

NEW BUSINESS OFF EXCHANGE PLANS - SYRACUSE REGION*

(1-99 Employees)

NB RATE	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				
SHEET PLAN#	COPAY &	DEDUCTIBLE		RX BENEFIT	NETWORK	PED DENT	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(REN)	FAMILY
	MVP Health Care									
	EPO & HMO (Syracuse Region)									
	EPO 5/45 Platinum 1 Embedded								T I	
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	1158.22	2297.44	1955.67	3265.78
'	\$45 Specialist Copay (no ded)	No Deductible	No Releirai							
	\$100 ER Copay (no ded)	to \$2,450/4,900 OOP max								
	EPO 30/50 Platinum 3 Embedded			\$5 T1 / \$25 T2 / \$40 T3 (no ded)	National	Medical includes Ped Dental and Vision	1149.22			
2	\$30 PCP Copay (no ded)	\$250 Hospital Copay Per Admit	No Referral					2279.44	1940.37	3240.13
	\$50 Specialist Copay (no ded)	No Deductible								
	\$150 ER Copay (no ded)	to \$2,550/5,100 OOP max						<u> </u>		
	EPO 15/25 Platinum 5 Embedded				National	Medical includes Ped Dental and Vision	1154.96	2290.92	1950.13	3256.49
3	\$15 PCP Copay (no ded)	\$550 Hospital Copay Per Admit	No Referral							
	\$25 Specialist Copay (no ded) \$200 ER Copay (no ded)	No Deductible to \$3,550/7,100 OOP max		\$10 T1 / \$40 T2 / \$60 T3 (no ded)						
	EPO 15/50/850 Gold 1 Embedded	to \$5,550/7,100 OOP max			 					
	3 Visits \$0/\$15 PCP Copay (no ded)	\$500 Hospital Copay Per Admit (after ded)	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
4	\$50 Specialist Copay (after ded)	\$850/1,700 Annual Deductible								2000.55
	\$300 ER Copay (no ded)	to \$7,000/14,000 OOP max								
	EPO 10/20/1600 Gold 2 QHDHP Aggregate	***************************************	No Referral) National	Medical includes Ped Dental and Vision	978.61	1938.22	1650.34	2753.89
5	\$10 PCP Copay (after ded)	\$200 Hospital Copay Per Admit (after ded)	HSA Compliant	\$10 T1 / \$30 T2 / \$50 T3 (after ded)						
5	\$20 Specialist Copay (after ded)	\$1,600/3,200 Agg. Annual Deductible		(preventive drugs no ded)						
	\$75 ER Copay (after ded)	to \$5,000/10,000 OOP max		(Integrated w/Medical)						
	EPO 20/40/1000 Gold 3 Embedded			\$10 T1 / \$35 T2 / 50% T3 (no ded)	National	Medical includes Ped Dental	991.11	1963.22	1671.59	2789.51
6	\$20 PCP Copay (after ded)	\$800 Hospital Copay Per Admit (after ded)	No Referral							
Ŭ	\$40 Specialist Copay (after ded)	\$1,000/2,000 Annual Deductible								
	\$300 ER Copay (after ded)	to \$5,000/10,000 OOP max								
	EPO 40/60 Gold 4 Embedded			\$10 T1 / \$40 T2 / \$60 T3 (no ded)	National	Medical includes Ped Dental and Vision	1047.86	2076.72	1768.06	2951.25
7	\$40 PCP Copay (no ded)	\$750 Hospital Copay Per Admit	No Referral							
	\$60 Specialist Copay (no ded)	No Deductible to \$6,750/13,500 OOP max								
	\$500 ER Copay (no ded) EPO 30/50/350 Gold 6 Embedded	to \$6,750/13,500 OOP max								
	\$30 PCP Copay (no ded)	\$1,000 Hospital Copay Per Admit (after ded)	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
8	\$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						†	 	·	
	\$40 PCP Copay (no ded)	20% Hospital Copay Per Admit (after ded)	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
9	\$60 Specialist Copay (no ded)	\$4,000/8,000 Annual Deductible								
,	\$300 ER Copay (no ded)	to \$8,000/16,000 OOP max								
	EPO 0/0/7000 Gold 12 Embedded					_				
10	\$0 (no ded)	50% Hospital Copay Per Admit (after ded)		50% T1 / 50% T2 / 50% T3	National	Medical includes Ped Dental and Vision	938.90	1858.80	1582.83	2640.72
	50% Specialist Copay (after ded)	No Deductible								
	50% ER Copay (after ded)	to \$7,000/14,000 OOP max								



