



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



FIRST NATIONAL ADMINISTRATORS

For Small Group (2 - 50 Lives)-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



MVPIRBASMG2008DWNST

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
\$254.95	\$509.91	\$686.08

*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
\$363.99	\$727.98	\$979.52

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
\$398.15	\$796.31	\$1,071.44

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.

IRBA

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



For Small Group (2 - 50 Lives)-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
\$244.13	\$488.25	\$656.95

*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
\$351.16	\$702.32	\$944.99

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
\$383.79	\$767.58	\$1,032.80

Dependent Coverage - Unmarried dependent children to age 23

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MVPIRBASMRP2008DWNST

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For Small Group (2 - 50 Lives) - LI

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Third
Quarter

2

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8

Rating Area:
Nassau
Suffolk



MVPIRBASMG2008DWNST

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
\$255.96	\$511.91	\$688.78

*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
\$365.18	\$730.36	\$982.71

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
\$399.48	\$798.97	\$1,075.02

Dependent Coverage - Unmarried dependent children to age 23

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