

NEW BUSINESS OFF EXCHANGE PLANS - ROCHESTER REGION*

(1-99 Employees)

	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			
NB RATE SHEET PLAN#	COPAY &	DEDUCTIBLE		RX BENEFIT	NETWORK	PED DENT	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(REN)	FAMILY
	MVP Health Care									
	EPO & HMO (Rochester Region)									
	EPO 5/45 Platinum 1 Embedded							T '	[]	
1	3 Visits \$0/\$5 PCP Copay (no ded)	\$300 Hospital Copay Per Admit	No Referral	\$5 T1 / \$30 T2 / \$50 T3 (no ded)	National	Medical includes Ped Dental and Vision	1177.15	2335.30	1987.86	3319.73
1	\$45 Specialist Copay (no ded)	No Deductible								
\longrightarrow	\$100 ER Copay (no ded)	to \$2,450/4,900 OOP max								
l .	EPO 30/50 Platinum 3 Embedded	*****		\$5 T1 / \$25 T2 / \$40 T3 (no ded)	National	Medical includes Ped Dental and Vision	1167.99			3293.62
2	\$30 PCP Copay (no ded)	\$250 Hospital Copay Per Admit	No Referral					2316.98	1972.28	
	\$50 Specialist Copay (no ded) \$150 ER Copay (no ded)	No Deductible to \$2,550/5,100 OOP max								
 	EPO 15/25 Platinum 5 Embedded	to \$2,550/5, 100 OOP Max								
l F	\$15 PCP Copay (no ded)	\$550 Hospital Copay Per Admit			National	Medical includes Ped Dental and Vision	1173.83	2328.66	1982.21	3310.27
3	\$25 Specialist Copay (no ded)	No Deductible	No Referral	\$10 T1 / \$40 T2 / \$60 T3 (no ded)						
	\$200 ER Copay (no ded)	to \$3,550/7,100 OOP max		\$10 117 \$10 127 \$00 10 (no aba)						
	EPO 15/50/850 Gold 1 Embedded	, , , , , , , , , , , , , , , , , , ,		\$10 T1 / \$35* T2 / \$70* T3 (*after ded of \$200/\$400 brand name only)	National	Medical includes Ped Dental and Vision	1034.67	2050.34	1745.64	2913.66
4	3 Visits \$0/\$15 PCP Copay (no ded)	\$500 Hospital Copay Per Admit (after ded)	No Referra							
4	\$50 Specialist Copay (after ded)	\$850/1,700 Annual Deductible								
	\$300 ER Copay (no ded)	to \$7,000/14,000 OOP max								
l l	EPO 10/20/1600 Gold 2 QHDHP Aggregate		No Referral		National	Medical includes Ped Dental and Vision	994.55	1970.10	1677.44	2799.32
5	\$10 PCP Copay (after ded)	\$200 Hospital Copay Per Admit (after ded)	HSA Compliant	\$10 T1 / \$30 T2 / \$50 T3 (after ded)						
	\$20 Specialist Copay (after ded)	\$1,600/3,200 Agg. Annual Deductible		(preventive drugs no ded)						
\longmapsto	\$75 ER Copay (after ded)	to \$5,000/10,000 OOP max	Compilant	(Integrated w/Medical)						
	EPO 20/40/1000 Gold 3 Embedded	200011 2110 B 41 27 6 1 1	No Referral	\$10 T1 / \$35 T2 / 50% T3 (no ded)	National	Medical includes Ped Dental	1007.26	1995.52	1699.04	2835.54
6	\$20 PCP Copay (after ded)	\$800 Hospital Copay Per Admit (after ded) \$1,000/2,000 Annual Deductible								
	\$40 Specialist Copay (after ded) \$300 ER Copay (after ded)	to \$5,000/10,000 OOP max								
	EPO 40/60 Gold 4 Embedded	to \$5,000/10,000 OOF max		+				1	+	
l F	\$40 PCP Copay (no ded)	\$750 Hospital Copay Per Admit	No Referral	\$10 T1 / \$40 T2 / \$60 T3 (no ded)	National	Medical includes Ped Dental and Vision	1064.95	2110.90	1797.12	2999.96
7	\$60 Specialist Copay (no ded)	No Deductible								
	\$500 ER Copay (no ded)	to \$6,750/13,500 OOP max								
	EPO 30/50/350 Gold 6 Embedded									3004.20
8	\$30 PCP Copay (no ded)	\$1,000 Hospital Copay Per Admit (after ded)	No Referra	\$10 T1 / \$40 T2 / \$60 T3 (no ded)	National	Medical includes Ped Dental and Vision	1066.44	2113.88	1799.65	
°	\$50 Specialist Copay (no ded)	\$350/700 Annual Deductible								
	\$100 ER Copay (no ded)	to \$6,550/13,100 OOP max								
	EPO 40/60/4000 Gold 8 Embedded			\$10 T1 / \$40 T2 / \$60 T3 (no ded)	National	Medical includes Ped Dental and Vision	979.97	1940.94	1652.65	2757.76
9	\$40 PCP Copay (no ded)	20% Hospital Copay Per Admit (after ded)	No Referral							
l	\$60 Specialist Copay (no ded)	\$4,000/8,000 Annual Deductible								
┝──┤	\$300 ER Copay (no ded)	to \$8,000/16,000 OOP max								├
i F	EPO 0/0/7000 Gold 12 Embedded	FOO! Heavital Canay Day Admit (after 4-4)		50% T1 / 50% T2 / 50% T3	National	Medical includes Ped Dental and Vision	954.18	1889.36	1608.81	2684.26
10	\$0 (no ded) 50% Specialist Copay (after ded)	50% Hospital Copay Per Admit (after ded) No Deductible	No Referral							
i I	50% Specialist Copay (after ded) 50% ER Copay (after ded)	to \$7.000/14.000 OOP max								



