

**Greater Tompkins County Municipal Health Insurance Consortium  
2018 and 2019 Comprehensive Medical Benefit Plan**

Benefit Plan Description		Comprehensive Plan (MM6)	
		In-Network	Out-of-Network
Number of Sub-Groups		0	
Number of County of Tompkins Sub-Groups		2	
Deductible <i>(only applies to "major medical" services)</i>	Individual	\$500.00	
	Family	\$1,500.00	
Out-of-Pocket Maximum <i>(includes only "major medical" coinsurance amounts)</i>	Individual	\$2,500.00	\$2,500.00
	Family	\$7,500.00	\$7,500.00
Inpatient Hospital Patient Cost Sharing		Deductible then 20% Coinsurance	Deductible then 20% Coinsurance
Emergency Room Patient Cost Sharing		Deductible then 20% Coinsurance	Deductible then 20% Coinsurance
Office Visit Patient Cost Sharing	Primary Care Physician	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance
	Specialist	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance
Diagnostic Lab and X-Ray Patient Cost Sharing		Deductible then 20% Coinsurance	Deductible then 20% Coinsurance
Retail Pharmacy Patient Cost Sharing	Tier 1	Deductible then 20% Coinsurance	Not Covered
	Tier 2	Deductible then 20% Coinsurance	Not Covered
	Tier 3	Deductible then 20% Coinsurance	Not Covered
	Days Supply Limit	90 Days	Not Covered
Mail-Order Pharmacy Patient Cost Sharing	Tier 1	Deductible then 20% Coinsurance	Not Covered
	Tier 2	Deductible then 20% Coinsurance	Not Covered
	Tier 3	Deductible then 20% Coinsurance	Not Covered
	Days Supply Limit	90 Days	Not Covered
2018 Premium Rates		Individual	\$553.61
		Family	\$1,197.61
2019 Premium Rates		Individual	\$581.29
		Family	\$1,257.49
Premium % Increase	5.00%		