

# Capital Newspapers Medical Insurance Benefit Comparison

	<b>Empire Current Plan HDEPO</b>	<b>MVP Health Care Proposed Plan HDEPO</b>
<b>Benefits</b>		
<b>National Network</b>	Included	Included
<b>Dependent Age</b>	To Age 26	To Age 26
<b>Deductible</b>		
Individual	\$2,000 (Aggregate)	\$2,000 (Aggregate)
Family	\$4,000 (Aggregate)	\$4,000 (Aggregate)
<b>Coinsurance</b>	90%	90%
<b>Out-of-Pocket Maximum</b>		
Individual	\$3,425 (Aggregate)	\$4,000 (Embedded)
Family	\$6,850 (Aggregate)	\$8,000 (Embedded)
<b>Professional Services</b>		
PCP Office Visit	90% Coinsurance After Deductible	90% Coinsurance After Deductible
Specialist Office Visit	90% Coinsurance After Deductible	90% Coinsurance After Deductible
Urgent Care Facility	90% Coinsurance After Deductible	90% Coinsurance After Deductible
Preventive Care	Covered In Full	Covered In Full
Annual Physical	Covered In Full	Covered In Full
Well Woman	Covered In Full	Covered In Full
Well Child	Covered In Full	Covered In Full
Laboratory & X-Ray	90% Coinsurance After Deductible	90% Coinsurance After Deductible
<b>Hospital Services</b>		
Inpatient Hospital	90% Coinsurance After Deductible	90% Coinsurance After Deductible
Inpatient Physical Rehabilitation	90% Coinsurance After Deductible (30 Days)	90% Coinsurance After Deductible (30 Days)
Emergency Room	90% Coinsurance After Deductible	90% Coinsurance After Deductible
Outpatient Surgery	90% Coinsurance After Deductible	90% Coinsurance After Deductible
Chemotherapy/Radiation	90% Coinsurance After Deductible	90% Coinsurance After Deductible
High Tech Radiology (MRI/CT Scan, etc.)	90% Coinsurance After Deductible	90% Coinsurance After Deductible
Physical Therapy	90% Coinsurance After Deductible (30 Visits)	90% Coinsurance After Deductible (30 Visits)
Ambulance	90% Coinsurance After Deductible	90% Coinsurance After Deductible
<b>Additional Benefits</b>		
Durable Medical Equipment	50% Coinsurance After Deductible	50% Coinsurance After Deductible
Prosthetics	50% Coinsurance After Deductible	50% Coinsurance After Deductible
Chiropractic	90% Coinsurance After Deductible	90% Coinsurance After Deductible
<b>Prescription Drugs</b>		
Deductible	Medical Deductible Applies	Medical Deductible Applies
Annual Maximum	N/A	N/A
Generic	\$10 Co-pay After Deductible	\$10 Co-pay After Deductible
Preferred Brand	\$25 Co-pay After Deductible	\$30 Co-pay After Deductible
Non-Preferred Brand	\$50 Co-pay After Deductible	\$50 Co-pay After Deductible
Mail-Order	2 Co-pays for 90 Day Supply After Deductible	2.5 Co-pays for 90 Day Supply After Deductible

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