

| 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 (Mid-Hudson Region)</b> |   |  |   |                                 |  |                         |   |                      |         |         |         |
| 1  | EPO 5/45 Platinum 1 Embedded<br>3 Visits \$0/\$5 PCP Copay (no ded)<br>\$45 Specialist Copay (no ded)<br>\$100 ER Copay (no ded)  |  | \$300 Hospital Copay Per Admit<br>No Deductible<br>to \$2,450/4,900 OOP max                                     | No Referral                     | \$5 T1 / \$30 T2 / \$50 T3 (no ded)  | National                | Medical includes<br>Ped Dental and Vision | 1438.26              | 2857.52 | 2431.74 | 4063.89 |
| 2  | EPO 30/50 Platinum 3 Embedded<br>\$30 PCP Copay (no ded)<br>\$50 Specialist Copay (no ded)<br>\$150 ER Copay (no ded)   |  | \$250 Hospital Copay Per Admit<br>No Deductible<br>to \$2,550/5,100 OOP max                                     | No Referral                     | \$5 T1 / \$25 T2 / \$40 T3 (no ded)  | National                | Medical includes<br>Ped Dental and Vision | 1427.05              | 2835.10 | 2412.69 | 4031.94 |
| 3  | EPO 15/25 Platinum 5 Embedded<br>\$15 PCP Copay (no ded)<br>\$25 Specialist Copay (no ded)<br>\$200 ER Copay (no ded)   |  | \$550 Hospital Copay Per Admit<br>No Deductible<br>to \$3,550/7,100 OOP max                                     | No Referral                     | \$10 T1 / \$40 T2 / \$60 T3 (no ded)   | National                | Medical includes<br>Ped Dental and Vision | 1434.21              | 2849.42 | 2424.86 | 4052.35 |
| 4  | EPO 15/50/850 Gold 1 Embedded<br>3 Visits \$0/\$15 PCP Copay (no ded)<br>\$50 Specialist Copay (after ded)<br>\$300 ER Copay (no ded)   |  | \$500 Hospital Copay Per Admit (after ded)<br>\$850/1,700 Annual Deductible<br>to \$7,000/14,000 OOP max        | No Referral                     | \$10 T1 / \$35* T2 / \$70* T3 (*after ded of<br>\$200/\$400 brand name only)                   | National                | Medical includes<br>Ped Dental and Vision | 1263.67              | 2508.34 | 2134.94 | 3566.31 |
| 5  | EPO 10/20/1600 Gold 2 QHDHP Aggregate<br>\$10 PCP Copay (after ded)<br>\$20 Specialist Copay (after ded)<br>\$75 ER Copay (after ded)   |  | \$200 Hospital Copay Per Admit (after ded)<br>\$1,600/3,200 Agg. Annual Deductible<br>to \$5,000/10,000 OOP max | No Referral<br>HSA<br>Compliant | \$10 T1 / \$30 T2 / \$50 T3 (after ded)<br>(preventive drugs no ded)<br>(Integrated w/Medical) | National                | Medical includes<br>Ped Dental and Vision | 1214.50              | 2410.00 | 2051.35 | 3426.18 |
| 6  | EPO 20/40/1000 Gold 3 Embedded<br>\$20 PCP Copay (after ded)<br>\$40 Specialist Copay (after ded)<br>\$300 ER Copay (after ded)   |  | \$800 Hospital Copay Per Admit (after ded)<br>\$1,000/2,000 Annual Deductible<br>to \$5,000/10,000 OOP max      | No Referral                     | \$10 T1 / \$35 T2 / 50% T3 (no ded)  | National                | Medical includes<br>Ped Dental            | 1230.07              | 2441.14 | 2077.82 | 3470.55 |
| 7  | EPO 40/60 Gold 4 Embedded<br>\$40 PCP Copay (no ded)<br>\$60 Specialist Copay (no ded)<br>\$500 ER Copay (no ded)   |  | \$750 Hospital Copay Per Admit<br>No Deductible<br>to \$6,750/13,500 OOP max                                    | No Referral                     | \$10 T1 / \$40 T2 / \$60 T3 (no ded)   | National                | Medical includes<br>Ped Dental and Vision | 1300.77              | 2582.54 | 2198.01 | 3672.04 |
| 8  | EPO 30/50/350 Gold 6 Embedded<br>\$30 PCP Copay (no ded)<br>\$50 Specialist Copay (no ded)<br>\$100 ER Copay (no ded)   |  | \$1,000 Hospital Copay Per Admit (after ded)<br>\$350/700 Annual Deductible<br>to \$6,550/13,100 OOP max        | No Referral                     | \$10 T1 / \$40 T2 / \$60 T3 (no ded)   | National                | Medical includes<br>Ped Dental and Vision | 1302.60              | 2586.20 | 2201.12 | 3677.26 |
| 9  | EPO 40/60/4000 Gold 8 Embedded<br>\$40 PCP Copay (no ded)<br>\$60 Specialist Copay (no ded)<br>\$300 ER Copay (no ded)  |  | 20% Hospital Copay Per Admit (after ded)<br>\$4,000/8,000 Annual Deductible<br>to \$8,000/16,000 OOP max        | No Referral                     | \$10 T1 / \$40 T2 / \$60 T3 (no ded)   | National                | Medical includes<br>Ped Dental and Vision | 1196.64              | 2374.28 | 2020.99 | 3375.27 |
| 10                                       | EPO 0/0/7000 Gold 12 Embedded<br>\$0 (no ded)<br>50% Specialist Copay (after ded)<br>50% ER Copay (after ded)   |  | 50% Hospital Copay Per Admit (after ded)<br>No Deductible<br>to \$7,000/14,000 OOP max                          | No Referral                     | 50% T1 / 50% T2 / 50% T3   | National                | Medical includes<br>Ped Dental and Vision | 1165.03              | 2311.06 | 1967.25 | 3285.19 |

