				-	nty Municipal Hea nity Medical Benef						
		Indemnity	Plan (MM1)	Indemnity	Plan (MM2)	Indemnity	Plan (MM3)	Indemnity Plan (MM5)		Indemnity Plan (MM7)	
Benefit Plan Description		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Number of Sub-Groups		2	.9		0		0		4	1	I
Number of County of Tompkins	Sub-Groups		0	2	21		0		0	()
Deductible	Individual	\$50	0.00	\$10	00.00	\$10	0.00	\$10	0.00	\$50	.00
(only applies to "major medical" services	⁾ Family	\$10	0.00	\$20	00.00	\$20	0.00	\$30	0.00	\$150	0.00
Out-of-Pocket Maximum	Individual	\$40	0.00	\$20	00.00	\$75	0.00	\$40	0.00	\$400).00
coinsurance amounts	Family	\$1,2	00.00	\$40	00.00	\$2,2	50.00	\$1,2	00.00	\$1,20	0.00
Inpatient Hospital Patient Cost	Sharing	Covered In Full	Deductible then 20% Coinsurance	Covered In Full	Deductible then 20% Coinsurance	Covered In Full	Deductible then 20% Coinsurance	Covered In Full	Deductible then 20% Coinsurance	Covered In Full	Deductible then 20% Coinsurance
Emergency Room Patient Cost S	Sharing	Covered In Full	Deductible then 20% Coinsurance	Covered In Full	Deductible then 20% Coinsurance	Covered In Full	Deductible then 20% Coinsurance	Covered In Full	Deductible then 20% Coinsurance	Covered In Full	Deductible then 20% Coinsurance
Office Visit	Primary Care Physician	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance			
Patient Cost Sharing	Specialist	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance			
Diagnostic Lab and X-Ray Patie	nt Cost Sharing	\$0.00	Deductible then 20% Coinsurance	\$0.00	Deductible then 20% Coinsurance	\$0.00	Deductible then 20% Coinsurance	\$0.00	Deductible then 20% Coinsurance	\$0.00	Deductible then 20% Coinsurance
	Tier 1	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	"major medical" 20% after Deductible	Not Covered
Retail Pharmacy	Tier 2	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	"major medical" 20% after Deductible	Not Covered
Patient Cost Sharing	Tier 3	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	"major medical" 20% after Deductible	Not Covered
	Days Supply Limit	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	90-Days	Not Covered
	Tier 1	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	"major medical" 20% after Deductible	Not Covered
Mail-Order Pharmacy	Tier 2	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	"major medical" 20% after Deductible	Not Covered
Patient Cost Sharing	Tier 3	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	"major medical" 20% after Deductible	Not Covered
	Days Supply Limit	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	90-Days	Not Covered
2018 Premium Rates		Individual	\$722.78	Individual	\$714.57	Individual	\$701.64	Individual	\$714.57	Individual	\$806.09
		Family	\$1,566.59	Family	\$1,548.80	Family	\$1,520.59	Family	\$1,542.90	Family	\$1,875.03
2019 Premium Rates		Individual	\$758.92	Individual	\$750.30	Individual	\$736.72	Individual	\$750.30	Individual	\$846.39
2017 I Telmum Kates		Family	\$1,644.92	Family	\$1,626.24	Family	\$1,596.62	Family	\$1,620.05	Family	\$1,968.78
Premium % Increase	5.00%										

55

			ter Tompkins Cou 018 and 2019 PPO	•					
Danafit Dian Description		\$10.00 PPO Plan (PPO1)		\$15.00 PPO Plan (PPO2)		\$20.00 PPO Plan (PPO3)		"Teamster Lookalike" PPO Plan (PPOT)	
Benefit Plan Description		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Number of Sub-Groups			4		6		2		6
Number of County of Tompkins	Sub-Groups]	19		0		0		0
Deductible	Individual	n/a	\$250.00	n/a	\$500.00	n/a	\$750.00	n/a	
(Must be Met Before Benefits Pay)	Family	n/a	\$750.00	n/a	\$1,500.00	n/a	\$2,250.00	n/a	
Out-of-Pocket Maximum (includes all deductible, coinsurance	Individual	\$1,000.00	\$1,000.00	\$1,500.00	\$1,500.00	\$2,000.00	\$2,000.00	\$1,000.00	\$1,000.00
amounts, and copayment amounts)	Family	\$3,000.00	\$3,000.00	\$4,500.00	\$4,500.00	\$6,000.00	\$6,000.00	\$3,000.00	\$3,000.00
Inpatient Hospital Patient Cost	Sharing	Covered In Full	Deductible then 20% Coinsurance	Covered In Full	Deductible then 20% Coinsurance	Covered In Full	Deductible then 30% Coinsurance	Covered In Full	Deductible then 20% Coinsurance
Emergency Room Patient Cost S	Sharing	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$100.00	\$100.00
Office Visit	Primary Care Physician	\$10.00	Deductible then 20% Coinsurance	\$15.00	Deductible then 20% Coinsurance	\$20.00	Deductible then 30% Coinsurance	\$10.00	Deductible then 20% Coinsurance
Patient Cost Sharing	Specialist	\$10.00	Deductible then 20% Coinsurance	\$15.00	Deductible then 20% Coinsurance	\$20.00	Deductible then 30% Coinsurance	\$10.00	Deductible then 20% Coinsurance
Diagnostic Lab and X-Ray Patie	ent Cost Sharing	\$0.00	Deductible then 20% Coinsurance	\$0.00	Deductible then 20% Coinsurance	\$0.00	Deductible then 30% Coinsurance	\$0.00	Deductible then 20% Coinsurance
	Tier 1	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered
Retail Pharmacy	Tier 2	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered
Patient Cost Sharing	Tier 3	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered
	Days Supply Limit	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered
	Tier 1	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered
Mail-Order Pharmacy	Tier 2	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered
Patient Cost Sharing	Tier 3	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered
	Days Supply Limit	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered
2018 Premium Rates		Individual	\$700.39	Individual	\$690.58	Individual	\$677.97	Individual	\$724.20
		Family	\$1,515.96	Family	\$1,494.75	Family	\$1,467.46	Family	\$1,569.63
2019 Premium Rates		Individual	\$735.41	Individual	\$725.11	Individual	\$711.87	Individual	\$760.41
		Family	\$1,591.76	Family	\$1,569.49	Family	\$1,540.83	Family	\$1,648.11
Premium % Increase	5.00%								

