

Health Insurance Comparison Chart: Staff, Supervisors and Auxiliary

| Plan Features | Empire BCBS Deluxe PPO | Empire BCBS EPO | MVP Health Plan |
|--|---|--|--|
| | Network plus freedom of choice | Network only | Network only |
| <i>Primary Care Provider Required</i> | NO | NO | YES |
| <i>Medical services Deductible (Individual/Family)</i> | In Network: \$0 Out of Network: \$200/\$500 | Not Applicable | Not Applicable |
| <i>Coinsurance: the % you pay after deductible</i> | In Network: None Out of Network: 20% | Not Applicable | Not Applicable |
| <i>Maximum Out of Pocket (Individual/Family)</i> | In Network: \$5,080 / \$12,700 (All In – Network copays) Out of Network: \$1,000/\$2,000 | \$5,080 / \$12,700 (All In –Network copays) | \$5,080 / \$12,700 (All In –Network copays) |
| <i>Emergency Room</i> | \$35-waived if admitted in 24 hrs | \$75-waived if admitted inpatient within 24 hrs | \$50 waived if hospitalized |
| <i>Office Visit</i> | In Network: \$12 copay Out of Network: Deductible & Coinsurance | \$25 copay | \$15 copay |
| <i>Lab & Testing</i> | In Network: \$0 Out of Network: Deductible & Coinsurance | \$0 copay | \$15 copay |
| <i>Annual Physical / Well-Woman care</i> | \$0 copay | \$0 copay | \$15 copay |
| <i>Inpatient Surgery</i> | \$0 | \$250 copay | \$0 |
| <i>Vision: Exam every 2 yrs</i> | \$10 copay | \$10 copay | \$15 copay |
| <i>Vision: Eyewear</i> | \$130 allowance plus 15% of additional cost: BlueView Vision providers only | | Not covered |
| <i>Prescriptions</i> | \$5 copay for Generic \$15 / \$25 for Brand | \$10 copay for Generic \$35 / \$70 for Brand after \$200 deductible | \$5 copay for Generic \$20 / \$40 Brand |
| <i>Children's Preventive Dental Care</i> | Not covered | Not covered | 2 visits/yr for children under 19 |
| <i>Mental Health</i> | In-network inpatient hospital: \$0 Out-of-network: Deductible & Coinsurance In-network outpatient visit: \$12 copay/visit Out of network: Deductible & Coinsurance | Covers network providers only: \$250 copay inpatient hospital; \$0 inpatient psychiatrist; \$25 per visit outpatient visits. | \$0 inpatient hospital ; 50% or \$45 copay inpatient psychiatrist; \$15 copay outpatient visits. |
| <i>Alcohol/Substance Abuse</i> | | | |
| <i>Inpatient</i> | \$0 up to 30 days/year | \$20 copay for 3- month supply of generic RX \$70 / \$140 for 3-month supply of brand-name RX; no deductible | \$0 Detoxification |
| <i>Outpatient</i> | \$12 copay | | \$15 copay |
| <i>Physical Therapy</i> | \$20 per visit up to 90 visits per year (Covered In-network only) | \$25 per visit up to 60 visits per year | \$15 per visit to 60 days |

Staff employees hired before January 1, 2004 may also enroll in MVP Choices point-of-service plan. Summary information on MVP Choices is available from Benefits.