

MVP Health Plan, Inc.
Preferred GOLD HMO-POS 2016
 Group Customer Quote



Customer Name: City of Saratoga Springs
Customer Number: 213747_0003
Contract Period: 1/1/2016 thru 12/31/2016
Region: East

Product Description and Rates:	
MVP PRODUCT HG150019/ RHG0118X	
BASE PLAN MC028GR	
PCP Office Visits	\$10
Specialist Office Visits	\$15
Hospital Inpatient Copay	\$0
Emergency Room	\$65
Skilled Nursing Facility Copay	\$0 days 1-20; \$135/day days 21-100
Eyewear	\$100 Allowance /2 years
Hearing Aids	\$600 Allowance /3 years
Dental	\$240 Annual Preventive Care allowance
Attached Riders:	
Pharmacy Rider	RX \$0/\$5/\$15/\$30/\$30/\$0-EGWP Plus Plan-Copays Thru Gap
Copay Change Rider	COPAY BUY UP RIDER(from Bid FFS to BUY UP) - EAST
Eyewear	Eyewear \$100 Allowance/2years
Hearing Aids	Hearing Aids \$600 allowance/3years
Dental Rider	\$240 annual maximum dental benefit for preventive care.
Contingencies:	
Group Retiree members must be enrolled in Medicare Part A and Part B to be eligible to join MVP Medicare Advantage Plans.	
Employer must contribute a minimum of 80% of the member premium.	
Minimum requirement of 3 enrolled contracts.	
Rates per Subscriber per Month	\$328.80

~ These rates are approved and guaranteed for the period 1/1/2016 through 12/31/2016 ~

Rates must be accepted no later than November 30, 2015

<i>Name of Group Representative</i>	<i>Date</i>
<i>Signature of Group Representative</i>	