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

Panafit Plan Description		Comprehensive Plan (MM6)				
Benefit Plan Description		In-Network	Out-of-Network			
Number of Sub-Groups		0				
Number of County of Tompkins	Sub-Groups	2				
Deductible	Individual	\$500.00				
(only applies to "major medical" services)	Family	\$1,5	00.00			
Out-of-Pocket Maximum	Individual	\$2,500.00	\$2,500.00			
(includes only ''major medical'' coinsurance amounts	Family	\$7,500.00	\$7,500.00			
Inpatient Hospital Patient Cost S	haring	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance			
Emergency Room Patient Cost S	haring	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance			
Office Visit	Primary Care Physician	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance			
Patient Cost Sharing	Specialist	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance			
Diagnostic Lab and X-Ray Patier	nt Cost Sharing	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance			
	Tier 1	Deductible then 20% Coinsurance	Not Covered			
Retail Pharmacy	Tier 2	Deductible then 20% Coinsurance	Not Covered			
Patient Cost Sharing	Tier 3	Deductible then 20% Coinsurance	Not Covered			
	Days Supply Limit	90 Days	Not Covered			
	Tier 1	Deductible then 20% Coinsurance	Not Covered			
Mail-Order Pharmacy	Tier 2	Deductible then 20% Coinsurance	Not Covered			
Patient Cost Sharing	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%					

					•	inty Municipal He e Supplement Ben							
		Medicare Supplement (MS1)		Medicare Supplement (MS2)		Medicare Supplement (MS3)		Medicare Supplement (MS4)		Medicare Sup	oplement (MS5)	Medicare Sup	plement (MS6)
Benefit Plan Description		Standard Medicare Benefit	Supplemental Benefit										
Number of Sub-Groups			0		0		3		2		0		0
Number of County of Tompkins	s Sub-Groups		0		0		0		0		0		0
Deductible	Individual	Changes Year to Year	Covers Medicare A & B Deductibles	Changes Year to Year	Covers Medicare A & B Deductibles	Changes Year to Year	Covers Medicare A & B Deductibles	Changes Year to Year	Covers Medicare A & B Deductibles	Changes Year to Year	Covers Medicare A & B Deductibles	Changes Year to Year	Covers Medicare A & B Deductibles
(only applies to "major medical" service	rs) Family	N/A	N/A										
Out-of-Pocket Maximum (includes only "major medical"	Individual	N/A	N/A										
coinsurance amounts	Family	N/A	N/A										
Inpatient Hospital Patient Cost	Sharing	Medicare Part A Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part A Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part A Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part A Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part A Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part A Deductible then 20%	Balance after Medicare Covered in Full
Emergency Room Patient Cost	Sharing	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full
Office Visit Patient Cost Sharing	Primary Care Physician	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full
	Specialist	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full
Diagnostic Lab and X-Ray Patie	ent Cost Sharing	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full
	Tier 1	Not Covered	Not Covered	\$5.00	Not Covered	\$10.00	Not Covered	\$15.00	Not Covered	20%	Not Covered	20%	Not Covered
Retail Pharmacy	Tier 2	Not Covered	Not Covered	\$15.00	Not Covered	\$25.00	Not Covered	\$30.00	Not Covered	20%	Not Covered	30%	Not Covered
Patient Cost Sharing	Tier 3	Not Covered	Not Covered	\$30.00	Not Covered	\$40.00	Not Covered	\$45.00	Not Covered	40%	Not Covered	50%	Not Covered
	Days Supply Limit	Not Covered	Not Covered	30-Days	Not Covered								
	Tier 1	Not Covered	Not Covered	\$10.00	Not Covered	\$20.00	Not Covered	\$30.00	Not Covered	15%	Not Covered	20%	Not Covered
Mail-Order Pharmacy	Tier 2	Not Covered	Not Covered	\$30.00	Not Covered	\$50.00	Not Covered	\$60.00	Not Covered	15%	Not Covered	30%	Not Covered
Patient Cost Sharing	Tier 3	Not Covered	Not Covered	\$60.00	Not Covered	\$80.00	Not Covered	\$90.00	Not Covered	40%	Not Covered	50%	Not Covered
	Days Supply Limit	Not Covered	Not Covered	90-Days	Not Covered								
		Medical Rate	\$253.91										
2018 Premium Rates		Rx Rate	\$0.00	Rx Rate	\$585.73	Rx Rate	\$393.35	Rx Rate	\$268.55	Rx Rate	\$293.41	Rx Rate	\$266.32
		Total Rate	\$253.91	Total Rate	\$839.64	Total Rate	\$647.26	Total Rate	\$522.46	Total Rate	\$547.32	Total Rate	\$520.23
		Medical Rate	\$266.61										
2019 Premium Rates		Rx Rate	\$0.00	Rx Rate	\$615.02	Rx Rate	\$413.02	Rx Rate	\$281.98	Rx Rate	\$308.08	Rx Rate	\$279.64
		Total Rate	\$266.61	Total Rate	\$881.62	Total Rate	\$679.62	Total Rate	\$548.58	Total Rate	\$574.69	Total Rate	\$546.24
Premium % Increase	5.00%												

