

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	\$25
Inpatient Hospital Copay	\$240
Outpatient Surgery	\$75
Emergency Room	\$50
Ambulance	\$100
<b>Attached Riders:</b>	
	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.	
<b>Quoted Rate:</b>	
<b>SINGLE</b>	\$ 706.37
<b>DOUBLE</b>	\$ 1,412.74
<b>PARENT CHILD</b>	\$ -
<b>FAMILY</b>	\$ 1,836.56

Log#  
**50128**

Package Sold

Marketing Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Group Representative/Broker: \_\_\_\_\_ Date: \_\_\_\_\_

PER COUNCIL APPROVAL  
11-18-14

City of Saratoga Springs: J. Jensen Date: 11/19/14