

| 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 (Syracuse 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 | 1158.22 | 2297.44 | 1955.67 | 3265.78 |
| 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 | 1149.22 | 2279.44 | 1940.37 | 3240.13 |
| 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 | 1154.96 | 2290.92 | 1950.13 | 3256.49 |
| 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 | 1018.07 | 2017.14 | 1717.42 | 2866.35 |
| 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 | 978.61 | 1938.22 | 1650.34 | 2753.89 |
| 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 | 991.11 | 1963.22 | 1671.59 | 2789.51 |
| 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 | 1047.86 | 2076.72 | 1768.06 | 2951.25 |
| 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 | 1049.33 | 2079.66 | 1770.56 | 2955.44 |
| 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 | 964.27 | 1909.54 | 1625.96 | 2713.02 |
| 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 | | | 50% T1 / 50% T2 / 50% T3 | National | Medical includes Ped Dental and Vision | 938.90 | 1858.80 | 1582.83 | 2640.72 |

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| | COPAY & DEDUCTIBLE | | RX BENEFIT | NETWORK | PED DENT | EMPLOYEE ONLY | EMPLOYEE +SPOUSE | EMPLOYEE +CHILD(REN) | FAMILY | |
| MVP Health Care | | | | | | | | | | |
| EPO & HMO (Syracuse 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 | 815.10 | 1611.20 | 1372.37 | 2287.89 |
| | 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 | 841.52 | 1664.04 | 1417.28 | 2363.18 |
| | \$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 | 829.83 | 1640.66 | 1397.41 | 2329.87 |
| | \$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 | 859.52 | 1700.04 | 1447.88 | 2414.48 |
| | \$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 | 814.05 | 1609.10 | 1370.59 | 2284.89 |
| | \$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 | 697.85 | 1376.70 | 1154.05 | 1953.72 |
| | 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 | 698.76 | 1378.52 | 1174.59 | 1956.32 |
| | \$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 | 750.96 | 1482.92 | 1263.33 | 2105.09 |
| | 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 | 719.07 | 1419.14 | 1209.12 | 2014.20 |
| | 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 | 696.60 | 1374.20 | 1170.92 | 1950.16 |
| | 1 PCP visit at \$0, then 0% (after ded) 0% Specialist Copay (after ded) 0% ER Copay (after ded) | | | | | | | | | |

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| | COPY & DEDUCTIBLE | | RX BENEFIT | NETWORK | PED DENT | EMPLOYEE ONLY | EMPLOYEE +SPOUSE | EMPLOYEE +CHILD(REN) | FAMILY | |
| MVP Health Care | | | | | | | | | | |
| EPO & HMO (Syracuse 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 | 1125.70 | 2232.40 | 1900.39 | 3173.10 |
| | \$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 | 817.58 | 1616.16 | 1376.59 | 2294.95 |
| | \$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.

Syracuse Region includes the following counties:
Broome, Cayuga, Chemung, Cortland, Onondage, Schuyler, Steuben, Tioga, and Tompkins