

| NB RATE SHEET PLAN# | The following plans are available for New Business for the small group off exchange. Please visit our website, www.NYHealthAlliance.com, and read the benefit summaries before finalizing your selection. | | | | | Monthly Four Tier Rates | | | | |
|---------------------------------------|---|--|------------------------------|--|----------|--|------------------|----------------------|---------|---------|
| | COPAY & DEDUCTIBLE | | RX BENEFIT | NETWORK | PED DENT | EMPLOYEE ONLY | EMPLOYEE +SPOUSE | EMPLOYEE +CHILD(REN) | FAMILY | |
| MVP Health Care | | | | | | | | | | |
| EPO & HMO (Buffalo Region) | | | | | | | | | | |
| 1 | EPO 5/45 Platinum 1 Embedded 3 Visits \$0/\$5 PCP Copay (no ded) \$300 Hospital Copay Per Admit \$45 Specialist Copay (no ded) No Deductible \$100 ER Copay (no ded) to \$2,450/4,900 OOP max | | No Referral | \$5 T1 / \$30 T2 / \$50 T3 (no ded) | National | Medical includes Ped Dental and Vision | 1298.26 | 2577.52 | 2193.74 | 3664.89 |
| 2 | EPO 30/50 Platinum 3 Embedded \$30 PCP Copay (no ded) \$250 Hospital Copay Per Admit \$50 Specialist Copay (no ded) No Deductible \$150 ER Copay (no ded) to \$2,550/5,100 OOP max | | No Referral | \$5 T1 / \$25 T2 / \$40 T3 (no ded) | National | Medical includes Ped Dental and Vision | 1288.15 | 2557.30 | 2176.56 | 3636.08 |
| 3 | EPO 15/25 Platinum 5 Embedded \$15 PCP Copay (no ded) \$550 Hospital Copay Per Admit \$25 Specialist Copay (no ded) No Deductible \$200 ER Copay (no ded) to \$3,550/7,100 OOP max | | No Referral | \$10 T1 / \$40 T2 / \$60 T3 (no ded) | National | Medical includes Ped Dental and Vision | 1294.60 | 2570.20 | 2187.52 | 3654.46 |
| 4 | EPO 15/50/850 Gold 1 Embedded 3 Visits \$0/\$15 PCP Copay (no ded) \$500 Hospital Copay Per Admit (after ded) \$50 Specialist Copay (after ded) \$850/1,700 Annual Deductible \$300 ER Copay (no ded) to \$7,000/14,000 OOP max | | No Referral | \$10 T1 / \$35* T2 / \$70* T3 (*after ded of \$200/\$400 brand name only) | National | Medical includes Ped Dental and Vision | 1140.88 | 2262.76 | 1926.20 | 3216.36 |
| 5 | EPO 10/20/1600 Gold 2 QHDHP Aggregate \$10 PCP Copay (after ded) \$200 Hospital Copay Per Admit (after ded) \$20 Specialist Copay (after ded) \$1,600/3,200 Agg. Annual Deductible \$75 ER Copay (after ded) to \$5,000/10,000 OOP max | | No Referral HSA Compliant | \$10 T1 / \$30 T2 / \$50 T3 (after ded) (preventive drugs no ded) (Integrated w/Medical) | National | Medical includes Ped Dental and Vision | 1096.57 | 2174.14 | 1850.87 | 3090.07 |
| 6 | EPO 20/40/1000 Gold 3 Embedded \$20 PCP Copay (after ded) \$800 Hospital Copay Per Admit (after ded) \$40 Specialist Copay (after ded) \$1,000/2,000 Annual Deductible \$300 ER Copay (after ded) to \$5,000/10,000 OOP max | | No Referral | \$10 T1 / \$35 T2 / 50% T3 (no ded) | National | Medical includes Ped Dental | 1110.60 | 2202.20 | 1874.72 | 3130.06 |
| 7 | EPO 40/60 Gold 4 Embedded \$40 PCP Copay (no ded) \$750 Hospital Copay Per Admit \$60 Specialist Copay (no ded) No Deductible \$500 ER Copay (no ded) to \$6,750/13,500 OOP max | | No Referral | \$10 T1 / \$40 T2 / \$60 T3 (no ded) | National | Medical includes Ped Dental and Vision | 1174.33 | 2329.66 | 1983.06 | 3311.69 |
| 8 | EPO 30/50/350 Gold 6 Embedded \$30 PCP Copay (no ded) \$1,000 Hospital Copay Per Admit (after ded) \$50 Specialist Copay (no ded) \$350/700 Annual Deductible \$100 ER Copay (no ded) to \$6,550/13,100 OOP max | | No Referral | \$10 T1 / \$40 T2 / \$60 T3 (no ded) | National | Medical includes Ped Dental and Vision | 1175.98 | 2332.96 | 1985.87 | 3316.39 |
| 9 | EPO 40/60/4000 Gold 8 Embedded \$40 PCP Copay (no ded) 20% Hospital Copay Per Admit (after ded) \$60 Specialist Copay (no ded) \$4,000/8,000 Annual Deductible \$300 ER Copay (no ded) to \$8,000/16,000 OOP max | | No Referral | \$10 T1 / \$40 T2 / \$60 T3 (no ded) | National | Medical includes Ped Dental and Vision | 1080.46 | 2141.92 | 1823.48 | 3044.16 |
| 10 | EPO 0/0/7000 Gold 12 Embedded \$0 (no ded) 50% Hospital Copay Per Admit (after ded) 50% Specialist Copay (after ded) No Deductible 50% ER Copay (after ded) to \$7,000/14,000 OOP max | | No Referral | 50% T1 / 50% T2 / 50% T3 | National | Medical includes Ped Dental and Vision | 1051.98 | 2084.96 | 1775.07 | 2962.99 |

