

# IRBA

INDEPENDENT & RETAIL BUSINESS ASSOCIATES, INC.  
The Association for Independent Businesses



## For Sole Proprietor - Rock/West

Rates for these plans are effective 7/1/08. Your plan renews on the anniversary of your effective date

Third  
Quarter

2

0

0

8

Rating Area  
NY Metro:  
Rockland  
Westchester



MVPIRBASOLEP2008DWNST

### MVP IRBA Plan 1 MVP Preferred EPO \$40 - EA008

**In Network Coverage ONLY** - \$3,000 Annual Deductible/\$6,000 per family, \$10,000 per individual/\$20,000 annual out of pocket max. Inpatient Hospital, Emergency care, Diagnostic Lab, X-ray (hospital setting), ambulance, etc. covered at 80% of allowable charges after deductible. \$40 copay/office visit (not subject to deductible) for Physician office visits, office surgery, diagnostic lab & X-ray, physical therapy (30 visit limit/contract year) & chiropractic benefit. \$150 copay/procedure (office setting) for high tech imaging (MRI, MRA, CT, etc) not subject to deductible. Adult Physical - One routine adult physical per contract year, well child care - Per MVP Preventive Care Guidelines. FOR COMPARATIVE PURPOSES ONLY - SEE FULL BENEFIT OUTLINE FOR ALL COVERAGE DETAILS.

**Plan 1 with RX (\$10 copay - generic only)**

Single	Couple	Family
<b>\$293.19</b>	<b>\$586.40</b>	<b>\$788.99</b>

\*Brand RX not covered but will receive retail discount

### MVP IRBA Plan 2 MVP Preferred EPO \$30 - EA002

**In Network Coverage ONLY** - \$1,500 Annual Deductible/\$3,000 per family, \$5,000/\$10,000 out of pocket max. Inpatient Hospital, Emergency care, Diagnostic Lab, X-ray (hospital setting), ambulance, etc. covered at 80% of allowable charges after deductible. \$30 copay/office visit (not subject to deductible) for Physician office visits, office surgery, diagnostic lab & X-ray, physical therapy (30 visit limit/contract year) & chiropractic benefit. \$150 copay/procedure (office setting) for high tech imaging (MRI, MRA, CT, etc) not subject to deductible. Adult Physical - One routine adult physical per contract year, well child care - Per MVP Preventive Care Guidelines. FOR COMPARATIVE PURPOSES ONLY - SEE FULL BENEFIT OUTLINE FOR ALL COVERAGE DETAILS.

**Plan 2 with RX (\$10/30/50 copay)**

Single	Couple	Family
<b>\$418.59</b>	<b>\$837.18</b>	<b>\$1,126.45</b>

### MVP IRBA Plan 3 MVP Preferred EPO \$30 - EA001

**In Network Coverage ONLY** - \$750 Annual Deductible/\$1,500 per family, \$2,500/\$5,000 out of pocket max. Inpatient Hospital, Emergency care, Diagnostic Lab, X-ray (hospital setting), ambulance, etc. covered at 80% of allowable charges after deductible. \$30 copay/office visit (not subject to deductible) for Physician office visits, office surgery, diagnostic lab & X-ray, physical therapy (30 visit limit/contract year) & chiropractic benefit. \$150 copay/procedure (office setting) for high tech imaging (MRI, MRA, CT, etc) not subject to deductible. Adult Physical - One routine adult physical per contract year, well child care - Per MVP Preventive Care Guidelines. FOR COMPARATIVE PURPOSES ONLY - SEE FULL BENEFIT OUTLINE FOR ALL COVERAGE DETAILS.

**Plan 3 with RX (\$10/30/50 copay)**

Single	Couple	Family
<b>\$457.87</b>	<b>\$915.76</b>	<b>\$1,232.16</b>

#### Dependent Coverage - Unmarried dependent children to age 23

A \$10 monthly billing fee will be added to your premium and will appear on the first invoice and each subsequent invoice.

Plans use MVP Preferred EPO Network - [mvphealthcare.com](http://mvphealthcare.com)

2003 Jericho Turnpike • New Hyde Park, NY 11040-4731 • (516) 352-7000 • Fax (516) 352-3135

IRBA Headquarters • 4 Airline Drive • Albany, NY 12205 • (518) 464-3347 • Fax (518) 464-1892

[fnainsurance.com](http://fnainsurance.com)

Rates and Benefits are for comparative purposes only. Actual rate and benefit information *must* come directly from the insurance carrier.

# IRBA

INDEPENDENT & RETAIL BUSINESS ASSOCIATES, INC.  
The Association for Independent Businesses



## For Sole Proprietor - NY City

Rates for these plans are effective 7/1/08. Your plan renews on the anniversary of your effective date

Third  
Quarter

2

0

0

8

Rating Area  
New York City:  
Kings  
Queens  
Bronx  
Richmond

### MVP IRBA Plan 1 MVP Preferred EPO \$40 - EA008

**In Network Coverage ONLY** - \$3,000 Annual Deductible/\$6,000 per family, \$10,000 per individual/\$20,000 annual out of pocket max. Inpatient Hospital, Emergency care, Diagnostic Lab, X-ray (hospital setting), ambulance, etc. covered at 80% of allowable charges after deductible. \$40 copay/office visit (not subject to deductible) for Physician office visits, office surgery, diagnostic lab & X-ray, physical therapy (30 visit limit/contract year) & chiropractic benefit. \$150 copay/procedure (office setting) for high tech imaging (MRI, MRA, CT, etc) not subject to deductible. Adult Physical - One routine adult physical per contract year, well child care - Per MVP Preventive Care Guidelines. FOR COMPARATIVE PURPOSES ONLY - SEE FULL BENEFIT OUTLINE FOR ALL COVERAGE DETAILS.