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	MVP Health Care									
	EPO & HMO (Rochester Region)									
	EPO 35/60/4500 Silver 2 Embedded									
	3 PCP visits at \$0, then \$35 Copay (no ded)	30% Hospital Coins Per Admit (after ded)		\$10 T1 / \$45 T2 / \$90 T3 (after ded) (Integrated w/Medical)	National	Medical includes Ped Dental and Vision	828.32	1637.64	1394.84	2325.56
11	\$60 Specialist Copay (after ded)	\$4,500/9,000 Annual Deductible	No Referral							
	\$350 ER Copay (after ded)	to \$8,400/16,800 OOP max		,,						
	EPO 25/50/2550 Silver 3 QHDHP Aggregate									
12	\$25 PCP Copay (after ded)	\$500 Hospital Copay Per Admit (after ded)	No Referral	\$15 T1 / \$40 T2 / \$60 T3 (after ded)	National	Medical includes	855.18	1691.36	1440.51	2402.11
12	\$50 Specialist Copay (after ded)	\$2,550/5,100 Agg. Annual Deductible	HSA	(preventive drugs no ded)		Ped Dental and Vision	l			
	\$300 ER Copay (after ded)	to \$6,350/12,700 OOP max	Compliant	(Integrated w/Medical)						
	EPO 20/50/2800 Silver 4 HRA Embedded	O 20/50/2800 Silver 4 HRA Embedded No Referral								
13	\$20 PCP Copay (after ded)	\$800 Hospital Copay Per Admit (after ded)	HSA	\$15 T1 / \$40 T2 / 50% T3 (no ded)	National	Medical includes Ped Dental and Vision	843.30	1667.60	1420.31	2368.26
10	\$50 Specialist Copay (after ded)	\$2,800/5,600 Annual Deductible								
	\$300 ER Copay (after ded)	to \$7,200/14,400 OOP max	Compliant							
	EPO 35/50/3100 Silver 7 Embedded					Medical includes Ped Dental and Vision	873.48	1727.96	1471.62	2454.27
14	\$35 Copay (no ded)	\$750 Hospital Copay Per Admit (after ded)	No Referral	\$15 T1 / \$45 T2 / \$90 T3 (no ded)	National					
	\$50 Specialist Copay (after ded)	\$3,100/6,200 Annual Deductible								
	\$250 ER Copay (after ded)	to \$8,700/17,400 OOP max								
	EPO 0/0/4650 Silver 8 QHDHP Embedded		No Referral HSA Compliant		National	Medical includes Ped Dental and Vision	827.25	1635.50	1393.03	2322.51
15	\$0 PCP Copay (after ded)	\$0 Hospital Copay Per Admit (after ded)		\$15 T1 / \$50 T2 / \$65 T3 (after ded)						
	\$0 Specialist Copay (after ded)	\$4,650/9,300 Annual Deductible to \$7,600/15,200 OOP max		(preventive drugs no ded)						
	\$0 ER Copay (after ded) EPO 35/60/6150 Bronze 2 Embedded	to \$7,800/15,200 OOP max	- '	(Integrated w/Medical)						
	3 Visits \$0/\$35 PCP Copay (after ded)	30% Hospital Coins Per Admit (after ded)		\$10 T1 / \$40 T2 / \$60 T3 (after ded)	National	Medical includes Ped Dental and Vision	709.13	1399.26	1192.22	1985.87
16	\$60 Specialist Copay (after ded)	\$6.150/12.300 Annual Deductible	No Referral	(Integrated w/Medical)	Ivational					
	\$350 ER Coins (after ded)	to \$8.900/17.800 OOP max			ł					
	EPO 5/50%/6500 Bronze 5 QHDHP Embedded		No Referral							
47	\$5 PCP Copay (after ded)	50% Hospital Coins Per Admit (after ded)	- No recentar	\$5 T1 / \$30 T2 / 50% T3 (after ded)	National	Medical includes	710.05	1401.10	1193.79	1988.49
17	50% Specialist Copay (after ded)	\$6,500/13,000 Annual Deductible	HSA	(preventive drugs no ded)		Ped Dental and Vision				1
	\$100 ER Coins (after ded)	to \$7,2500/14,500 OOP max	Compliant	(Integrated w/Medical)						
	0%/0%/7100 Bronze 6 QHDHP Embedded No Referra									
18	0% PCP Copay (after ded)	0% Hospital Coins Per Admit (after ded)		0% T1 / 0% T2 / 0% T3	National	Medical includes	763.12	1507.24	1284.00	2139.74
10	0% Specialist Copay (after ded)	\$7,100/14,200 Annual Deductible	HSA	(preventive drugs no ded)		Ped Dental and Vision				
	0% ER Coins (after ded)	to \$7,100/14,200 OOP max	Compliant	(Integrated w/Medical)						
	EPO 40%/40%/6350 Bronze 7 QHDHP Embedded	140 Melenia			1					
19	40% PCP Copay (after ded)	40% Hospital Copay Per Admit (after ded)	1104	\$10 T1 / \$40 T2 / \$60 T3 (after ded)	National	Medical includes	730.70	1442.40	1228.89	2047.35
	40% Specialist Copay (after ded)	\$6,350/12,700 Annual Deductible	HSA Compliant	(preventive drugs no ded)		Ped Dental and Vision				
	40% ER Copay (after ded)	to \$7,100/14,200 OOP max	Compilant	(Integrated w/Medical)						
	EPO \$0/0%/9150 Bronze 11 Embedded	00/ 11	No Referral	0/ T4 N- DD / 00/ T0 +/ 00/ T0 +/ + "	National	Madical includes	707.00	4000 70	4400.00	4000.05
20	1 PCP visit at \$0, then 0% (after ded)	0% Hospital Copay Per Admit (after ded)	. to receital	% T1 No DD / 0% T2 */ 0% T3 *(*after dec	National	Medical includes	707.86	1396.72	1190.06	1982.25
	0% Specialist Copay (after ded) 0% ER Copay (after ded)	\$9,150/18,300 Annual Deductible to \$9.150/18.300 OOP max	1	(Integrated w/Medical)		Ped Dental				
	0% ER Copay (alter ded)	10 99, 150/ 10,500 OOF Max	_1	(integrated w/iviedical)						



