CBG Small Group Health Insurance Programs Monthly Rates *

Current Plans **2022**	**Plan # 8 (MVP_P2 UL)** **National Allied Workers Trust** **MVP Ultra POS Plan** PCP Lookup NY NJ: www.magnacare.com PCP Lookup CT: www.multiplan.com
Single:	**$860.00**
Parent/Child(ren):	**$1,264.00**
Couple:	**$1,459.00**
Family:	**$1,938.00**
Referrals	No Referrals Required
Deductible (Ind/Fam)	In-Net: NO Deductible Out-Net: $500 Per person
Coinsurance	See below
Out Of Pocket Max (Ind/Fam)	In-Net: $2000/$13,200 Out-Net: None
Office Visit Co-payments	In-Net: PCP $20 / Spec $40
	Out-Net: 40% Co-ins after deductible (PCP and Spec)
Hospitals	In-Net: $400 Copay per Admission
	Out-Net: $400 Copay per Admission
Prescription Benefits	Generic: $10 Copay (InNet Only)
	Brand: $40 Copay (InNet Only)
	Non-pref Brand: $80 CoPay (InNet Only)
	Specialty: 25% Co-ins (InNet Only)
Mental Health	In-Net: InPatient $250 CoPay per day, Outpatient $40 CoPay per visit after Ded. Out-Net: InPatient $250 CoPay per day, OutPatient 40% CoIns per visit after Ded.
Emergency Room	In-Net: $400 CoPay Out-Net: $400 Copay Subject to Reference Based Pricing
Dependents	To Age 26
Urgent Care	In-Net: $50 Copay Out-Net: 40% Co-ins after deductible
Lab and X-rays	In-Net: $50 Copay Out-Net: 40% Co-ins after deductible (Not covered in hospital)
Free Standing Outpatient Facility	In-Net & Out-Net: $400 copay (Not covered in hospital) Subject to Reference Based Pricing
Hospital Based Outpatient Facility	In-Net & Out-Net: $400 copay (Not covered in hospital) Subject to Reference Based Pricing
Major Diagnostic at Freestanding Facility	In-Net & Out-Net: $400 copay (Not covered in hospital) Subject to Reference Based Pricing
Major Diagnostic at Hospital	Not Covered

* Rates are valid through December 2022.

I elect Plan # _____ [CIRCLED ABOVE]. My desired start date is _____/01/2022. My new premium is $_____ and a check in this amount is enclosed.

Please accept this completed form as acknowledgment of my 2022 plan election:

Signature _____   Date _____   Print Name _____

Email Address - Required _____   Phone Number - Required _____

CBG 20220601 rev 20220601