

2009 Preferred Care TriVantage 250-3 for Employer Groups and Sole Proprietors

Services	TriVantage 250-3	TriVantage 250-3	TriVantage 250-3
	Active Lifestyles	Family Focus	Healthy Alternatives
Referrals	Required	Required	Required
Office Visits	\$15 PCP \$40 Specialist	\$20 PCP \$40 Specialist	\$25 PCP \$40 Specialist
GYN Routine Exams	\$10 Copay	\$15 Copay	\$20 Copay
Adult Physicals	\$10 Copay	\$15 Copay	\$20 Copay
Well Child Visits	Covered in Full	Covered in Full	Covered in Full
Sick Child Visits	\$15 Copay	\$0 Copay to age 5 \$5 Copay ages 5-18	\$25 Copay
X-rays	\$40 Copay	\$40 Copay	\$40 Copay
Mammograms	Covered in Full	Covered in Full	Covered in Full
Laboratory	\$10 copay	\$10 copay	\$10 copay
Hospital Inpatient	\$300 Hospital Copay \$0 Surgical Copay	\$300 Hospital (\$0 to age 19) \$0 Surgical Copay	\$300 Hospital Copay \$0 Surgical Copay
Maternity Care	Prenatal: \$200 Copay Facility: \$500 Copay Radiology & Tests: \$40 Copay	Prenatal: \$0 Copay Facility: \$0 Copay Radiology & Tests: \$0 Copay	Prenatal: \$200 Copay Facility: \$500 Copay Radiology & Tests: \$40 Copay
<u>Mental Health</u>			
Inpatient	\$300 Copay	\$300 Copay	\$300 Copay
Outpatient: 20 visits	\$40 Copay per visit	\$40 Copay per visit	\$40 Copay per visit
Outpatient Surgery	\$75 Facility Copay \$40 Physician Copay	\$75 Facility Copay \$40 Physician Copay	\$75 Facility Copay \$40 Physician Copay
Emergency Room	\$50 Copay	\$75 Copay	\$75 Copay
Routine Eye Exams	\$20 Copay (Children to age 19) \$15 Copay (Adult)	\$5 Copay (Children to age 19) \$20 Copay (Adult)	\$20 Copay (Children to age 19) \$25 Copay (Adult)
Eye Wear	\$60 Allowance Plus 20% discount	\$60 Allowance Plus 20% discount	\$60 Allowance Plus 20% discount
Acupuncture	See Extra Benefits	No Coverage	See Extra Benefits
Chiropractic	\$40 Copay	\$40 Copay	\$40 Copay
Durable Medical Eq	50% Copay \$5,000 Annual Max.	50% Copay \$5,000 Annual Max.	50% Copay \$5,000 Annual Max.
External Prosthetics	50% Copay \$15,000 Annual Max	50% Copay \$15,000 Annual Max	50% Copay \$15,000 Annual Max
Diabetic Supplies/ Insulin/Oral Agents	30 day (retail): \$25 90 Day (Mail Order): \$62.50	30 day (retail): \$25 90 Day (Mail Order): \$62.50	30 day (retail): \$25 90 Day (Mail Order): \$62.50
Prescription Drug	Copay per 30 day supply Tier 1/\$10 Tier 2/\$25 Tier 3/\$40 \$1,000 Annual Max.	Copay per 30 day supply Tier 1/\$10 Tier 2/\$25 Tier 3/\$40 \$1,000 Annual Max.	Copay per 30 day supply Tier 1/\$10 Tier 2/\$25 Tier 3/\$40 \$1,000 Annual Max.
Out of Network Benefit	Not Available	Not Available	Covered at 75% up to \$25,000 After \$250 deductible
Dependent Coverage	Age 26	Age 26	Age 26
Extra Benefits	\$300 for Gym Membership & 50% copay (12 visits total) for massage therapy, maintenance chiropractic and accupuncture (in-network only)	\$300 credit for driver education, swimming lessons, or lifeguard training.	50% copay for (12 visits total) for massage therapy, maintenance chiropractic and accupuncture (in-network only)
<u>Rates</u>			
Single		\$350.24	
Family of 2		\$788.09	
Family 3+		\$910.67	

This comparison is intended to be only a brief summary of plan benefits. This is not a contract.