



CITY OF SARATOGA SPRINGS

City Council Meeting



February 27, 2019

Recreation Center - Council Meeting
Room
15 Vanderbilt Ave. Saratoga SPrings,
NY 12866

 [Print](#)

2:00 PM

CALL TO ORDER

ROLL CALL

SALUTE TO FLAG

PUBLIC COMMENT PERIOD / 15 MINUTES

PRESENTATION(S):

EXECUTIVE SESSION:

CONSENT AGENDA

MAYOR'S DEPARTMENT

ACCOUNTS DEPARTMENT

FINANCE DEPARTMENT

1. Discussion and Vote: Authorization for Mayor to Sign Updated Health Care Plan Rate Renewals with MVP Health Care

PUBLIC WORKS DEPARTMENT

PUBLIC SAFETY DEPARTMENT

SUPERVISORS

ADJOURN

MVP Health Care
NEW YORK GROUP RATE QUOTE



Customer Name: CITY OF SARATOGA SPRINGS

Group Number: 213747

Contract Period: 4/1/2019 - 12/31/2019

These rates are Guaranteed provided all contingencies are met

Quote Expires: 4/1/2019

Sold ☐

	Option 1		Option 2	
Product	POS	POS	POS	POS
Base Plan	COC10+LGF	\$10	NY1HMO009ZLAN	\$25
	IN	OON	IN	OON
DED	N/A	\$1000/\$3000	N/A	\$1000/\$3000
COINS	N/A	50%	N/A	50%
OOP Max	N/A	\$10000/\$30000	\$4,600/\$9,200	\$10000/\$30000
Rx Rider	RX-RX502LGF	Rx-\$5/\$20/\$40	RXNY1HMO603ZL	Rx-\$5/\$20/\$40 - \$2k/\$4k - oop max
Misc Riders	17AM1-HMOML	2017 Mandates - TM, Mammo, Opioid	17AM1-HMOML	2017 Mandates - TM, Mammo, Opioid
	18AM1-HMOGFPRDENML-G	HMOGF Prev Den Amend	SNHMB203L	OON
	MED513LGF	Ext. Prost Devices, Ost Supplies & DME at 20% coins	DNHMB001L	DME/Prosthetic/Ostomy at 20% coins
	RX-RX550LGF	Removes MAC pricing	MNHMB003L	120 Days SNF
	RX-RX551LGF	MO 2.5x to 2.0x	RXNY1HMB702LA	Removes MAC pricing
	XMED513LGF	Rx DME Rider	RXNY1HMB703LA	MO 2.5x to 2.0x
	SNHMB203L	OON	XDNHMB001L	Rx DME
			YNHMB005L	Eyewear 80% up to \$160/2yr
			Product Status: Filed	
	Quoted Rates	Estimated Contracts	Quoted Rates	Estimated Contracts
Single	\$803.67	17	\$768.53	126
Double	\$1,848.45	4	\$1,767.63	79
Family	\$1,968.99	27	\$1,882.90	93
	Estimated Annual Premium	\$890,627.04	Estimated Annual Premium	\$4,939,047.00
			Estimated Total Premium	\$5,829,674.04

Quote Contingencies

- Triple Offerings Only
 - Quote assumes MVP is the exclusive carrier
 - Quote assumes an out of area % of less than 50% of enrolled subscribers.
 - Quote assumes less than 10% of enrolled subscribers are retired.
 - Subject to Home Office Approval.
 - Group SIC Code: 9199
 - Employer Group Size Attestation must be submitted verifying Large group status prior to implementation
 - MVP reserves the right to adjust rates due to changes in federal or state benefit mandates or tax policies.
 - All of the benefits noted above are a summary. Please see the plans benefit document for full details.
 - MVP reserves the right to revise the rates if actual enrollment varies by 10% from the assumed enrollment above
- Was an MVP sponsored HSA sold with the HDHP product(s)?

YES or NO

Marketing Representative: Danielle D. Wilson

Date: 2/11/19

Group Representative/Broker:

Date:

Assumed Contracts
Broker Commissions
CIGNA Offering Type
Funding Arrangement
Maximum Deductible Funding

MVP reserves the right to rerate if any of these change.

379
Standard
Non-Affiliation
Prospective