

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

CITY OF SARATOGA SPRINGS
213747_0001

Contract Period: 1/01/2016 - 12/31/2016
Q1 - 2016 Approved 9/17/2015 Guaranteed

Rate Region: Ex1

Product Description and Rates:

Benefits	Package A COC-10+L
PCP/Specialist Copay Inpatient Hospital Copay Outpatient Surgery Emergency Room Ambulance	<p style="text-align: center;">\$10/\$10 \$0 Per admission \$10 Facility Fee, \$10 Phys (in office) \$35.00 \$0</p>
	<p style="text-align: center;">Attached Riders:</p> <p style="text-align: center;">External Prosthetic Devices, Ostomy Supplies & Durable Medical Equipment 80%</p> <p style="text-align: center;">Grandfathered Federal Womens Health Mandate NY Autism Mandate</p> <p style="text-align: center;">\$5 Generic Copay/\$20 Brand Copay/\$40 Non-Formulary Copay</p> <p style="text-align: center;">Removes MAC pricing Changes mail order copay from 2.5x to 2.0x</p>

MVP reserves the right to adjust rates due to changes in Federal or State benefit mandates or tax policies.

	Quoted Rate:
SINGLE	\$742.07
DOUBLE	\$1,706.77
PARENT CHILD	\$0.00
FAMILY	\$1,818.07

Log#
60132
Package Sold

Marketing Representative: _____ Date: _____

Group Representative/Broker: _____ Date: _____