	Tompkins County Muni				
2018 a Phamracy Benfit Design Description	and 2019 ''Non-Standard'' and ''.	Standard" Two-Tier Co-F	Payment Structure	2T3	
Number of Sub-Groups	511	1	1	7	
Number of County of Tompkins St	uh Crouns	0	0	0	
Tumber of County of Tompkins St	Tier 1 (Generic)	\$1.00	\$2.00	\$2.00	
	Tier 2 (Preferred Brand)	\$1.00	\$2.00	\$2.00	
Retail Pharmacy		\$1.00	\$5.00	\$10.00	
	Tier 3 (Non-Preferred Brand)	90	90	90	
	Days Supply Limit				
	Tier 1 (Generic)	\$0.00	\$0.00	\$0.00	
Mail-Order Pharmacy	Tier 2 (Preferred Brand)	\$0.00	\$0.00	\$0.00	
	Tier 3 (Non-Preferred Brand)	00	00		
	Days Supply Limit	90	90	90	
Non-Participating Pharmacies		Not Covered	Not Covered	Not Covered	
Specialty Pharmacy (Mandatory Use)		Applies	Applies	Applies	
Diabetic Treatment	Prescriptions	\$0 Copayment	\$0 Copayment	\$0 Copayment	
	Supplies & Equipment	\$0 Copayment	\$0 Copayment	\$0 Copayment	
Federal and New York State Mano	lated Benefits	Applicable	Applicable	Applicable	
Standard Excellus BCBS Contact	Exclusions	Applicable	Applicable	Applicable	
Generic Advantage Program (Maximum Allowable Cost Penalty	y)	Not Applicable	Not Applicable	Not Applicable	
Prior Authorization Program		Not Applicable	Not Applicable	Not Applicable	
Step-Therapy Program		Not Applicable	Not Applicable	Not Applicable	
Dose Efficiency Edits		Not Applicable	Not Applicable	Not Applicable	
Quantity Limits		Not Applicable	Not Applicable	Not Applicable	
New Drug Management Program		Not Applicable	Not Applicable	Not Applicable	
Out-of-Pocket Maximum	Individual	\$1,000.00	\$1,000.00	\$1,000.00	
(Prescription Drug Copays Only)	Family	\$3,000.00	\$3,000.00	\$3,000.00	
2010 D 1 D (Individual	\$341.60	\$336.97	\$327.75	
2018 Premium Rates	Family	\$740.42	\$730.37	\$710.38	
	Individual	\$358.68	\$353.82	\$344.14	
2019 Premium Rates	Family	\$777.44	\$766.89	\$745.90	

Rx Plan Designs 2T1, 2T2, and 2T3 are No Longer Available for Negotiation.

		Greater	Tompkins Count	y Municipal Heal	th Insurance Co	nsortium			
			2018 and 2019 "S	tandard'' Three-Tier Co	Payment Structure				
Phamracy Benfit Design Description	n	3T3	3T5a	3T6	3T7	3T9	3T10	3T11	3T13
Number of Sub-Groups		6	6	9	2	11	2	0	6
Number of County of Tompkins Su	ıb-Groups	4	0	0	36	0	0	2	0
	Tier 1 (Generic)	\$5.00	\$5.00	\$5.00	\$5.00	\$10.00	\$15.00	20.00%	20.00%
Retail Pharmacy	Tier 2 (Preferred Brand)	\$10.00	\$15.00	\$15.00	\$20.00	\$25.00	\$30.00	20.00%	30.00%
Ketan r narmacy	Tier 3 (Non-Preferred Brand)	\$25.00	\$30.00	\$30.00	\$35.00	\$40.00	\$45.00	40.00%	50.00%
	Days Supply Limit	30	30	30	30	30	30	30	30
	Tier 1 (Generic)	\$10.00	\$5.00	\$10.00	\$10.00	\$20.00	\$30.00	15.00%	20.00%
Mail-Order Pharmacy	Tier 2 (Preferred Brand)	\$20.00	\$15.00	\$30.00	\$40.00	\$50.00	\$60.00	15.00%	30.00%
Man-Order Pharmacy	Tier 3 (Non-Preferred Brand)	\$50.00	\$30.00	\$60.00	\$70.00	\$80.00	\$90.00	40.00%	50.00%
	Days Supply Limit	90	90	90	90	90	90	90	90
Non-Participating Pharmacies		Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Specialty Pharmacy (Mandatory U	(se)	Applies	Applies	Applies	Applies	Applies	Applies	Applies	Applies
Diabetic Treatment	Prescriptions	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance
Diabetic Treatment	Supplies & Equipment	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance
Federal and New York State Mand	lated Benefits	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
Standard Excellus BCBS Contact I	Exclusions	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
Generic Advantage Program (Maximum Allowable Cost Penalty	7)	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
Prior Authorization Program		Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
Step-Therapy Program		Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
Dose Efficiency Edits		Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
Quantity Limits		Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
New Drug Management Program		Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
Out-of-Pocket Maximum	Individual	\$1,000.00	\$1,000.00	\$1,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00
(Prescription Drug Copays Only)	Family	\$3,000.00	\$3,000.00	\$3,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00
2018 Premium Rates	Individual	\$251.95	\$253.31	\$223.22	\$177.13	\$149.91	\$102.35	\$111.83	\$101.50
2010 I remum Kates	Family	\$546.09	\$548.28	\$483.82	\$383.97	\$324.94	\$221.83	\$242.41	\$219.98
2019 Premium Rates	Individual	\$264.55	\$265.98	\$234.38	\$185.99	\$157.41	\$107.47	\$117.42	\$106.58
2017 I Telliulii Kates	Family	\$573.39	\$575.69	\$508.01	\$403.17	\$341.19	\$232.92	\$254.53	\$230.98

Plan 3T5a is No Longer Available for Negotiation.

