



# Compass MVP Options

PLANS	BASIC	PLUS	ULTIMATE
Employee Only	\$517.00	\$615.00	\$765.00
Employee + Spouse	\$806.00	\$995.00	\$1345.00
Employee + Child(ren)	\$759.00	\$887.00	\$1175.00
Family	\$1,008.00	\$1,219.00	\$1735.00

## MEDICAL BENEFITS

Deductible	\$0	\$0	\$0
Out of Pocket Maximum (Ind/Fam)	\$8,700/\$17,400	\$5,000/\$10,000	\$2,000/\$13,200
Wellness and Preventive	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Visits	\$25 Copay   8 per year	\$15 Copay   10 per year	\$20 Copay
Specialist Visits	\$50 Copay   8 per year	\$25 Copay   10 per year	\$40 Copay
Urgent Care Visits	\$50 Copay   2 per year	\$35 Copay   3 per year	\$50 Copay
Laboratory Services & Radiology	\$50 Copay   3 per year	\$50 Copay   3 per year	\$50 Copay
CT/MRI/MRA/PET Scans	\$350 Copay   1 per year	\$350 Copay   2 per year	\$400 Copay
Telemedicine	\$0 Copay   Unlimited	\$0 Copay   Unlimited	\$0 Copay   Unlimited

## Rx BENEFITS

Generic Rx	\$0 Copay Preventive \$5 Copay Acute List \$10 Copay Other	\$0 Copay Preventive \$5 Copay Acute List \$10 Copay Other	\$0 Copay Preventive \$5 Copay Acute List \$10 Copay Other
Preferred Brand/Non-Preferred Rx	-	Tier 1: \$40 Copay Tier 2: \$85 Copay	Tier 1: \$40 Copay Tier 2: \$85 Copay

## HOSPITAL SERVICES

Inpatient Hospitalization & Surgery	\$350 Copay   5 days & 2 Surgeries per year	\$350 Copay   7 days & 3 Surgeries per year	\$400 Copay
Outpatient Hospitalization & Surgery	\$350 Copay   1 per year	\$350 Copay   2 per year	\$400 Copay
Emergency Room Services	\$350 Copay   1 per year	\$350 Copay   1 per year	\$400 Copay

## OTHER SERVICES

Chiropractic Services	\$50 Copay   10 per year	\$25 Copay   10 per year	\$40 Copay   10 per year
Second Surgical Opinion	\$0 Copay	\$0 Copay	\$0 Copay
Home Health Care	\$25 Copay   10 per year	\$25 Copay   15 per year	\$25 Copay   20 per year
Treatment for Chemical Abuse (Inpatient/Outpatient)	\$250 Copay   5 days a year / \$25 Copay   8 days a year	\$250 Copay   7 days a year / \$25 Copay   10 days a year	\$250 Copay / \$25 Copay
Emergency Medical Transportation	\$250 Copay   1 per year	\$250 Copay   1 per year	\$400 Copay
Chemotherapy/Radiation	-	-	\$400 Copay
Colonoscopy	-	-	\$400 Copay
Dialysis	-	-	\$400 Copay
Durable Medical Equipment	-	-	\$400 Copay
Hospice Care	-	-	\$400 Copay
Rehabilitation Services	-	-	\$400 Copay   20 per year
Transplant Facility	-	-	\$400 Copay

## PREGNANCY SERVICES

Professional Services	-	\$350 Copay	\$50 Copay
Maternity/Childbirth/Delivery	-	\$350 Copay per admission	\$400 Copay per admission

**For questions, please contact Nick Cianci at 860-416-5333 or Nick@compasstbs.com**

- Out of Network services, and services provided at a hospital, will not be covered, unless otherwise specified.
- Refer to the Schedule of Benefits for a more in-depth list of Benefits Coverage, Limitations and Exclusions. If this document differs from the Schedule of Benefits, the Schedule of Benefits will govern.