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|--|---|--|------------------------------|--|----------|---|------------------|----------------------|---------|---------|
|  | COPAY & DEDUCTIBLE  |  | RX BENEFIT                   | NETWORK  | PED DENT | EMPLOYEE ONLY                             | EMPLOYEE +SPOUSE | EMPLOYEE +CHILD(REN) | FAMILY  |         |
| <b>MVP Health Care</b>                   |   |  |                              |  |          |   |                  |                      |         |         |
| <b>EPO &amp; HMO (Mid-Hudson Region)</b> |   |  |                              |  |          |   |                  |                      |         |         |
| 11                                       | EPO 35/60/4500 Silver 2 Embedded  |  | No Referral                  | \$10 T1 / \$45 T2 / \$90 T3 (after ded)<br>(Integrated w/Medical)                              | National | Medical includes<br>Ped Dental and Vision | 1010.79          | 2002.58              | 1705.04 | 2845.60 |
|  | 3 PCP visits at \$0, then \$35 Copay (no ded)<br>\$60 Specialist Copay (after ded)<br>\$350 ER Copay (after ded)  |  |                              |  |          |   |                  |                      |         |         |
| 12                                       | EPO 25/50/2550 Silver 3 QHDHP Aggregate   |  | No Referral<br>HSA Compliant | \$15 T1 / \$40 T2 / \$60 T3 (after ded)<br>(preventive drugs no ded)<br>(Integrated w/Medical) | National | Medical includes<br>Ped Dental and Vision | 1043.71          | 2068.42              | 1761.01 | 2939.42 |
|  | \$25 PCP Copay (after ded)<br>\$50 Specialist Copay (after ded)<br>\$300 ER Copay (after ded)   |  |                              |  |          |   |                  |                      |         |         |
| 13                                       | EPO 20/50/2800 Silver 4 HRA Embedded  |  | No Referral<br>HSA Compliant | \$15 T1 / \$40 T2 / 50% T3 (no ded)  | National | Medical includes<br>Ped Dental and Vision | 1029.14          | 2039.28              | 1736.24 | 2897.90 |
|  | \$20 PCP Copay (after ded)<br>\$50 Specialist Copay (after ded)<br>\$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<br>Ped Dental and Vision | 1066.13          | 2113.26              | 1799.12 | 3003.32 |
|  | \$35 Copay (no ded)<br>\$50 Specialist Copay (after ded)<br>\$250 ER Copay (after ded)  |  |                              |  |          |   |                  |                      |         |         |
| 15                                       | EPO 0/0/4650 Silver 8 QHDHP Embedded  |  | No Referral<br>HSA Compliant | \$15 T1 / \$50 T2 / \$65 T3 (after ded)<br>(preventive drugs no ded)<br>(Integrated w/Medical) | National | Medical includes<br>Ped Dental and Vision | 1009.49          | 1999.98              | 1702.83 | 2841.90 |
|  | \$0 PCP Copay (after ded)<br>\$0 Specialist Copay (after ded)<br>\$0 ER Copay (after ded)   |  |                              |  |          |   |                  |                      |         |         |
| 16                                       | EPO 35/60/6150 Bronze 2 Embedded  |  | No Referral                  | \$10 T1 / \$40 T2 / \$60 T3 (after ded)<br>(Integrated w/Medical)                              | National | Medical includes<br>Ped Dental and Vision | 864.73           | 1710.46              | 1456.74 | 2429.33 |
|  | 3 Visits \$0/\$35 PCP Copay (after ded)<br>\$60 Specialist Copay (after ded)<br>\$350 ER Coins (after ded)  |  |                              |  |          |   |                  |                      |         |         |