	G	-	• •	Health Insurance d Prescription Dr		dard Metal Level l s and Rates	Plans		
		Platinum		Gold		Silver		Bronze	
Benefit Plan Description		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Number of Sub-Groups		4	18	1	10	8			4
Number of County of Tompkin	ns Sub-Groups	1	17		6	6			6
Deductible	Individual	n/a	\$500.00	\$1,350.00	\$2,700.00	\$1,800.00	\$3,600.00	\$6,550.00	\$13,100.00
(Must be Met Before Benefits Pay)	Family	n/a	\$1,500.00	\$2,700.00	\$5,400.00	\$3,600.00	\$7,200.00	\$13,100.00	\$26,200.00
Out-of-Pocket Maximum	Individual	\$2,000.00	\$4,000.00	\$3,000.00	\$6,000.00	\$6,000.00	\$12,000.00	\$6,550.00	\$13,100.00
includes all deductible, coinsurance (mounts, and copayment amounts)	Family	\$6,000.00	\$12,000.00	\$6,000.00	\$12,000.00	\$12,000.00	\$24,000.00	\$13,100.00	\$26,200.00
Inpatient Hospital Patient Cos	t Sharing	\$250.00	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 0% Coinsurance	Deductible then 0% Coinsurance
Emergency Room Patient Cost	Sharing	\$150.00	\$150.00	Deductible then 20% Coinsurance	\$1,350 Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	\$1,800 Deductible then 30% Coinsurance	Deductible then 0% Coinsurance	\$6,650 Deductible then 0% Coinsurance
Office Visit Patient Cost Sharing	Primary Care Physician	\$15.00	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 0% Coinsurance	Deductible then 0% Coinsurance
	Specialist	\$25.00	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 0% Coinsurance	Deductible then 0% Coinsurance
Diagnostic Lab and X-Ray Pat	ient Cost Sharing	\$25.00	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 0% Coinsurance	Deductible then 0% Coinsurance
	Tier 1	\$5.00	Not Covered	Deductible then \$5.00 Copayment	Not Covered	Deductible then \$5.00 Copayment	Not Covered	Deductible then \$5.00 Copayment	Not Covered
Retail Pharmacy	Tier 2	\$35.00	Not Covered	Deductible then \$35.00 Copayment	Not Covered	Deductible then \$35.00 Copayment	Not Covered	Deductible then \$35.00 Copayment	Not Covered
Patient Cost Sharing	Tier 3	\$70.00	Not Covered	Deductible then \$70.00 Copayment	Not Covered	Deductible then \$70.00 Copayment	Not Covered	Deductible then \$70.00 Copayment	Not Covered
	Days Supply Limit	30 Days Per Fill	Not Covered	30 Days Per Fill	Not Covered	30 Days Per Fill	Not Covered	30 Days Per Fill	Not Covered
	Tier 1	\$10.00	Not Covered	Deductible then \$10.00 Copayment	Not Covered	Deductible then \$10.00 Copayment	Not Covered	Deductible then \$10.00 Copayment	Not Covered
Mail-Order Pharmacy	Tier 2	\$70.00	Not Covered	Deductible then \$70.00 Copayment	Not Covered	Deductible then \$70.00 Copayment	Not Covered	Deductible then \$70.00 Copayment	Not Covered
Patient Cost Sharing	Tier 3	\$140.00	Not Covered	Deductible then \$140.00 Copayment	Not Covered	Deductible then \$140.00 Copayment	Not Covered	Deductible then \$140.00 Copayment	Not Covered
	Days Supply Limit	90 Days Per Fill	Not Covered	90 Days Per Fill	Not Covered	90 Days Per Fill	Not Covered	90 Days Per Fill	Not Covered
2018 Premium Rates		Individual	\$599.70	Individual	\$521.18	Individual	\$417.00	Individual	\$332.00
2010 Freihum Kates		Family	\$1,559.22	Family	\$1,355.06	Family	\$1,084.18	Family	\$863.19
2019 Premium Rates		Individual	\$629.68	Individual	\$547.24	Individual	\$431.47	Individual	\$348.60
2017 Fremium Kates		Family	\$1,637.18	Family	\$1,422.82	Family	\$1,121.80	Family	\$906.35

2019 Premiums	Individual	Family
Platinum Plan Med	\$501.60	\$1,304.18
Platinum Plan Rx	\$128.08	\$333.00
Total Premium	\$629.68	\$1,637.18

2019 Premiums	Individual	Family
Gold Plan Med	\$435.93	\$1,133.41
Gold Plan Rx	\$111.31	\$289.40
Total Premium	\$547.24	\$1,422.82

2019 Premiums	Individual	Family
Silver Plan Med	\$343.71	\$893.63
Silver Plan Rx	\$87.76	\$228.17
Total Premium	\$431.47	\$1,121.80

2019 Premiums	Individual	Family
Bronze Plan Med	\$277.69	\$722.00
Bronze Plan Rx	\$70.91	\$184.35
Total Premium	\$348.60	\$906.35

