

MVP Health Care
NEW YORK GROUP RATE QUOTE



Customer Name: City of Saratoga Springs
Group Number: 213747_0001
Contract Period: 01/01/2015 - 12/31/2015

Product Description and Rates:

Benefits	Single Offering - Package 1	
	EPO Preferred - NY1EPC003ZLAN	
	In Network	Out of Network
OV PCP/Specialist Copay	\$15/\$15	20%
Hospital Inpatient	\$0.00	20%
Outpatient Surgery	\$75.00	20%
Emergency	\$50.00	\$50.00
Deductible	N/A	\$750/\$1500
Coinsurance	N/A	20%
Out-of-Pocket Max	\$4600/\$9200	\$6,600/\$13,200
Lifetime Max	No Maximum	No Maximum
Attached Riders:		
	Rx-\$5/\$20/\$40	DME/Prosth/Ostomy @ 20% Coins.
	Removes MAC pricing	60 visit OP PT/OT/ST
	MO copay from 2.5x to 2.0x	
	DME for RX	
	200 HH Visits	
	Vision Exam/2 yr- 80% lens up to \$160	
Benefits listed above are high level summary. Please review actual schedule of benefits for complete benefit details.		
Quoted Rate:		
	Single	\$1,000.45
	Double	\$2,228.55
	Family	\$2,558.88

Financial Terms / Assumptions:

Funding Arrangement - Prospective

- All Preferred Products includes Wellstyles Extra Reward Program except for the Care Advantage Plans
- Guaranteed rates assuming all contingencies listed below are met.
- Standard Broker Commission Included.
- Quote assumes employer contributions of 80%. Rates may be revised should contributions fall below this level.
- Quote assumes participation of 98.14%. Rates may be revised should participation fall below 75%.
- MVP reserves the right to revise the rates if actual enrollment varies by 10% from the 25 subscribers assumed for this quote.
- Rates for Deductible products assume a maximum of 50% Employer funding. Rates may be revised should funding level vary.
- Subject to Home Office Approval.
- MVP reserves the right to adjust rates due to changes in federal or state benefit mandates or tax policies.
- Rates expire 12/28/2014. If rates are not accepted prior to this date, MVP reserves the right to rerate.
- Due to ACA requirements and business considerations, MVP has refilled our large group product portfolio for 2015. Should the quoted product(s) not be approved by the NYSDFS as filed, benefits may vary from those listed. The rates will remain guaranteed for the approved benefits, subject to any requirements or stipulations listed on this proposal.

This IS an affiliation offering so the national network factor is based on a blend of CIGNA's OAP based network factors and the factors for MVP's network.

Marketing Representative: _____ Date: _____ **H.S.A. Included**

Group Representative/Broker: _____ Date: _____ **Package Sold**