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| MVP Health Care | | | | | | | | | | |
| EPO & HMO (Buffalo Region) | | | | | | | | | | |
| 11 | EPO 35/60/4500 Silver 2 Embedded | | No Referral | \$10 T1 / \$45 T2 / \$90 T3 (after ded) (Integrated w/Medical) | National | Medical includes Ped Dental and Vision | 912.96 | 1806.92 | 1538.73 | 2566.79 |
| | 3 PCP visits at \$0, then \$35 Copay (no ded) \$60 Specialist Copay (after ded) \$350 ER Copay (after ded) | | | | | | | | | |
| 12 | EPO 25/50/2550 Silver 3 QHDHP Aggregate | | No Referral HSA Compliant | \$15 T1 / \$40 T2 / \$60 T3 (after ded) (preventive drugs no ded) (Integrated w/Medical) | National | Medical includes Ped Dental and Vision | 942.62 | 1866.24 | 1589.15 | 2651.32 |
| | \$25 PCP Copay (after ded) \$50 Specialist Copay (after ded) \$300 ER Copay (after ded) | | | | | | | | | |
| 13 | EPO 20/50/2800 Silver 4 HRA Embedded | | No Referral HSA Compliant | \$15 T1 / \$40 T2 / 50% T3 (no ded) | National | Medical includes Ped Dental and Vision | 929.50 | 1840.00 | 1566.85 | 2613.93 |
| | \$20 PCP Copay (after ded) \$50 Specialist Copay (after ded) \$300 ER Copay (after ded) | | | | | | | | | |
| 14 | EPO 35/50/3100 Silver 7 Embedded | | No Referral | \$15 T1 / \$45 T2 / \$90 T3 (no ded) | National | Medical includes Ped Dental and Vision | 962.84 | 1906.68 | 1623.53 | 2708.94 |
| | \$35 Copay (no ded) \$50 Specialist Copay (after ded) \$250 ER Copay (after ded) | | | | | | | | | |
| 15 | EPO 0/0/4650 Silver 8 QHDHP Embedded | | No Referral HSA Compliant | \$15 T1 / \$50 T2 / \$65 T3 (after ded) (preventive drugs no ded) (Integrated w/Medical) | National | Medical includes Ped Dental and Vision | 911.78 | 1804.56 | 1536.73 | 2563.42 |
| | \$0 PCP Copay (after ded) \$0 Specialist Copay (after ded) \$0 ER Copay (after ded) | | | | | | | | | |
| 16 | EPO 35/60/6150 Bronze 2 Embedded | | No Referral | \$10 T1 / \$40 T2 / \$60 T3 (after ded) (Integrated w/Medical) | National | Medical includes Ped Dental and Vision | 781.30 | 1543.60 | 1314.91 | 2191.56 |
| | 3 Visits \$0/\$35 PCP Copay (after ded) \$60 Specialist Copay (after ded) \$350 ER Coins (after ded) | | | | | | | | | |
| 17 | EPO 5/50%/6500 Bronze 5 QHDHP Embedded | | No Referral HSA Compliant | \$5 T1 / \$30 T2 / 50% T3 (after ded) (preventive drugs no ded) (Integrated w/Medical) | National | Medical includes Ped Dental and Vision | 782.32 | 1545.64 | 1316.64 | 2194.46 |
| | \$5 PCP Copay (after ded) 50% Specialist Copay (after ded) \$100 ER Coins (after ded) | | | | | | | | | |
| 18 | EPO 0%/0%/7100 Bronze 6 QHDHP Embedded | | No Referral HSA Compliant | 0% T1 / 0% T2 / 0% T3 (preventive drugs no ded) (Integrated w/Medical) | National | Medical includes Ped Dental and Vision | 840.94 | 1662.88 | 1416.30 | 2361.53 |
| | 0% PCP Copay (after ded) 0% Specialist Copay (after ded) 0% ER Coins (after ded) | | | | | | | | | |
| 19 | EPO 40%/40%/6350 Bronze 7 QHDHP Embedded | | No Referral HSA Compliant | \$10 T1 / \$40 T2 / \$60 T3 (after ded) (preventive drugs no ded) (Integrated w/Medical) | National | Medical includes Ped Dental and Vision | 805.13 | 1591.26 | 1355.42 | 2259.47 |
| | 40% PCP Copay (after ded) 40% Specialist Copay (after ded) 40% ER Copay (after ded) | | | | | | | | | |
| 20 | EPO \$0/0%/9150 Bronze 11 Embedded | | No Referral | % T1 No DD / 0% T2 %/0% T3 *(*after ded) (Integrated w/Medical) | National | Medical includes Ped Dental | 779.90 | 1540.80 | 1312.53 | 2187.57 |
| | 1 PCP visit at \$0, then 0% (after ded) 0% Specialist Copay (after ded) 0% ER Copay (after ded) | | | | | | | | | |

