

MEDACCESS

The plan that provides
access to affordable care.



MOST
VALUABLE
PLAN

MEDACCESS

Plan	MVP	MVP +
Network	CIGNA	CIGNA
Deductible (Ind/Fam)	\$0 / \$0	\$0 / \$0
Maximum Out of Pocket (Ind/Fam)	\$7,350 / \$14,700	\$5,000 / \$10,000
Preventive, Physician & Diagnostic Services		MVP
Preventive & Wellness (<i>Non- Hospital Based</i>)	Included	Included
Primary Care Office Visit (<i>Non- Hospital Based</i>)	\$25 Copay <i>(6 visits per plan year)</i>	\$15 Copay <i>(12 visits per plan year)</i>
Specialist Office Visit (<i>Non-Hospital Based</i>)	\$50 Copay <i>(6 visits per plan year)</i>	\$25 Copay <i>(12 visits per plan year)</i>
Urgent Care	\$50 Copay <i>(2 visits per plan year)</i>	\$35 Copay <i>(3 visits per plan year)</i>
Telemedicine	\$0 Copay	\$0 Copay
Laboratory Services & Radiology (<i>Non-Hospital Based</i>)	\$50 Copay <i>(3 visits per plan year)</i>	\$50 Copay <i>(4 visits per plan year)</i>
CT / MRI / MRA / PET Scan (<i>Non-Hospital Based</i>)	\$350 Copay <i>(1 per plan year)</i>	\$350 Copay <i>(3 per plan year)</i>

MEDACCESS

Hospital & Facility Services	MVP	MVP +
Inpatient Hospitalization	\$350 Copay per Admission <i>(3 days per plan year)</i>	\$350 Copay per Admission <i>(10 days per plan year)</i>
Inpatient Visits - Physician	Included in IP Hospitalization Copay	Included in IP Hospitalization Copay
Inpatient Surgery	Included in IP Hospitalization Copay <i>(3 days per plan year)</i>	Included in IP Hospitalization Copay <i>(4 surgeries per plan year)</i>
Outpatient Hospital or Free- Standing Facility Services and Surgery	\$350 Copay <i>(1 visit per plan year)</i>	\$350 Copay <i>(2 visits per plan year)</i>
Anesthesia	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay <i>(Subject to benefit limit)</i>	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay <i>(4 IP and 2 OP per plan year)</i>
Emergency Room	\$350 Copay <i>(1 visit per plan year)</i>	\$350 Copay <i>(2 visits per plan year)</i>
Ambulance Service (<i>Ground Services Only</i>)	\$250 Copay <i>(1 per plan year)</i>	\$250 Copay <i>(2 per plan year)</i>
Pregnancy Benefits (12 Month Waiting Period)	MVP	MVP +
Professional Services	Not Covered	\$350 Copay
Maternity / Childbirth / Delivery <i>(Considered Inpatient Hospital Stay)</i>	Not Covered	\$350 Copay <i>Per Admission</i>

MEDACCESS

Other Services	MVP	MVP +
Home Health Care	\$25 Copay <i>(5 visits per plan year)</i>	\$25 Copay <i>(20 visits per plan year)</i>
Hospice	Not Covered	Not Covered
Rehabilitation / Habilitation Services <i>(Physical, Speech, and Occupational)</i>	\$50 Copay per Day <i>(6 visits per plan year)</i>	\$50 Copay per Day <i>(12 visits per plan year)</i>
Pharmacy Benefits (Subject to Formulary)	MVP	MVP +
Preventive (<i>Generic Only</i>)	\$0 Copay	\$0 Copay
Non-Preventive	Generic	\$10 Copay
	Preferred Brand*	Not Covered
	Non-Preferred Brand	Not Covered
	Specialty	Not Covered
Monthly Rates (age 18-45)	MVP	MVP +
Employee	\$432.84	\$567.16
Employee & Spouse	\$776.12	\$1,097.01
Employee & Child(ren)	\$670.15	\$886.57
Family	\$997.01	\$1,455.22
Monthly Rates (age 46 - 64)	MVP	MVP +
Employee	\$550.00	\$714.29
Employee & Spouse	\$878.57	\$1,221.43
Employee & Child(ren)	\$777.14	\$1,020.00
Family	\$1,090.00	\$1,564.29

*No specialty drugs or brand drugs covered (except for base contraceptive benefit).