



ARCC MVP Rates effective January 1, 2010

Benefits	MVP EPO
HMO	
Deductible	N/A
Coinsurance	N/A
Coinsurance Out-of-Pocket Max	N/A
Annual Benefit Maximum	No Max except DME, External prosthetics, or Ostomy supplies
Medical Home/Office	
Office/Home Visits/PCP/Specialist	\$30/\$50
Well Child Care (Including immunizations)	Covered in Full
Maternity Care	Physician Pre/Post Natal Care office visits covered in full; Inpatient services (facility/physician) \$500; Initial newborn exam covered in full
Annual GYN Exam (Self Referred)	Covered in Full
Chiropractic Care	\$50
Hospital Inpatient	
Hospital	\$500 copay
Routine Nursery	No Charge
Surgery	Covered in Full
Surgical Assistant	Covered in Full
Second Surgical Opinion	Subject to office visit copay
Anesthesia	Covered in Full
Mental & Nervous	30 days/contract year; \$500 copay
Alcohol/Substance Abuse	7 days/contract year detoxification; \$500 copay
Outpatient	
Laboratory Testing	Covered in Full
Diagnostic Xrays	\$30/\$50
MRI's	\$30/\$50
Ambulatory surgery	\$150
Pre Surgery Testing	Labs covered in full, Radiology services \$50 copay per date of service
Chemo & radiation therapy	\$30 per provider per date of service
Kidney dialysis	\$30 per provider per date of service
Mental Health	Up to 20 combined visits per contract year; \$50 copay/visit
Alcohol & Substance Abuse	Up to 60 combined visits/contract year; \$30 copay/visit
Physical Therapy	30 visits per contract year; requires prescription; \$30/\$50 copay
Emergency Room	\$100
Home Health Care	60 visit maximum; \$30 copay/visit
Hospice	Covered in full 210 days per lifetime

Skilled Nursing Facility	60 days per contract year; Covered in Full
Additional Benefits	
Mammography & Diagnostic Screening	Covered in Full
Durable Medical Equipment, Prosthetics, Medical Supplies	50% copay; \$25,000 lifetime max
Ambulance	\$150
Prescription Drugs	\$10/\$30/\$50
Vision care	Routine exam every 2 years; \$50 copay; \$100 eyewear allowance
Annual Dental Exam & Cleaning	Not Covered
Dependent children/ dependent students	Age 23/23
Out of Area College	National participating provider network
Out of area Coverage	Emergency coverage; National participating provider network
Groups of 2-49 Rates	Quarterly
Individual	\$1,375.02
Two-Person	\$2,750.07
Family	\$3,675.06
Sole Proprietor Rates	Quarterly
Individual	\$1,581.30
Two-Person	\$3,162.57
Family	\$4,226.34

****This is a benefit summary only, and is subject to the terms, conditions, limitations, and exclusions set forth in the contract.

Please check with carrier for policies regarding prior authorization.

Please be sure to verify if your Doctor participates in the plan you are choosing, also ask for a drug formulary if you are currently taking medications.

*NYS-45 ATT, K-1 or 1120 MUST BE SUBMITTED, plus DBA where required.
Quarterly rates shown do not include standard assessed \$20 administrative fee.