105

2019 Premium Rate Summary - Cities

Municipality Name	Muni #	Plan /Group Description	
		Active Employees	Classic Blue Indem.
City of Cortland	1	COBRA Enrollees	Classic Blue Indem.
		Retirees	Classic Blue Indem.
		Police (PBA) - Active Employees	Classic Blue Indem.
		CSEA DPW - Active Employees	Classic Blue Indem.
		CSEA ADMIN - Active Employees	Classic Blue Indem.
		Confidential - Active Employees	Classic Blue Indem.
		Managerial - Active Employees	Classic Blue Indem.
		Common Council - Active Members	Classic Blue Indem.
		Police (PBA) - COBRA	Classic Blue Indem.
		CSEA DPW - COBRA	Classic Blue Indem.
		CSEA ADMIN - COBRA	Classic Blue Indem.
		Confidential - COBRA	Classic Blue Indem.
		Managerial - COBRA	Classic Blue Indem.
		Common Council - COBRA	Classic Blue Indem.
City of Ithaca	2	Retirees with MM Rx (BCBS)	Classic Blue Indem.
		Retirees \$1	Classic Blue Indem.
		City Executives Assoc Active	Classic Blue Indem.
		City Executives Assoc COBRA	Classic Blue Indem.
		Ithaca Prof. Fire Fighters (IPFFA)-Active	Classic Blue Indem.
		Fire Chief Officer (COU) - Active	Classic Blue Indem.
		Ithaca Prof. Fire Fighters (IPFFA)-COBRA	Classic Blue Indem.
		Fire Chief Officer Union (COU) - COBRA	Classic Blue Indem.
		Retirees - \$2.00/\$5.00 Rx	Classic Blue Indem.
		Retirees - \$2.00/\$10.00 Rx	Classic Blue Indem.
		Retirees - \$5.00/\$15.00/\$30.00 Rx	Classic Blue Indem.
		Retirees - IPFFA	Classic Blue Indem.
		Retirees - COU	Classic Blue Indem.

Effective Date	Group Numbers	Sub-Group Numbers	Class Code	Enrollment Code	
		1vumbers			Tier 1
			A100	BGU	\$10.00
1/1/2013	00036768	0001	C001	BGU	\$10.00
			R001	BGU	\$10.00
		0001	A100	BGJ	\$2.00
		0001	A101	BGJ	\$2.00
		0002	A102	BGJ	\$5.00
		0002	A103	BGJ	\$5.00
		0002	A108	BGJ	\$5.00
		0002	A104	BGJ	\$5.00
		C001	C100	BGJ	\$2.00
		C001	C101	BGJ	\$2.00
		C002	C102	BGJ	\$5.00
		C002	C103	BGJ	\$5.00
		C002	C104	BGJ	\$5.00
		C002	C108	BGJ	\$5.00
1/1/2011	00036756	R004	R100	BGL	MM
		R003	R101	BGI	\$1.00
		0001	A105	BGJ	\$2.00
		C001	C105	BGJ	\$2.00
		0002	A106	BGJ	\$5.00
		0002	A107	BGJ	\$5.00
		C002	C106	BGJ	\$5.00
		C001	C107	BGJ	\$5.00
		R002	R102	BGK	\$2.00
		R001	R103	BGJ	\$2.00
		R005	R104	BGJ	\$5.00
		R002	R106	BGJ	\$5.00
		0002	R107	BGJ	\$5.00

	Prescription	n Coverage					
Retail			Mail		Plan Code Rx	Turne	C. D.
Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	пл	Туре	Co-Pay
\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	Indemnity	n/a
\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	Indemnity	n/a
\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	Indemnity	n/a
\$10.00	\$10.00	\$2.00	\$10.00	\$10.00	2T3	Indemnity	n/a
\$10.00	\$10.00	\$2.00	\$10.00	\$10.00	2T3	Indemnity	n/a
\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a
\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a
\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a
\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a
\$10.00	\$10.00	\$2.00	\$10.00	\$10.00	2T3	Indemnity	n/a
\$10.00	\$10.00	\$2.00	\$10.00	\$10.00	2T3	Indemnity	n/a
\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a
\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a
\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a
\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a
MM	MM	MM	MM	MM	n/a	Indemnity	n/a
\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	2T1	Indemnity	n/a
\$10.00	\$10.00	\$2.00	\$10.00	\$10.00	2T3	Indemnity	n/a
\$10.00	\$10.00	\$2.00	\$10.00	\$10.00	2T3	Indemnity	n/a
\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T5a	Indemnity	n/a
\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T5a	Indemnity	n/a
\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T5a	Indemnity	n/a
\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T5a	Indemnity	n/a
\$5.00	\$5.00	\$2.00	\$5.00	\$5.00	2T2	Indemnity	n/a
\$10.00	\$10.00	\$2.00	\$10.00	\$10.00	2T3	Indemnity	n/a
\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a
\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T5a	Indemnity	n/a
\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T5a	Indemnity	n/a

019 Premium			Plan Code		\$50.00\$150.00\$400.00\$50.00\$150.00\$400.00					
	Individual		Medical		÷					
Total	Rx	Medical		Family	Individual	Family	Individual			
\$916.33	\$157.41	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$916.33	\$157.41	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$916.33	\$157.41	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$1,103.06	\$344.14	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$1,103.06	\$344.14	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$993.30	\$234.38	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$993.30	\$234.38	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$993.30	\$234.38	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$993.30	\$234.38	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$1,103.06	\$344.14	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$1,103.06	\$344.14	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$993.30	\$234.38	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$993.30	\$234.38	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$993.30	\$234.38	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$993.30	\$234.38	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$846.39	\$0.00	\$846.39	MM7	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$1,117.60	\$358.68	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$1,103.06	\$344.14	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$1,103.06	\$344.14	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$1,024.90	\$265.98	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$1,024.90	\$265.98	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$1,024.90	\$265.98	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$1,024.90	\$265.98	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$1,112.74	\$353.82	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$1,103.06	\$344.14	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$993.30	\$234.38	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$1,024.90	\$265.98	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			
\$1,024.90	\$265.98	\$758.92	MM1	\$1,200.00	\$400.00	\$150.00	\$50.00			

