

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	
<b>MVP Health Care</b>										
<b>EPO &amp; HMO (Utica/Watertown Region)</b>										
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	1081.27	2143.54	1824.86	3046.47
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	1072.87	2126.74	1810.58	3022.53
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	1078.22	2137.44	1819.67	3037.78
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	950.58	1882.16	1602.69	2674.00
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	913.78	1808.56	1540.13	2569.12
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	925.44	1831.88	1559.95	2602.35
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	978.35	1937.70	1649.90	2753.15
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	979.72	1940.44	1652.22	2757.05
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	900.41	1781.82	1517.40	2531.02
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		No Referral	50% T1 / 50% T2 / 50% T3	National	Medical includes Ped Dental and Vision	876.76	1734.52	1477.19	2463.62

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<b>EPO &amp; HMO (Utica/Watertown Region)</b>										
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	761.32	1503.64	1280.94	2134.61
	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	785.95	1552.90	1322.82	2204.81
	\$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	775.05	1531.10	1304.29	2173.74
	\$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	802.74	1586.48	1351.36	2252.66
	\$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	760.34	1501.68	1279.28	2131.82
	\$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	651.99	1284.98	1095.08	1823.02
	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	652.84	1286.68	1096.53	1825.44
	\$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	701.51	1384.02	1179.27	1964.15
	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	671.78	1324.56	1128.73	1879.42
	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	650.83	1282.66	1093.11	1819.72
	1 PCP visit at \$0, then 0% (after ded) 0% Specialist Copay (after ded) 0% ER Copay (after ded)									

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<b>MVP Health Care</b>										
<b>EPO &amp; HMO (Utica/Watertown Region)</b>										
21	HMO 10/35 Platinum 2 Embedded		No Referral	\$5 T1 / \$30 T2 / \$50 T3 (no ded)	Regional	Medical includes Ped Dental and Vision	1049.98	2080.96	1771.67	2957.29
	\$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	762.94	1506.88	1283.70	2139.23
	\$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](http://www.NYHealthAlliance.com) for subscriber agreement, complete description of requirements for coverage, covered services, limitations and exclusions.

**Utica/Watertown Region includes the following counties:**  
**Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, and St. Lawrence**