



# PIA Association Health Plan

MVP Mid-Hudson region, sole proprietor

(Oct - Dec 2008)



Monthly RATES	Preferred EPO \$30	Preferred PPO \$40	Preferred PPO \$30	Preferred PPO \$25
Employee	\$366.09	\$335.23	\$435.52	\$493.27
Employee/Spouse	\$732.18	\$670.45	\$871.02	\$986.54
Employee/Child	\$719.91	\$659.21	\$865.00	\$979.73
Family	\$1,060.93	\$971.49	\$1,274.73	\$1,443.79

BENEFITS	Preferred EPO \$30		Preferred PPO \$40		Preferred PPO \$30		Preferred PPO \$25	
	In network	Out network	In network	Out network	In network	Out network	In network	Out network
Deductible, single	\$750	N/A	\$1,500	\$3,000	\$750	\$1,500	\$500	\$2,500
Deductible, family	\$1,500	N/A	\$3,000	\$6,000	\$1,500	\$3,000	\$1,000	\$5,000
Coinsurance	80/20	N/A	80/20	80/20	80/20	80/20	N/A	80/20
Maximum out-of-pocket, single (including deductible)	\$2,500	N/A	\$5,000	\$10,000	\$2,500	\$5,000	\$2,000	\$12,500
Maximum out-of-pocket, family (including deductible)	\$5,000	N/A	\$10,000	\$20,000	\$5,000	\$10,000	\$4,000	\$25,000
Maximum per lifetime	Unlimited	N/A	Unlimited	\$500k per ind.	Unlimited	\$500k per ind.	Unlimited	\$1 mil. per ind.
Inpatient hospital	Ded./coins.	N/A	Ded./coins.	Ded./coins.	Ded./coins.	Ded./coins.	\$500 copay.	Ded./coins.
Inpatient physician	Ded./coins.	N/A	Ded./coins.	Ded./coins.	Ded./coins.	Ded./coins.	In full	Ded./coins.
Emergency room	Ded./coins.	N/A	Ded./coins.	Ded./coins.	Ded./coins.	Ded./coins.	\$100 per visit	Ded./coins.
Ambulance	Ded./coins.	N/A	Ded./coins.	Ded./coins.	Ded./coins.	Ded./coins.	In full	Ded./coins.
Skilled nursing facility (60 days per contract year)	Ded./coins.	N/A	Ded./coins.	Ded./coins.	Ded./coins.	Ded./coins.	In full	Ded./coins.
Outpatient Surgery	Ded./coins.	N/A	Ded./coins.	Ded./coins.	Ded./coins.	Ded./coins.	ded	Ded./coins.
Physician Office Visit	\$30 copay.	N/A	\$40 copay.	Ded./coins.	\$30 copay.	Ded./coins.	\$25 copay.	Ded./coins.
Annual adult physical	In full	N/A	In full	Ded./coins.	In full	Ded./coins.	\$25 copay.	Ded./coins.
Well child	In full	N/A	In full	In full	In full	In full	In full	In full
Diagnostic Lab & X-Ray	\$30 copay.	N/A	\$40 copay.	Ded./coins.	\$30 copay.	Ded./coins.	\$25 copay.	Ded./coins.
High-tech Imaging(MRI, CT, etc.-office)	\$150 copay.	N/A	\$150 copay.	Ded./coins.	\$150 copay.	Ded./coins.	Ded./\$25	Ded./coins.
Physical therapy (limit 30 visits)	\$30 copay.	N/A	\$40 copay.	Ded./coins.	\$30 copay.	Ded./coins.	\$25 copay.	Ded./coins.



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BENEFITS (CON'T.)	Preferred EPO \$30		Preferred PPO \$40		Preferred PPO \$30		Preferred PPO \$25	
	In network	Out network	In network	Out network	In network	Out network	In network	Out network
Outpatient substance abuse <i>(60 visits per calendar year)</i>	Ded./coins.	N/A	Ded./coins.	Ded./coins.	Ded./coins.	Ded./coins.	Ded./\$25 copay	Ded./coins.
Inpatient substance abuse <i>(7 days detox)</i>	Ded./coins.	N/A	Ded./coins.	N/A	Ded./coins.	N/A	\$500 copay.	N/A
Outpatient mental health <i>(20 visits)</i>	Ded./coins.	N/A	Ded./coins.	Ded./coins.	Ded./coins.	Ded./coins.	Ded./ \$25 copay	Ded./coins.
Inpatient mental health <i>(30 days per contract year)</i>	Ded./coins.	N/A	Ded./coins.	Ded./coins.	Ded./coins.	Ded./coins.	\$500 copay.	Ded./coins.
Home health care <i>(60 days per contract year)</i>	Coins.	N/A	Coins.	Coins.	Coins.	Coins.	In full	Coins.
Durable medical equipment <i>(\$25,000 Maximum per lifetime)</i>	50%	N/A	50%	50%	50%	50%	50%	50%
Dependents covered	23	N/A	23		26		26	
Prescription drugs, generic	\$10 copay.	N/A	\$10 copay.	N/A	\$10 copay.	N/A	\$10 copay.	N/A
Prescription drugs, preferred brand	N/A	N/A	N/A	N/A	\$30 copay.	N/A	\$30 copay.	N/A
Prescription drugs, non-preferred brand	N/A	N/A	N/A	N/A	\$50 copay.	N/A	\$50 copay.	N/A
Annual maximum	N/A	N/A	N/A	N/A	\$4,000	N/A	N/A	N/A

This document does not constitute a guarantee of benefits or coverage.  
Final rates and coverage are subject to approval at the time of enrollment.

- I have chosen:
- Preferred EPO \$30
  - Preferred PPO \$40
  - Preferred PPO \$30
  - Preferred PPO \$25

Coverage is subject to the terms and conditions of this proposal and the application to which this is attached.

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Authorized signature

\_\_\_\_\_  
Date