| 17                                       | EPO 5/50%/6500 Bronze 5 QHDHP Embedded  |  | No Referral<br>HSA Compliant | \$5 T1 / \$30 T2 / 50% T3 (after ded)<br>(preventive drugs no ded)<br>(Integrated w/Medical)   | National | Medical includes<br>Ped Dental and Vision | 865.86           | 1712.72              | 1458.66 | 2432.55 |
|  | \$5 PCP Copay (after ded)<br>50% Specialist Copay (after ded)<br>\$100 ER Coins (after ded)   |  |                              |  |          |   |                  |                      |         |         |
| 18                                       | EPO 0%/0%/7100 Bronze 6 QHDHP Embedded  |  | No Referral<br>HSA Compliant | 0% T1 / 0% T2 / 0% T3<br>(preventive drugs no ded)<br>(Integrated w/Medical)                   | National | Medical includes<br>Ped Dental and Vision | 930.89           | 1842.78              | 1569.21 | 2617.89 |
|  | 0% PCP Copay (after ded)<br>0% Specialist Copay (after ded)<br>0% ER Coins (after ded)  |  |                              |  |          |   |                  |                      |         |         |
| 19                                       | EPO 40%/40%/6350 Bronze 7 QHDHP Embedded  |  | No Referral<br>HSA Compliant | \$10 T1 / \$40 T2 / \$60 T3 (after ded)<br>(preventive drugs no ded)<br>(Integrated w/Medical) | National | Medical includes<br>Ped Dental and Vision | 891.16           | 1763.32              | 1501.67 | 2504.66 |
|  | 40% PCP Copay (after ded)<br>40% Specialist Copay (after ded)<br>40% ER Copay (after ded)   |  |                              |  |          |   |                  |                      |         |         |
| 20                                       | EPO \$0/0%/9150 Bronze 11 Embedded  |  | No Referral                  | % T1 No DD / 0% T2 / 0% T3 *( *after ded)<br>(Integrated w/Medical)                            | National | Medical includes<br>Ped Dental            | 863.17           | 1707.34              | 1454.09 | 2424.88 |
|  | 1 PCP visit at \$0, then 0% (after ded)<br>0% Specialist Copay (after ded)<br>0% ER Copay (after ded)   |  |                              |  |          |   |                  |                      |         |         |

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| <b>MVP Health Care</b>                   |   |  |                              |  |          |  |                  |                      |         |         |
| <b>EPO &amp; HMO (Mid-Hudson 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 | 1324.69          | 2630.38              | 2238.67 | 3740.22 |
|  | \$10 PCP Copay (no ded) \$300 Hospital Copay Per Admit (no ded)<br>\$35 Specialist Copay (no ded) No Deductible<br>\$200 ER Copay (no ded) to \$2,400/4,800 OOP max                                       |  |                              |  |          |  |                  |                      |         |         |
| 22                                       | HMO 25/50/2550 Silver 3 QHDHP Aggregate   |  | No Referral<br>HSA Compliant | \$15 T1 / \$40 T2 / \$60 T3 (after ded)<br>(preventive drugs no ded)<br>(Integrated w/Medical) | Regional | Medical includes Ped Dental and Vision | 961.17           | 1903.34              | 1620.69 | 2704.18 |
|  | \$25 PCP Copay (after ded) \$500 Hospital Copay Per Admit (after ded)<br>\$50 Specialist Copay (after ded) \$2,550/5,100 Agg. Annual Deductible<br>\$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.

**Mid-Hudson Region includes the following counties:**

Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster