

MVP Health Plan, Inc.
Article 44 HMO
NEW YORK GROUP RATE QUOTE

CITY OF SARATOGA SPRINGS
213747_0001

Contract Period: 1/01/2015 - 12/31/2015

Q1 - 2015 Approved Guaranteed 1010

Rate Region: Ex1

Product Description and Rates:

Benefits	Package A COC-10+L
PCP/Specialist Copay Inpatient Hospital Copay Outpatient Surgery Emergency Room Ambulance	\$10/\$10 \$0 Per admission \$10 Facility Fee, \$10 Phys (in office) \$35.00 \$0
	Attached Riders:
	External Prosthetic Devices, Ostomy Supplies & Durable Medical Equipment 80% Grandfathered Federal Womens Health Mandate NY Autism Mandate \$5 Generic Copay/\$20 Brand Copay/\$40 Non-Formulary Copay Removes MAC pricing Changes mail order copay from 2.5x to 2.0x
MVP reserves the right to adjust rates due to changes in Federal or State benefit mandates or tax policies.	
SINGLE DOUBLE PARENT CHILD FAMILY	Quoted Rate: \$714.53 \$1,429.06 \$0.00 \$1,857.78

Log#
50095
Package Sold

Marketing Representative: _____ Date: _____

Group Representative/Broker: _____ Date: _____