Equivalent Rat	es	
	Family	
Medical	Rx	Total
\$1,644.92	\$341.19	\$1,986.11
\$1,644.92	\$341.19	\$1,986.11
\$1,644.92	\$341.19	\$1,986.11
\$1,644.92	\$745.90	\$2,390.82
\$1,644.92	\$745.90	\$2,390.82
\$1,644.92	\$508.01	\$2,152.93
\$1,644.92	\$508.01	\$2,152.93
\$1,644.92	\$508.01	\$2,152.93
\$1,644.92	\$508.01	\$2,152.93
\$1,644.92	\$745.90	\$2,390.82
\$1,644.92	\$745.90	\$2,390.82
\$1,644.92	\$508.01	\$2,152.93
\$1,644.92	\$508.01	\$2,152.93
\$1,644.92	\$508.01	\$2,152.93
\$1,644.92	\$508.01	\$2,152.93
\$1,968.78	\$0.00	\$1,968.78
\$1,644.92	\$777.44	\$2,422.36
\$1,644.92	\$745.90	\$2,390.82
\$1,644.92	\$745.90	\$2,390.82
\$1,644.92	\$575.69	\$2,220.61
\$1,644.92	\$575.69	\$2,220.61
\$1,644.92	\$575.69	\$2,220.61
\$1,644.92	\$575.69	\$2,220.61
\$1,644.92	\$766.89	\$2,411.81
\$1,644.92	\$745.90	\$2,390.82
\$1,644.92	\$508.01	\$2,152.93
\$1,644.92	\$575.69	\$2,220.61
\$1,644.92	\$575.69	\$2,220.61

2019 Premium Rate Summary - Seneca County

Municipality Name	Muni #	Plan /Group Description	
		Non-Union - Active	Platinum Plan
		Non-Union - COBRA	Platinum Plan
		Non-Union - Retirees	Platinum Plan
		CSEA - Actives	Platinum Plan
		CSEA - COBRA	Platinum Plan
County of Seneca	3	CSEA - Retirees	Platinum Plan
County of Seneca	5	SCSE - Actives	Platinum Plan
		SCSE - COBRA	Platinum Plan
		SCSE - Retirees	Platinum Plan
		PBA - Active	Platinum Plan
		PBA - COBRA	Platinum Plan
	F	PBA - Active	Platinum Plan

Effective Date	Group Numbers	Sub-Group Numbers	Class Code	Enrollment Code	Tier 1
		0001	A100	DAA	\$5.00
		C001	C100	DAA	\$5.00
		R001	R100	DAA	\$5.00
		0002	A101	DAA	\$5.00
		C002	C101	DAA	\$5.00
1/1/2010	00122005	R002	R101	DAA	\$5.00
1/1/2019	00123005	0003	A102	DAA	\$5.00
		C003	C102	DAA	\$5.00
		R003	R102	DAA	\$5.00
		0004	A103	DAA	\$5.00
		C003	C103	DAA	\$5.00
		R004	R103	DAA	\$5.00

	Prescription	n Coverage					
Retail			Mail		Plan Code Rx	Tuna	Co-Pay
Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	пл	Туре	Co-Fuy
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25

Medical F	Plan					20	19 Premium E
Dedu	ctible	Out-of-Pock	et Maximum	Plan Code Medical		Individual	
Individual	Family	Individual	Family	Meaicai	Medical	Rx	Total
n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68
n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68
n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68
n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68
n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68
n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68
n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68
n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68
n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68
n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68
n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68
n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68

Equivalent Rat	es	
	Family	
Medical	Rx	Total
\$1,304.18	\$629.68	\$1,637.18
\$1,304.18	\$629.68	\$1,637.18
\$1,304.18	\$629.68	\$1,637.18
\$1,304.18	\$629.68	\$1,637.18
\$1,304.18	\$629.68	\$1,637.18
\$1,304.18	\$629.68	\$1,637.18
\$1,304.18	\$629.68	\$1,637.18
\$1,304.18	\$629.68	\$1,637.18
\$1,304.18	\$629.68	\$1,637.18
\$1,304.18	\$629.68	\$1,637.18
\$1,304.18	\$629.68	\$1,637.18
\$1,304.18	\$629.68	\$1,637.18

