

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 New COC - Approved GUARANTEED**

**Rate Region: Ex1**

**Product Description and Rates:**

Benefits	Package A <b>NY1HMO009ZLAN</b>
PCP/Specialist Copay Inpatient Hospital Copay Outpatient Surgery Emergency Room Ambulance	\$25/\$25 \$240 \$75 \$50 \$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% upto \$160)  Dependents covered to Age 26 \$5/\$20/\$40; MO \$12.50/\$50/\$100, \$2,000 OOPMax  Pharmacy Exclude MAC Pricing Pharmacy Exclude Mail Order 2010 Changes
<b>MVP reserves the right to adjust rates due to changes in Federal or State benefit mandates or tax policies.</b>	
<b>Quoted Rate:</b>	
SINGLE	\$ 733.51
DOUBLE	\$ 1,687.08
PARENT CHILD	\$ -
FAMILY	\$ 1,797.11

Log#  
**60132**

Package Sold

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

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