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	MVP Health Care										
	EPO & HMO (Rochester Region)										
21	HMO 10/35 Platinum 2 Embedded		No Referral								
	\$10 PCP Copay (no ded)	\$300 Hospital Copay Per Admit (no ded)		\$5 T1 / \$30 T2 / \$50 T3 (no ded) Reg	Regional	Medical includes Ped Dental and Vision	1144.34	2269.68	1932.08	3226.22	
	\$35 Specialist Copay (no ded)	No Deductible									
	\$200 ER Copay (no ded)	to \$2,400/4,800 OOP max									
	HMO 25/50/2550 Silver 3 QHDHP Aggregate		No Referral								
22	\$25 PCP Copay (after ded)	\$500 Hospital Copay Per Admit (after ded)		\$15 T1 / \$40 T2 / \$60 T3 (after ded)	Regional	Medical includes	831.03	1643.06	1399.45	2333.29	
	\$50 Specialist Copay (after ded)	\$2,550/5,100 Agg. Annual Deductible	HSA	(preventive drugs no ded)		Ped Dental and Vision					
	\$300 ER Copay (after ded)	to \$6,350/12,700 OOP max	Compliant	(Integrated w/Medical)						1	

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.NYHeathAlliance.com for subscriber agreement, complete description of requirements for coverage, covered services, limitations and exclusions.

Rochester Region includes the following counties: Livingston, Monroe, Ontario, Seneca, Wayne, and Yates