			Sub-Group					Prescriptio	on Coverage			Plan Code			Medical I				Plan Code) Premium Ee	Equivalent Rate		
oality Name	Muni # Plan /Group Description		Numbers	Class Code	Enrollment Code		Retail	-		Mail	<i></i>	Rx	Type	Co-Pay	Dedu Individual		Out-of-Pocke		Medical	Medical	Individual		Medical	Family	-
		PPO \$10	0007	A100	BEV	Tier 1 \$5.00	Tier 2 \$20.00	Tier 3 \$35.00	Tier 1 \$10.00	Tier 2 \$40.00	Tier 3 \$70.00	3T7	PPO	\$10.00	n/a	Family n/a	51 000 00	Family \$3.000.00	PPO1	\$735.41	Rx \$185.99	Total \$921.40	\$1,591,76	Rx \$403.17	_
		PPO \$10 - COBRA	C007	C100	BEV	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	PPO1	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	-
		Classic Blue Plan	0037	A109	BGG	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	_
	White Collar Active, Management,	Classic Blue Plan - COBRA	C037	C109	BGG	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	7
	and Confidential Employees	Comprehensive Value Plan	0057	A100	BEL	20%	20%	40%	15%	15%	40%	3T11	Comprehensive	n/a	\$500.00	\$1,500.00	\$2,500.00	\$7,500.00	MM6	\$581.29	\$117.42	\$698.71	\$1,257.49	\$254.53	3 :
		Comp. Value Plan - COBRA	C057	C100	BEL	20%	20%	40%	15%	15%	40%	3T11	Comprehensive	n/a	\$500.00	\$1,500.00	\$2,500.00	\$7,500.00	MM6	\$581.29	\$117.42	\$698.71	\$1,257.49	\$254.53	_
		Platinum Plan	0040	A109	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$333.00	0
		Platinum Plan - COBRA	C040	C101	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$333.00	0
		PPO \$10	0007	A101	BEV	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	PPO1	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	7
		PPO \$10 - COBRA	C007	C101	BEV	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	PPO1	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	7
	County Blue Collar Active	Classic Blue Plan	0037	A101	BGG	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	7
	County Blue Coular Active	Classic Blue Plan - COBRA	C037	C101	BGG	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	7
		Platinum Plan	0040	A101	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$333.00	3
		Platinum Plan - COBRA	C040	C101	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$333.00	j
		PPO \$10	0005	A104	BEV	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	PPO1	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	1
		PPO \$10 - COBRA	C005	C104	BEV	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	PPO1	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	1
	County Sheriff's Department	Classic Blue Plan	0039	A102	BGG	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	1
	county out in a bepin them	Classic Blue Plan - COBRA	C039	C102	BGG	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	1
		Platinum Plan	0040	A102	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$333.00)
		Platinum Plan - COBRA	C040	C102	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$333.00	<u> </u>
		PPO \$10	0008	A103	BEV	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	PPO1	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	4
		PPO \$10 - COBRA	C008	C103	BEV	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	PPO1	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	1
	Corrections Department Group	Classic Blue Plan	0023	A103	BGG	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	-
	bepartment en oup	Classic Blue Plan - COBRA	C023	C103	BGG	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	1
		Platinum Plan	0040	A103	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$333.00	5
		Platinum Plan - COBRA	C040	C103	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$333.00)
	Soil & Water Conservation District	Classic Blue Plan	0037	A114	BFK	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	1
	County Retiree Group - PPO	PPO \$10	R007	R107	BEV	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	PPO1	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	i
	County Retiree Group - Classic Blue	Classic Blue Plan	R037	R115	BGG	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	1
	Hospital Retiree Group - Classic Blue	Classic Blue Plan	R037	R108	BGG	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	í
	County Retiree Group - Platinum Plan	Platinum Plan	R040	R109	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$333.00	J
		Classic Blue Plan	0035	A105	BFI	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	Indemnity	n/a	\$100.00	\$200.00	\$200.00	\$400.00	MM2	\$750.30	\$264.55	\$1,014.85	\$1,626.24	\$573.39	,
	County Library Professional Group	PPO \$10	0005	A105	BET	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	PPO	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	PPO1	\$735.41	\$264.55	\$999.96	\$1,591.76	\$573.39	,
		Platinum Plan	0040	A119	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$333.00	J
		Classic Blue Plan	0035	A106	BFI	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	Indemnity	n/a	\$100.00	\$200.00	\$200.00	\$400.00	MM2	\$750.30	\$264.55	\$1,014.85	\$1,626.24	\$573.39	,
	County Library Support Staff	PPO \$10	0005	A106	BET	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	PPO	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	PPO1	\$735.41	\$264.55	\$999.96	\$1,591.76	\$573.39	,
		Platinum Plan	0040	A120	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$333.00	J
	County Library Batima County	Classic Blue Plan	R037	R106	BGG	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	1
y of Tompkins p #00036755	4 County Library Retiree Group	PPO \$10	R038	R105	BEV	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	PPO1	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	1
100000100			0055	A110	BGM	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	PPO1	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	1
			0056	A110	BFZ	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	7
		CSEA	0057	A110	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$333.00	3
		COEA	0060	A110	DBH	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-G	Gold Plan	20%	\$1,350.00	\$2,700.00	\$3,000.00	\$6,000.00	ACA-G	\$435.93	\$111.31	\$547.24	\$1,133.41	\$289.40	5
			0059	A110	DBG	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-S	Silver Plan	20%	\$2,200.00	\$4,400.00	\$4,400.00	\$8,800.00	ACA-S	\$343.71	\$87.76	\$431.47	\$893.63	\$228.17	1
			0058	A110	DAG	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-B	Bronze Plan	0%	\$6,550	\$13,100	\$6,550.00	\$13,100.00	ACA-B	\$277.69	\$70.91	\$348.60	\$722.00	\$184.35	5
			0055	A111	BGM	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	PPO1	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	1
			0056	A111	BFZ	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	7
		Faculty	0057	A111	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$333.00	J
		Faculty	0060	A111	DBH	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-G	Gold Plan	20%	\$1,350.00	\$2,700.00	\$3,000.00	\$6,000.00	ACA-G	\$435.93	\$111.31	\$547.24	\$1,133.41	\$289.40	J
			0059	A111	DBG	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-S	Silver Plan	20%	\$2,200.00	\$4,400.00	\$4,400.00	\$8,800.00	ACA-S	\$343.71	\$87.76	\$431.47	\$893.63	\$228.17	ı
			0058	A111	DAG	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-B	Bronze Plan	0%	\$6,550	\$13,100	\$6,550.00	\$13,100.00	ACA-B	\$277.69	\$70.91	\$348.60	\$722.00	\$184.35	i
			0055	A116	BGM	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	PPO1	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	1
			0056	A116	BFZ	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	ſ
		Administrators	0057	A116	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$333.00	J
		- commissions	0060	A116	DBH	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-G	Gold Plan	20%	\$1,350.00	\$2,700.00	\$3,000.00	\$6,000.00	ACA-G	\$435.93	\$111.31	\$547.24	\$1,133.41	\$289.40	L
			0059	A116	DBG	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-S	Silver Plan	20%	\$2,200.00	\$4,400.00	\$4,400.00	\$8,800.00	ACA-S	\$343.71	\$87.76	\$431.47	\$893.63	\$228.17	/
			0058	A116	DAG	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-B	Bronze Plan	0%	\$6,550	\$13,100	\$6,550.00	\$13,100.00	ACA-B	\$277.69	\$70.91	\$348.60	\$722.00	\$184.35	5
	Tompkins-Cortland Community Colleg	e	0055	A115	BGM	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	PPO1	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	i
	(TC3)		0056	A115	BFZ	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	/
		FSA	0057	A115	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$333.00	
			0060	A115	DBH	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-G	Gold Plan	\$0.20	\$1,350.00	\$2,700.00	\$3,000.00	\$6,000.00	ACA-G	\$435.93	\$111.31	\$547.24	\$1,133.41	\$289.40)
			0059	A115	DBG	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-S	Silver Plan	\$0.20	\$2,200.00	\$4,400.00	\$4,400.00	\$8,800.00	ACA-S	\$343.71	\$87.76	\$431.47	\$893.63	\$228.17	1
			0058	A115	DAG	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-B	Bronze Plan	0%	\$6,550	\$13,100	\$6,550.00	\$13,100.00	ACA-B	\$277.69	\$70.91	\$348.60	\$722.00	\$184.35	5
			0055	A117	BGM	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	PPO1	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	1
			0056	A117	BFZ	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	/Ť
		Form	0057	A117	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$333.00	J
		Farm	0060	A117	DBH	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-G	Gold Plan	20%	\$1,350.00	\$2,700.00	\$3,000.00	\$6,000.00	ACA-G	\$435.93	\$111.31	\$547.24	\$1,133.41	\$289.40	J
			0059	A117	DBG	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-S	Silver Plan	20%	\$2,200.00	\$4,400.00	\$4,400.00	\$8,800.00	ACA-S	\$343.71	\$87.76	\$431.47	\$893.63	\$228.17	1
			0058	A117	DAG	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-B	Bronze Plan	0%	\$6,550	\$13,100	\$6,550.00	\$13,100.00	ACA-B	\$277.69	\$70.91	\$348.60	\$722.00	\$184.35	5
			0055	A118	BGM	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	PPO1	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	1
			0056	A118	BFZ	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	-
			0057	A118	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$333.00	5
		Cullinary Center	0060	A118	DBH	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-G	Gold Plan	20%	\$1,350.00	\$2,700.00	\$3,000.00	\$6,000.00	ACA-G	\$435.93	\$111.31	\$547.24		\$289.40	t
			0059	A118	DBG	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-S	Silver Plan	20%	\$2,200.00	\$4,400.00	\$4,400.00	\$8,800.00		\$343.71				\$228.17	-

