

IRBA

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



For Sole Proprietor - Rock/West

Rates for these plans are effective 10/1/08. Your plan renews on the anniversary of your effective date

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
\$299.15	\$598.29	\$804.99

*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
\$427.42	\$854.83	\$1,150.18

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
\$467.49	\$934.98	\$1,258.02

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

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

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

Fourth
Quarter

2

0

0

8

Rating Area
NY Metro:
Rockland
Westchester





For Sole Proprietor - NY City

Rates for these plans are effective 10/1/08. Your plan renews on the anniversary of your effective date

Fourth
Quarter

2
0
0
8

Rating Area
New York City:
Kings
Queens
Bronx
Richmond



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
\$286.44	\$572.90	\$770.81

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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
\$412.37	\$824.73	\$1,109.68

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
\$450.64	\$901.29	\$1,212.69

Dependent Coverage - Unmarried dependent children to age 23

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For Sole Proprietor - LI

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Fourth
Quarter

2
0
0
8

Rating Area:
Nassau
Suffolk



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
\$300.32	\$600.65	\$808.16

*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
\$428.81	\$857.62	\$1,153.93

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

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

Single	Couple	Family
\$469.05	\$938.10	\$1,262.22

Dependent Coverage - Unmarried dependent children to age 23

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