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SHEET PLAN#	COPAY & D	EDUCTIBLE		RX BENEFIT	NETWORK	PED DENT	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(REN)	FAMILY	
	MVP Health Care										
	EPO & HMO (Syracuse Region)										
	EPO 35/60/4500 Silver 2 Embedded										
11	3 PCP visits at \$0, then \$35 Copay (no ded)	30% Hospital Coins Per Admit (after ded)	No Referral	\$10 T1 / \$45 T2 / \$90 T3 (after ded) (Integrated w/Medical) Nation	National	Medical includes Ped Dental and Vision	815.10	1611.20	1372.37	2287.89	
'''	\$60 Specialist Copay (after ded)	\$4,500/9,000 Annual Deductible	NO Referrar								
	\$350 ER Copay (after ded)	to \$8,400/16,800 OOP max			<u> </u>						
	EPO 25/50/2550 Silver 3 QHDHP Aggregate		No Referral			Medical includes	841.52	1664.04			
12	\$25 PCP Copay (after ded)	\$500 Hospital Copay Per Admit (after ded)	HSA Compliant	\$15 T1 / \$40 T2 / \$60 T3 (after ded) National	1417.28				2363.18		
	\$50 Specialist Copay (after ded)	\$2,550/5,100 Agg. Annual Deductible		(preventive drugs no ded)		Ped Dental and Vision					
	\$300 ER Copay (after ded)	to \$6,350/12,700 OOP max		(Integrated w/Medical)							
	EPO 20/50/2800 Silver 4 HRA Embedded No Referra						1				
13	\$20 PCP Copay (after ded)	\$800 Hospital Copay Per Admit (after ded)	HSA Compliant	\$15 T1 / \$40 T2 / 50% T3 (no ded) National	National	Medical includes Ped Dental and Vision	829.83	1640.66	1397.41	2329.87	
	\$50 Specialist Copay (after ded)	\$2,800/5,600 Annual Deductible									
	\$300 ER Copay (after ded)	to \$7,200/14,400 OOP max	Compilant								
	EPO 35/50/3100 Silver 7 Embedded \$35 Copay (no ded)	\$750 Hospital Copay Per Admit (after ded)		\$15 T1 / \$45 T2 / \$90 T3 (no ded)	National	Medical includes	859.52	1700.04	1447.88	2414.48	
14	\$50 Specialist Copay (after ded)	\$3,100/6,200 Annual Deductible	No Referral			Ped Dental and Vision		1700.04	1447.00	2414.40	
	\$250 ER Copay (after ded)	to \$8,700/17,400 OOP max									
	EPO 0/0/4650 Silver 8 QHDHP Embedded	10 40,100,111,100 CO1 Max	No Referral								
	\$0 PCP Copay (after ded)	\$0 Hospital Copay Per Admit (after ded)	HSA Compliant	\$15 T1 / \$50 T2 / \$65 T3 (after ded)	National	Medical includes Ped Dental and Vision	814.05	1609.10	1370.59	2284.89	
15	\$0 Specialist Copay (after ded)	\$4,650/9,300 Annual Deductible		(preventive drugs no ded)							
	\$0 ER Copay (after ded)	to \$7,600/15,200 OOP max		(Integrated w/Medical)							
	EPO 35/60/6150 Bronze 2 Embedded										
16	3 Visits \$0/\$35 PCP Copay (after ded)	30% Hospital Coins Per Admit (after ded)	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	
10	\$60 Specialist Copay (after ded)	\$6,150/12,300 Annual Deductible									
	\$350 ER Coins (after ded)	to \$8,900/17,800 OOP max									
	O 5/50%/6500 Bronze 5 QHDHP Embedded No Referral				Medical includes						
