40% co-ins
Office Visit PCP/Spec	\$30 PCP / \$50 Spec	\$30/\$50 co-pay after ded	Ded then 20%	Ded then 40%
OOP Maximum***	\$4500 S / \$11,200 F	\$4000 S / \$8000 F ***	\$5000 S / \$10,000 F	\$10K S / \$20K F
OutPatient Surgery	20% After deductible	\$200 co-pay after ded	Ded then 20%	Ded then 40%
Prescription Cov	\$4 / 50% / 50%	\$5 / \$35 / \$70 co-pays	20% / 20% / 40% co-ins	No OON Rx Coverage
	\$250 Ded per psn on Tiers 2 & 3	after annual deductible is met	after annual deductible is met	
Preventive Care	Covered in full	Covered in full	Covered in full	40% co-ins; not subj to ded
Therapies (PT, ST, OT)	\$50 co-pay/vist (30/yr combined)	Ded then \$50 co-pay (30/yr)	Ded then 20% co-insurance	Ded then 40% co-ins
Urgent Care	\$30 co-pay	Ded then \$50 co-pay	Ded then 20%	Ded then 40%
Worldwide Cov?	Emergencies only	Emergencies only	Emergencies only	Emergencies only
Network Access	National	National	National	National

This is a summary, NOT a contract. Limitations / exclusions may apply & the information may be subject to change.

MONTHLY PREMIUMS

Small Group (2+ ees) Single	\$	474.55	\$	328.91	\$	333.46	Incl
2 Person	\$	941.10	\$	649.82	\$	658.92	Incl
Family	\$	1,221.03	\$	842.37	\$	854.20	Incl
Sole Proprietors Single	\$	544.52	\$	377.05	\$	382.28	Incl
2 Person	\$	1,081.07	\$	746.09	\$	756.56	Incl
Family	\$	1,402.98	\$	967.52	\$	981.13	Incl

*A = Aggregate deductible one or more family members' covered expenses must meet the family deductible before MVP will make benefit payments for all insured family members

** Co-insurance split means once the deductible is met, the carrier pays the higher percentage of the allowable charges & the insured is responsible for the lower percentage of the remaining allowable charges.

*** Out of pocket maximum includes deductible & prescription drug co-payments

