HEALTH PLAN COMPARISON CHART: STAFF AND SUPERVISORS				
Name of Plan	**Empire BCBS Deluxe PPO**	**MVP Health Plan**	**MVP Choices***	**BCBS Tradition Plus Indemnity ***
Type of Plan	Preferred Provider Organization (PPO)	Health Maintenance Organization (HMO)	Point of Service (POS)	Indemnity Plan
Features	Network plus freedom of choice	Network only	Network plus freedom of choice	Freedom of choice only
Primary Care Provider Required	NO	YES	YES	NO
Deductible (Individual/Family)	In Network: $0 Out of Network: $200/$500	Not Applicable	In Network: $0 Out of Network: $250/$500	$150 / $300
Coinsurance: the % you pay after deductible	In Network: None Out of Network: 20%	Not Applicable	In Network: None Out of Network: 30%	20% to $500 (individual) / $1,000 (family)
Maximum Out of Pocket (Individual/Family)	In Network: None Out of Network: $1,000/$2,000	None	In Network: None Out of Network: $2,500/$5,000	$650 / $1,300
Emergency Room	$35-waived if admitted in 24 hrs	$50 waived if hospitalized	$50 waived if hospitalized	$0 if for serious injury/ serious medical condition
Home/Office Visit	In Network: $12 copay Out of Network: Deductible & Coinsurance	$15 copay	In Network: $15 copay Out of Network: Deductible and Coinsurance	Deductible & Coinsurance
Lab & Testing	In Network: $0 Out of Network: Deductible & Coinsurance	$15 copay	In Network: $0 Out of Network: Deductible and Coinsurance	Deductible & Coinsurance, with annual *combined* 30 visit limit for outpatient surgery, ambulatory surgery, mammograms and blood work
Annual Physical	$0 copay	$15 copay	$15 copay (In network Only)	Not covered
Vision: Exam every 2 yrs	$10 copay	$15 copay	$15 copay (In network only)	Not covered
Vision: Eyewear	$130 allowance plus 15% of additional cost	Not covered	Not covered	Not covered
Prescriptions	$5 copay for Generic $15 for Formulary Brand $25 for Non-Formulary Brand	$5 copay for Generic $20 for Formulary Brand $40 for Non-Formulary Brand	$5 copay for Generic $20 for Formulary Brand $40 for Non-Formulary Brand	$5 copay for Generic; Ancillary charge $ difference between generic and brand
Children's Preventive Dental Care	Not covered	2 visits/yr for children under 19	2 visits/yr for children under 19	Not covered
Mental Health: Inpatient .... *Inpatient Physician* .... *Outpatient Physician*	In-network: $0 Out-of-network: Deductible & Coinsurance .... In-network: $0 Out-of-network: Deductible & Coinsurance .... In-network: $12 copay/visit Out of network: Deductible & Coinsurance	$0 inpatient .... 50% or $45 copay .... Outpatient: $15 copay	For all mental health services: In Network: same as HMO Out-of-network: Deductible & Coinsurance	$0 up to 30 inpatient visits/year .... Deductible & Coinsurance up to 30 visits/yr. .... Deductible & Coinsurance
Alcohol/Substance Abuse Inpatient .... *Outpatient*	$0 up to 30 days/year .... $12 copay	$0 Detoxification .... $15 copay	Standard HMO Benefit .... Deductible and coinsurance	Up to 30 days/year: deductible and coinsurance .... Up to 60 visits/year: deductible and coinsurance

* *MVP Choices and Empire Tradition Plus are not available to staff/supervisors hired after July 1, 2004.*