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| MVP Health Care | | | | | | | | | | |
| EPO & HMO (Buffalo Region) | | | | | | | | | | |
| 21 | HMO 10/35 Platinum 2 Embedded | | No Referral | \$5 T1 / \$30 T2 / \$50 T3 (no ded) | Regional | Medical includes Ped Dental and Vision | 1083.76 | 2148.52 | 1829.09 | 3053.57 |
| | \$10 PCP Copay (no ded) \$300 Hospital Copay Per Admit (no ded) \$35 Specialist Copay (no ded) No Deductible \$200 ER Copay (no ded) to \$2,400/4,800 OOP max | | | | | | | | | |
| 22 | HMO 25/50/2550 Silver 3 QHDHP Aggregate | | No Referral HSA Compliant | \$15 T1 / \$40 T2 / \$60 T3 (after ded) (preventive drugs no ded) (Integrated w/Medical) | Regional | Medical includes Ped Dental and Vision | 787.32 | 1555.64 | 1325.14 | 2208.71 |
| | \$25 PCP Copay (after ded) \$500 Hospital Copay Per Admit (after ded) \$50 Specialist Copay (after ded) \$2,550/5,100 Agg. Annual Deductible \$300 ER Copay (after ded) to \$6,350/12,700 OOP max | | | | | | | | | |

NOTES:

- 1) An administrative fee of \$19.00 has been added to your premium.
- 2) MVP's Medical rates now include Pediatric Dental and Vision for children under the age of 19.
- 3) Deductible is on a contract basis.
- 4) All Qualified High Deductible Health Plans (QHDHP) are HSA compliant.
- 5) MVP's Custodian HSA Bank is Liberty Health. Individual Banking Fees apply. See fee schedule. Employer setup fee is waived.
- 6) Embedded Deductible: Each covered family member only needs to satisfy his/her individual deductible, not the entire family deductible, prior to receiving plan benefits. The family deductible is a family maximum.
- 7) Aggregate Deductible: For any policy with two or more members, the deductible must be met by any one or any combination of members before the plan will make payments.
- 8) This is a brief summary of benefits and should be used as a guide only.
- 9) For complete information on deductibles and coinsurance, please refer to carrier SBC's located on our website (www.NYHealthAlliance.com).
- 10) Please refer to the NYHA 's website www.NYHealthAlliance.com for subscriber agreement, complete description of requirements for coverage, covered services, limitations and exclusions.

Buffalo Region includes the following counties:

Genesee, Orleans, Wyoming, Erie, Niagara, Allegany, Cattaraugus, Chautauqua

(MVP is not licensed to sell HMO plans in the counties that are underlined . MVP can only sell EPO plans to Associations in Allegany, Cattaraugus and Chautauqua Counties)