

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 New COC Guaranteed

Rate Region: Ex1

Product Description and Rates:

Benefits	Package A NY1HMO009ZLAN
PCP/Specialist Copay Inpatient Hospital Copay Outpatient Surgery Emergency Room Ambulance	\$25 \$240 \$75 \$50 \$100
Attached Riders:	
	120 Days Skilled Nursing Facility Preventative Dental for Children Included External Prosthetic Devices, Ostomy Supplies & Durable Medical Equipment 80% Enhanced Eyewear Benefit (80% up to \$160) Dependents covered to Age 26 \$5/\$20/\$40; MO \$12.50/\$50/\$100 Pharmacy Exclude MAC Pricing Pharmacy Exclude Mail Order 2010 Changes
MVP reserves the right to adjust rates due to changes in Federal or State benefit mandates or tax policies.	
Quoted Rate:	
SINGLE	\$ 706.37
DOUBLE	\$ 1,412.74
PARENT CHILD	\$ -
FAMILY	\$ 1,836.56

Log#

50128

Package Sold

Marketing Representative: _____ Date: _____

Group Representative/Broker: _____ Date: _____