17	\$5 PCP Copay (after ded)	50% Hospital Coins Per Admit (after ded)	HSA Compliant	\$5 T1 / \$30 T2 / 50% T3 (after ded)	National	Ped Dental and Vision	698.76	1378.52	1174.59	1956.32	
	50% Specialist Copay (after ded) \$100 ER Coins (after ded)	\$6,500/13,000 Annual Deductible to \$7,2500/14,500 OOP max		(preventive drugs no ded) (Integrated w/Medical)							
	EPO 0%/0%/7100 Bronze 6 QHDHP Embedded	to \$7,2500/14,500 OOP max	N D ()	(integrated w/iviedical)							
	0% PCP Copay (after ded)	0% Hospital Coins Per Admit (after ded)	No Referral	0% T1 / 0% T2 / 0% T3	National	Medical includes	750.96	1482.92	1263.33	2105.09	
18	0% Specialist Copay (after ded)	\$7,100/14,200 Annual Deductible	HSA Compliant	(preventive drugs no ded)	rational	Ped Dental and Vision	700.50	1402.92	1203.33	2103.03	
	0% ER Coins (after ded)	to \$7,100/14,200 OOP max		(Integrated w/Medical)							
	EPO 40%/40%/6350 Bronze 7 QHDHP Embedded		No Referral	No Referral							
10	40% PCP Copay (after ded)	40% Hospital Copay Per Admit (after ded)	HSA	\$10 T1 / \$40 T2 / \$60 T3 (after ded)	National	Medical includes Ped Dental and Vision	719.07	1419.14	1209.12	2014.20	
19	40% Specialist Copay (after ded)	\$6,350/12,700 Annual Deductible		(preventive drugs no ded)							
	40% ER Copay (after ded)	to \$7,100/14,200 OOP max	Compliant	(Integrated w/Medical)					<u> </u>	<u> </u>	
	EPO \$0/0%/9150 Bronze 11 Embedded	0/0%/9150 Bronze 11 Embedded			<u> </u>	_					
20	1 PCP visit at \$0, then 0% (after ded)	0% Hospital Copay Per Admit (after ded)	No Referral	% T1 No DD / 0% T2 */ 0% T3 *(*after ded	National	Medical includes	696.60	1374.20	1170.92	1950.16	
	0% Specialist Copay (after ded)	\$9,150/18,300 Annual Deductible	1			Ped Dental					
	0% ER Copay (after ded)	to \$9,150/18,300 OOP max		(Integrated w/Medical)							



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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)									
	HMO 10/35 Platinum 2 Embedded		No Referral							
21	\$10 PCP Copay (no ded)	\$300 Hospital Copay Per Admit (no ded)		\$5 T1 / \$30 T2 / \$50 T3 (no ded)	Regional	Medical includes	1125.70	2232.40	1900.39	3173.10
	\$35 Specialist Copay (no ded)	No Deductible				Ped Dental and Vision				1
	\$200 ER Copay (no ded)	to \$2,400/4,800 OOP max								ı
	HMO 25/50/2550 Silver 3 QHDHP Aggregate		No Referral							
22	\$25 PCP Copay (after ded)	\$500 Hospital Copay Per Admit (after ded)	HSA	\$15 T1 / \$40 T2 / \$60 T3 (after ded)	Regional	Medical includes	817.58	1616.16	1376.59	2294.95
22	\$50 Specialist Copay (after ded)	\$2,550/5,100 Agg. Annual Deductible		(preventive drugs no ded)		Ped Dental and Vision				1
	\$300 ER Copay (after ded)	to \$6,350/12,700 OOP max	Compliant	(Integrated w/Medical)						ı

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.

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