

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 (New York City Region)											
1	EPO 5/45 Platinum 1 Embedded 3 Visits \$0/\$5 PCP Copay (no ded) \$45 Specialist Copay (no ded) \$100 ER Copay (no ded)		\$300 Hospital Copay Per Admit No Deductible to \$2,450/4,900 OOP max	No Referral	\$5 T1 / \$30 T2 / \$50 T3 (no ded)	National	Medical includes Ped Dental	1629.09	3239.18	2756.15	4607.76
2	EPO 40/50 Platinum 3 Embedded \$40 PCP Copay (no ded) \$50 Specialist Copay (no ded) \$200 ER Copay (no ded)		\$300 Hospital Copay Per Admit No Deductible to \$2,550/5,100 OOP max	No Referral	\$10 T1 / \$30 T2 / \$50 T3 (no ded)	National	Medical includes Ped Dental	1605.91	3192.82	2716.75	4541.69
3	EPO 15/25 Platinum 5 Embedded \$15 PCP Copay (no ded) \$25 Specialist Copay (no ded) \$200 ER Copay (no ded)		\$550 Hospital Copay Per Admit No Deductible to \$3,550/7,100 OOP max	No Referral	\$10 T1 / \$40 T2 / \$60 T3 (no ded)	National	Medical includes Ped Dental	1621.73	3224.46	2743.64	4586.78
4	EPO 15/50/850 Gold 1 Embedded 3 Visits \$0/\$15 PCP Copay (no ded) \$50 Specialist Copay (after ded) \$300 ER Copay (no ded)		\$500 Hospital Copay Per Admit (after ded) \$850/1,700 Annual Deductible 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	1408.82	2798.64	2381.69	3979.99
5	EPO 10/20/1600 Gold 2 QHDHP Aggregate \$10 PCP Copay (after ded) \$20 Specialist Copay (after ded) \$75 ER Copay (after ded)		\$200 Hospital Copay Per Admit (after ded) \$1,600/3,200 Agg. Annual Deductible to \$5,000/10,000 Emb. 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	1351.46	2683.92	2284.18	3816.51
6	EPO 20/40/1000 Gold 3 Embedded \$20 PCP Copay (after ded) \$40 Specialist Copay (after ded) \$300 ER Copay (after ded)		\$800 Hospital Copay Per Admit (after ded) \$1,000/2,000 Annual Deductible to \$5,000/10,000 OOP max	No Referral	\$10 T1 / \$35 T2 / 50% T3 (no ded)	National	Medical includes Ped Dental	1371.00	2723.00	2317.40	3872.20
7	EPO 40/60 Gold 4 Embedded \$40 PCP Copay (no ded) \$60 Specialist Copay (no ded) \$500 ER Copay (no ded)		\$750 Hospital Copay Per Admit No Deductible to \$6,750/13,500 OOP max	No Referral	\$10 T1 / \$40 T2 / \$60 T3 (no ded)	National	Medical includes Ped Dental	1464.97	2910.94	2477.15	4140.01
8	EPO 30/50/350 Gold 6 Embedded \$30 PCP Copay (no ded) \$50 Specialist Copay (no ded) \$100 ER Copay (no ded)		\$1,000 Hospital Copay Per Admit (after ded) \$350/700 Annual Deductible to \$6,550/13,100 OOP max	No Referral	\$10 T1 / \$40 T2 / \$60 T3 (no ded)	National	Medical includes Ped Dental	1467.91	2916.82	2482.15	4148.39
9	EPO 40/60/4000 Gold 8 Embedded \$40 PCP Copay (no ded) \$60 Specialist Copay (no ded) \$300 ER Copay (no ded)		20% Hospital Copay Per Admit (after ded) \$4,000/8,000 Annual Deductible to \$8,000/16,000 OOP max	No Referral	\$10 T1 / \$40 T2 / \$60 T3 (no ded)	National	Medical includes Ped Dental	1326.07	2633.14	2241.02	3744.15
10	EPO 35/50/750 Gold 11 Embedded \$35 PCP Copay (no ded/\$0 to age 26) \$50 Specialist Copay (after ded) \$250 ER Copay (after ded)		\$1,000 Hospital Copay Per Admit (after ded) \$750/\$1,500 Annual Deductible to \$6,700/\$17,400 OOP max	No Referral	\$10 NoDD (\$0 to age 26) T1 \$45* T2 / \$90* T3 (*after ded of) (Intergrated w/Medical)	National	Medical includes Ped Dental	1390.35	2761.70	2350.30	3927.35
11	EPO 30/50/2100 Silver 1 Embedded \$30 PCP Copay (no ded) \$50 Specialist Copay (after ded) \$350 ER Copay (after ded)		20% Hospital Coins Per Admit (after ded) \$2,100/4,200 Annual Deductible to \$7,800/\$15,600 OOP max	No Referral	\$15 T1 / \$35* T2 / \$70* T3 (*after ded of \$100/\$200 Brand Name only)	National	Medical includes Ped Dental	1201.35	2383.70	2029.00	3388.70

