



Hyde Park Chamber of Commerce

Benefit Comparison



PALMITER BENEFITS GROUP, LLC.

	MVP		MVP	
	EPO Preferred - 30/50		Hybrid EPO Preferred - 30/50	
Benefits:	In Network Only		In Network Only	
DEDUCTIBLE: Single	None		\$1,000	
Family	None		\$2,500	
CO-INSURANCE	N/A		80/20	
REFERRALS Necessary	No		No	
OUT-OF-POCKET MAX:				
Single	N/A		\$3,000	
Family	N/A		\$7,500	
LIFETIME MAXIMUM	Unlimited		Unlimited	
PHYSICIAN COPAYS				
Primary Care	\$30 Copay		\$30 Copay	
Specialists	\$50 Copay		\$50 Copay	
Routine Pediatric Care	No Copay		No Copay	
OUT-PATIENT CARE				
Surgery	\$150 Facility Copay, \$30/50 Physician Copay* (office setting)		\$30/50 Physician Copay (office setting)	
Lab Services	No Copay		No Copay	
X-Rays	\$30/50 Copay*		\$30/50 Copay*	
HOSPITAL CARE:	\$500 Copay		20% after deductible	
EMERGENCY CARE:				
Ambulance Services	\$100 Copay		20% after deductible	
Hosp. Emergency Rm	\$100 Copay (waived if admitted)		\$200 copay (waived if admitted)	
MENTAL HEALTH CARE:				
Outpatient	\$50 Copay for 20 visits		\$50 Copay for 20 visits	
Inpatient (30 Days)	\$500 Copay		20% after deductible	
SUBSTANCE ABUSE				
7 Day Detox	\$500 Copay		20% after deductible	
60 visits Out-Patient	\$30 Copay		\$30 Copay	
PRESCRIPTION DRUGS:				
Deductible	None		None	
Cap on Drugs	None		None	
Generic	\$10		\$10	
Brand Name	\$30		None	
Non Formulary Name Brand	\$50		None	
VISION	\$50 Copay once every 2 yrs; \$100 allowance for frames/lenses		\$50 Copay once every 2 yrs; \$100 allowance for frames/lenses	
DEPENDENT COVERAGE	UMDC to age 23		UMDC to age 23	
RATES	Sole Proprietor	Group (+2)	Sole Proprietor	Group (+2)
	Rate	Rate	Rate	Rate
Single	\$449.59	\$390.95	\$295.07	\$256.58
Family	\$1,155.07	\$1,004.40	\$762.09	\$662.68

* Copay is dependent upon providers specialty

www.mvphealthcare.com

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