



# MV Plan Options

## Day limit plans

PLANS	Basic	Plus	Premium
Employee Only	\$497	\$595	\$615
Employee + Spouse	\$786	\$975	\$995
Employee + Child(ren)	\$739	\$867	\$890
Family	\$988	\$1199	\$1250
MEDICAL BENEFITS			
Deductible	\$0	\$0	\$0
Out of Pocket Maximum (Ind/Fam)	\$8,700/\$17,400	\$5,000/\$10,000	\$5,000/\$10,000
Wellness and Preventive	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Visits	\$25 Copay   8 per year	\$15 Copay   10 per year	\$15 Copay   12 per year
Specialist Visits	\$50 Copay   8 per year	\$25 Copay   10 per year	\$25 Copay   12 visits per year
Urgent Care Visits	\$50 Copay   2 per year	\$35 Copay   3 per year	\$35 Copay   3 visits per year
Laboratory Services & Radiology	\$50 Copay   3 per year	\$50 Copay   3 per year	\$50 Copay   4 visits per year
CT/MRI/MRA/PET Scans	\$350 Copay   1 per year	\$350 Copay   2 per year	\$350 Copay   3 Visits per year
Telemedicine	\$0 Copay   Unlimited	\$0 Copay   Unlimited	\$0 Copay   Unlimited
Rx BENEFITS			
Generic Rx	\$0 Copay Preventive \$5 Copay Acute List \$10 Copay Other	\$0 Copay Preventive \$5 Copay Acute List \$10 Copay Other	\$0 Copay Preventive \$5 Copay Acute List \$10 Copay Other
Preferred Brand/Non-Preferred Rx	-	Tier 1: \$40 Copay Tier 2: \$85 Copay	Tier 1: \$40 Copay Tier 2: \$85 Copay
HOSPITAL SERVICES			
Inpatient Hospitalization & Surgery	\$350 Copay   5 days & 2 Surgeries per year	\$350 Copay   7 days & 3 Surgeries per year	\$350 Copay   10 days per year & 4 surgeries
Outpatient Hospitalization & Surgery	\$350 Copay   1 per year	\$350 Copay   2 per year	\$350 Copay   2 per year
Emergency Room Services	\$350 Copay   1 per year	\$350 Copay   1 per year	\$350 Copay   2 per year
OTHER SERVICES			
Chiropractic Services	\$50 Copay   10 per year	\$25 Copay   10 per year	\$25 Copay   10 per year
Second Surgical Opinion	\$0 Copay	\$0 Copay	\$0 Copay
Home Health Care	\$25 Copay   10 per year	\$25 Copay   15 per year	\$25 Copay   20 per year
Treatment for Chemical Abuse (Inpatient/Outpatient)	\$250 Copay   5 days a year / \$25 Copay   8 days a year	\$250 Copay   7 days a year / \$25 Copay   10 days a year	\$250 Copay   10 days a year / \$25 Copay   12 days a year
Emergency Medical Transportation	\$250 Copay   1 per year	\$250 Copay   1 per year	\$250 Copay   2 per year
Chemotherapy/Radiation	-	-	-
Colonoscopy	-	-	-
Dialysis	-	-	-
Durable Medical Equipment	-	-	-
Hospice Care	-	-	-
Rehabilitation Services	-	-	-
Transplant Facility	-	-	-
PREGNANCY SERVICES			
Professional Services	-	\$350 Copay	\$350 Copay
Maternity/Childbirth/Delivery	-	\$350 Copay per admission	\$350 Copay per admission



# MV Plan

PLANS	ULTIMATE MV
Employee Only	\$715
Employee + Spouse	\$1443
Employee + Child(ren)	\$1235
Family	\$1858
MEDICAL BENEFITS	
Deductible	\$0
Out of Pocket Maximum (Ind/Fam)	\$2,000/\$13,200
Wellness and Preventive	Covered at 100%
Primary Care Visits	\$20 Copay
Specialist Visits	\$40 Copay
Urgent Care Visits	\$50 Copay
Laboratory Services & Radiology	\$50 Copay
CT/MRI/MRA/PET Scans	\$400 Copay
Telemedicine	\$0 Copay   Unlimited
Rx BENEFITS	
Generic Rx	\$0 Copay Preventive \$5 Copay Acute List \$10 Copay Other
Preferred Brand/Non-Preferred Rx	Tier 1: \$40 Copay Tier 2: \$80 Copay
HOSPITAL SERVICES	
Inpatient Hospitalization & Surgery	\$400 Copay
Outpatient Hospitalization & Surgery	\$400 Copay
Emergency Room Services	\$400 Copay
OTHER SERVICES	
Chiropractic Services	\$40 Copay   10 per year
Second Surgical Opinion	\$0 Copay
Home Health Care	\$25 Copay   20 per year
Treatment for Chemical Abuse (Inpatient/Outpatient)	\$250 Copay / \$25 Copay
Emergency Medical Transportation	\$400 Copay
Chemotherapy/Radiation	\$400 Copay
Colonoscopy	\$400 Copay
Dialysis	\$400 Copay
Durable Medical Equipment	\$400 Copay
Hospice Care	\$400 Copay
Rehabilitation Services	\$400 Copay   20 per year
Transplant Facility	\$400 Copay
PREGNANCY SERVICES	
Professional Services	\$50 Copay
Maternity/Childbirth/Delivery	\$400 Copay per admission