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MVP Health Care										
EPO & HMO (New York City Region)										
12	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	1102.32	2185.64	1860.64	3106.46
	\$35 PCP Copay (no ded) \$60 Specialist Copay (after ded) \$350 ER Copay (no ded) 30% Hospital Coins Per Admit (after ded) \$4,500/9,000 Annual Deductible to \$8,400/\$16,800 OOP max									
13	EPO 25/50/2200 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	1184.37	2349.74	2000.13	3340.30
	\$25 PCP Copay (after ded) \$50 Specialist Copay (after ded) \$300 ER Copay (after ded) \$500 Hospital Copay Per Admit (after ded) \$2,200/4,400 Agg. Annual Deductible to \$5,200/10,400 Emb. OOP max									
14	EPO 20/50/2500 Silver 4 HRA Embedded		No Referral HSA Compliant	\$10 T1 / \$35 T2 / 50% T3 (no ded)	National	Medical includes Ped Dental	1160.15	2301.30	1958.96	3271.28
	\$20 PCP Copay (after ded) \$50 Specialist Copay (after ded) \$300 ER Copay (after ded) \$800 Hospital Copay Per Admit (after ded) \$2,500/5,000 Annual Deductible to \$6,350/12,700 OOP max									
15	EPO 30/40/3100 Silver 7 Embedded		No Referral	\$15 T1 / \$45 T2 / \$90 T3 (no ded)	National	Medical includes Ped Dental	1194.58	2370.16	2017.49	3369.40
	3 PCP visits at \$0, then \$30 Copay (no ded) \$40 Specialist Copay (after ded) \$200 ER Copay (after ded) \$500 Hospital Copay Per Admit (after ded) \$3,100/6,200 Annual Deductible to \$8,000/16,000 OOP max									
16	EPO 0/0/3900 Silver 8 QHDHP Embedded		No Referral HSA Compliant	\$15 T1 / \$40 T2 / \$60 T3 (after ded) (preventive drugs no ded) (Integrated w/Medical)	National	Medical includes Ped Dental	1144.83	2270.66	1932.91	3227.62
	\$0 PCP Copay (after ded) \$0 Specialist Copay (after ded) \$0 ER Copay (after ded) \$0 Hospital Copay Per Admit (after ded) \$3,900/7,800 Annual Deductible to \$6,000/12,000 OOP max									
17	EPO 35/60/6000 Bronze 2 Embedded		No Referral	\$10 T1 / \$40 T2 / \$60 T3 (after ded) (Integrated w/Medical)	National	Medical includes Ped Dental	944.10	1869.20	1591.67	2655.54
	3 Visits \$0/\$35 PCP Copay (after ded) \$60 Specialist Copay (after ded) \$350 ER Coins (after ded) 30% Hospital Coins Per Admit (after ded) \$6,000/12,000 Annual Deductible to \$8,400/16,800 OOP max									
18	EPO 30/50/6200 Bronze 3 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	984.09	1949.18	1659.65	2769.51
	\$30 PCP Copay (after ded) \$50 Specialist Copay (after ded) \$300 ER Coins (after ded) 30% Hospital Coins Per Admit (after ded) \$6,200/12,400 Annual Deductible to \$6,900/13,800 OOP max									
19	EPO 5/50%/6250 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	970.02	1921.04	1635.73	2729.41
	\$5 PCP Copay (after ded) 50% Specialist Copay (after ded) \$100 ER Coins (after ded) 50% Hospital Coins Per Admit (after ded) \$6,250/12,500 Annual Deductible to \$6,900/13,800 OOP max									
20	EPO 0/0/6900 Bronze 6 QHDHP Embedded		No Referral HSA Compliant	\$0 T1 / \$0 T2 / \$0 T3 (after ded) (preventive drugs no ded) (Integrated w/Medical)	National	Medical includes Ped Dental	1017.52	2016.04	1716.48	2864.78
	\$0 PCP Copay (after ded) \$0 Specialist Copay (after ded) \$0 ER Copay (after ded) \$0 Hospital Copay Per Admit (after ded) \$6,900/13,800 Annual Deductible to \$6,900/13,800 OOP max									
21	EPO 40%/40%/6200 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	978.01	1937.02	1649.32	2752.18
	40% PCP Copay (after ded) 40% Specialist Copay (after ded) 40% ER Copay (after ded) 40% Hospital Copay Per Admit (after ded) \$6,200/12,400 Annual Deductible to \$6,900/13,800 OOP max									

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MVP Health Care										
EPO & HMO (New York City Region)										
22	HMO 10/35 Platinum 2 Embedded		No Referral	\$5 T1 / \$30 T2 / \$50 T3 (no ded)	Regional	Medical includes Ped Dental	1508.12	2997.24	2550.50	4262.99
	\$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									
23	HMO 25/50/2200 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	1096.95	2174.90	1851.52	3091.16
	\$25 PCP Copay (after ded) \$500 Hospital Copay Per Admit (after ded) \$50 Specialist Copay (after ded) \$2,200/4,400 Agg. Annual Deductible \$300 ER Copay (after ded) to \$5,200/10,400 Emb. 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 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.

New York City Region includes the following counties:
Rockland, Westchester, Bronx, Kings, New York, Queens, and Richmond Counties
MVP can only sell EPO plans to Associations in the counties that are underlined