**Plan 1 with RX (\$10 copay - generic only)**

Single	Couple	Family
<b>\$280.75</b>	<b>\$561.49</b>	<b>\$755.49</b>

\*Brand RX not covered but will receive retail discount

### MVP IRBA Plan 2 MVP Preferred EPO \$30 - EA002

**In Network Coverage ONLY** - \$1,500 Annual Deductible/\$3,000 per family, \$5,000/\$10,000 out of pocket max. Inpatient Hospital, Emergency care, Diagnostic Lab, X-ray (hospital setting), ambulance, etc. covered at 80% of allowable charges after deductible. \$30 copay/office visit (not subject to deductible) for Physician office visits, office surgery, diagnostic lab & X-ray, physical therapy (30 visit limit/contract year) & chiropractic benefit. \$150 copay/procedure (office setting) for high tech imaging (MRI, MRA, CT, etc) not subject to deductible. Adult Physical - One routine adult physical per contract year, well child care - Per MVP Preventive Care Guidelines. FOR COMPARATIVE PURPOSES ONLY - SEE FULL BENEFIT OUTLINE FOR ALL COVERAGE DETAILS.

**Plan 2 with RX (\$10/30/50 copay)**

Single	Couple	Family
<b>\$403.83</b>	<b>\$807.67</b>	<b>\$1,086.74</b>

### MVP IRBA Plan 3 MVP Preferred EPO \$30 - EA001

**In Network Coverage ONLY** - \$750 Annual Deductible/\$1,500 per family, \$2,500/\$5,000 out of pocket max. Inpatient Hospital, Emergency care, Diagnostic Lab, X-ray (hospital setting), ambulance, etc. covered at 80% of allowable charges after deductible. \$30 copay/office visit (not subject to deductible) for Physician office visits, office surgery, diagnostic lab & X-ray, physical therapy (30 visit limit/contract year) & chiropractic benefit. \$150 copay/procedure (office setting) for high tech imaging (MRI, MRA, CT, etc) not subject to deductible. Adult Physical - One routine adult physical per contract year, well child care - Per MVP Preventive Care Guidelines. FOR COMPARATIVE PURPOSES ONLY - SEE FULL BENEFIT OUTLINE FOR ALL COVERAGE DETAILS.

**Plan 3 with RX (\$10/30/50 copay)**

Single	Couple	Family
<b>\$441.36</b>	<b>\$882.72</b>	<b>\$1,187.72</b>

#### Dependent Coverage - Unmarried dependent children to age 23

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## For Sole Proprietor - LI

Rates for these plans are effective 7/1/08. Your plan renews on the anniversary of your effective date

Third  
Quarter

2  
0  
0  
8

Rating Area:  
Nassau  
Suffolk

### MVP IRBA Plan 1 MVP Preferred EPO \$40 - EA008

**In Network Coverage ONLY** - \$3,000 Annual Deductible/\$6,000 per family, \$10,000 per individual/\$20,000 annual out of pocket max. Inpatient Hospital, Emergency care, Diagnostic Lab, X-ray (hospital setting), ambulance, etc. covered at 80% of allowable charges after deductible. \$40 copay/office visit (not subject to deductible) for Physician office visits, office surgery, diagnostic lab & X-ray, physical therapy (30 visit limit/contract year) & chiropractic benefit. \$150 copay/procedure (office setting) for high tech imaging (MRI, MRA, CT, etc) not subject to deductible. Adult Physical - One routine adult physical per contract year, well child care - Per MVP Preventive Care Guidelines. FOR COMPARATIVE PURPOSES ONLY - SEE FULL BENEFIT OUTLINE FOR ALL COVERAGE DETAILS.

**Plan 1 with RX (\$10 copay - generic only)**

Single	Couple	Family
<b>\$294.35</b>	<b>\$588.70</b>	<b>\$792.10</b>

\*Brand RX not covered but will receive retail discount

### MVP IRBA Plan 2 MVP Preferred EPO \$30 - EA002

**In Network Coverage ONLY** - \$1,500 Annual Deductible/\$3,000 per family, \$5,000/\$10,000 out of pocket max. Inpatient Hospital, Emergency care, Diagnostic Lab, X-ray (hospital setting), ambulance, etc. covered at 80% of allowable charges after deductible. \$30 copay/office visit (not subject to deductible) for Physician office visits, office surgery, diagnostic lab & X-ray, physical therapy (30 visit limit/contract year) & chiropractic benefit. \$150 copay/procedure (office setting) for high tech imaging (MRI, MRA, CT, etc) not subject to deductible. Adult Physical - One routine adult physical per contract year, well child care - Per MVP Preventive Care Guidelines. FOR COMPARATIVE PURPOSES ONLY - SEE FULL BENEFIT OUTLINE FOR ALL COVERAGE DETAILS.

**Plan 2 with RX (\$10/30/50 copay)**

Single	Couple	Family
<b>\$419.96</b>	<b>\$839.91</b>	<b>\$1,130.12</b>

### MVP IRBA Plan 3 MVP Preferred EPO \$30 - EA001

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**Plan 3 with RX (\$10/30/50 copay)**

Single	Couple	Family
<b>\$459.40</b>	<b>\$918.76</b>	<b>\$1,236.27</b>

#### Dependent Coverage - Unmarried dependent children to age 23

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