

MVP Health Plan, Inc.
Medicare GoldAnywhere PPO 2019
 Group Customer Quote
Proprietary & Confidential



Customer Name: ULSTER COUNTY CHAMBER OF COMMERCE
Customer Number: 210591_0002
Contract Period: 1/1/2019 thru 12/31/2019
Region: Upstate NY & VT

Product Description and Rates:	
MVP PRODUCT PG160010/ RPG0227X	
BASE PLAN MCP017GR	
PCP Office Visits	In \$15; Out \$25
Specialist Office Visits	In \$20; Out \$25
Hospital Inpatient Copay	\$100 In Network / 20% OoN
Emergency Room	\$75
Skilled Nursing Facility Copay	\$0 days 1-20; \$172/day 21-100; 20% OON
Eyewear	\$100 Allowance /2 years
Hearing Aids	\$600 Allowance /3 years
Dental	\$300 annual allowance for any dental service
OOP Max	\$4000 combined IN and OON
Attached Riders:	
Pharmacy Rider	RX: \$0/\$8/\$35/50%/33%; Tier 1 & mandated coverage through donut hole, NO deductible
Copay Change Rider	Standard
DME Rider	Standard Benefit
Eyewear	Eyewear Rider - \$100 Allowance every 2 years
Hearing Aids	Hearing Aid Rider - Limited \$600 every 3 years
Dental Rider	Dental Rider - \$300 annual allowance for any dental service.
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 50% of the member premium.	
Minimum requirement of 3 enrolled contracts.	
Rates per Subscriber per Month	\$363.34

~ These rates are approved and guaranteed for the period 1/1/2019 through 12/31/2019 ~
Rates must be accepted no later than November 30, 2018

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