

**2009 HEALTH INSURANCE PROGRAMS - MVP
2 OR MORE F/T EMPLOYEES**

[PLAN HIGHLIGHTS - Complete BENEFIT SUMMARY SHEETS available upon request]

	MVP HMO 20 (In Network)	MVP EPO 25 (In Network MVP/CIGNA)	MVP High Deductible EPO (In Network MVP/CIGNA)
PREMIUMS** (Monthly Rates)	Individual: \$476.27 2 Person: \$952.54 Family: \$1,275.36	Individual: \$413.40 2 Person: \$826.80 Family: \$1,104.99	Individual: \$277.48 2 Person: \$554.95 Family: \$746.52
Co-Payments OR Deductible	\$20 per office visit	\$25 per office visit	\$1,500 Single \$3,000 per Family
Coinsurance	N/A	N/A	90% of allowable charges \$3,000/\$6,000 out of pocket Lifetime Maximum: Unlimited
Hospital Services (In Patient)	\$500 co-pay	Covered in full	Deductible & Coinsurance
Ambulance	No Charge	\$100 co-pay	Deductible & Coinsurance
Outpatient Surgery	\$75 co-pay	\$75 co-pay	Deductible & Coinsurance
Drug Coverage	\$10 co-pay Generic \$30 co-pay Formulary \$50 co-pay Non-Formulary All subject to \$100 deductible Per Member	\$10 co-pay Generic \$30 co-pay Formulary \$50 co-pay Non-Formulary	Formulary: 10% co-pay after deductible Non-Formulary: 30% co-pay after deductible
Emergency Care	\$50 co-pay per visit	\$50 co-pay per visit	Deductible & Coinsurance
Chiropractic	\$20 co-pay	\$25 co-pay	Deductible & Coinsurance
Mental Health (In Patient)	\$500 co-pay 30 days max / year	No charge 30 days max / year	Deductible & Coinsurance 30 days max / year
Mental Health (Out Patient)	\$20 co-pay 20 visits max / year	\$25 co-pay 20 visits max / year	Deductible & Coinsurance 30 visits max / year
Substance Abuse (In Patient)	\$500 co-pay 7 days Detox only	No charge 7 days Detox only	Deductible & Coinsurance 7 days Detox
Substance Abuse (Out Patient)	\$20 co-pay 60 visits	\$25 co-pay 60 visits	Deductible & Coinsurance 60 visits
Physical Therapy	\$20 co-pay Limit of 30 visits	\$25 co-pay Limit of 30 visits	Deductible & Coinsurance
Dependents	Unmarried dependents to age 23	Unmarried dependents to age 23	Full time students to Age 25
Home Health Care	\$20 co-pay Limit of 60 visits	\$25 co-pay Limit of 60 visits	Deductible & Coinsurance Limit of 60 visits
Durable Medical Eqpt	50% co-pay	50% co-pay	Deductible & Coinsurance
Domestic Partners	No	Yes (with documentation)	Yes (with documentation)

****Premiums will be billed QUARTERLY and will be due in the Chamber Office on JANUARY 1st, APRIL 1st, JULY 1st, and OCTOBER 1st.**

Administrative Fee of \$4.00 per covered individual per month (with a maximum monthly family fee of \$16) will be added at the time of billing.

***RATES SUBJECT TO APPROVAL BY THE NYS INSURANCE DEPARTMENT.**