

MVP Health Plan, Inc.
Medicare GoldAnywhere PPO 2015
 Group Customer Quote



Customer Name: Town of Oswego
Customer Number: 411589 0001
Contract Period: 1/1/2015 thru 12/31/2015
Region: Upstate NY & VT

Product Description and Rates:	
MVP PRODUCT PG150000/ RPG0114X	
BASE PLAN MCP017GR	
PCP Office Visits	In \$10; Out \$25
Specialist Office Visits	In \$15; Out \$25
Hospital Inpatient Copay	\$0 In Network / 20% OoN
Emergency Room	\$65
Skilled Nursing Facility Copay	\$0(days 1-100) In; 20% OON
Eyewear	\$100 Allowance /2 years
Hearing Aids	\$600 Allowance /3 years
Dental	Not Covered
OOP Max	\$4000 combined IN and OON
Attached Riders:	
Pharmacy Rider	RX \$0/\$5/\$15/\$30/\$30/\$0-EGWP Plus Plan-Copays Thru Gap
Copay Change Rider	Buy-Up
DME Rider	Standard Benefit
Eyewear	Eyewear Rider - \$100 Allowance every 2 years
Hearing Aids	Hearing Aid Rider - Limited \$600 every 3 years
Dental Rider	Not Covered
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	\$331.90

~ These rates are approved and guaranteed for the period 1/1/2015 through 12/31/2015 ~