1		F	0058	1110	DAG	65.00	625.00	670.00	610.00	670.00	6140.00	LCL D	Bronze Plan	08/	0.0.000	612.100	66 550 00	612 100 00	AGL D	\$277.69	670.01	6240.00	\$722.00	6104.25	£00.
			0058	A118	DAG	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-B	Bronze Plan	0%	\$6,550	\$13,100	\$6,550.00	\$13,100.00	ACA-B	\$277.69	\$70.91	\$548.60	\$722.00	\$184.35	\$906
	Retir	iree Group	R022	R113	BGG	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	\$2,02
	Retir	iree Group PPO	R024	R114	BEV	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	PPO1	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	\$1,994

2019 Premium Rate Summary -	- Towns	-																									
						Sub-Group					Prescription	n Coverage			Plan Code		T	Medical		1		Plan Code			Premium Eq	quivalent Rate	
Municipality Name	Muni #	Plan /Group Description		Effective Date	Group Numbers	Numbers	Class Code	Enrollment Code		Retail			Mail		Rx	Type	Co-Pay	Ded		Out-of-Pock		Medical		dividual			Family
			a.u.n.			0001			Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3		6 U.N	1 0-11	Individual	1 amily	Individual	Family		Medical	Rx	Total	Medical	Rx Total
Town of Aurelius	5	Active Employees COBRA Enrollees	Gold Plan Gold Plan	1/1/2017	00113304	0001 C100	A100 C100	DBH	\$5.00 \$5.00	\$35.00 \$35.00	\$70.00 \$70.00	\$10.00 \$10.00	\$70.00 \$70.00	\$140.00 \$140.00	ACA-G ACA-G	Gold Plan Gold Plan	20%	\$1,350.00	\$2,700.00 \$2,700.00	\$3,000.00	\$6,000.00	ACA-G ACA-G	\$435.93 \$435.93	\$111.31 \$111.31	\$547.24 \$547.24	\$1,133.41 \$1,133.41	\$629.68 \$1,422.82 \$629.68 \$1,422.82
	_	Active Employees	Gold Plan Gold Plan			0001	A100	DBH	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-G	Gold Plan Gold Plan	20%	\$1,350.00	\$2,700.00	\$3,000.00	\$6,000.00	ACA-G			\$547.24	\$1,133.41	\$629.68 \$1,422.82 \$629.68 \$1,422.82
Town of Big Flats	6	COBRA Enrollees	Gold Plan	1/1/2019	00123006	C100	C100	DBH	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-G ACA-G	Gold Plan Gold Plan	20%	\$1,350.00	\$2,700.00	\$3,000.00	\$6,000.00	ACA-G ACA-G		+	\$547.24	\$1,133,41	\$629.68 \$1,422.82
		Active Employees	Teamsters			0002	A100	BGN	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	PPO	\$10.00	n/a	92,700.00 n/a	\$1,000.00	\$3,000.00	PPOT	\$760.41	\$111.51	51.024.96	\$1,648.11	\$573.39 \$2,221.50
		COBRA Enrollees	Teamsters			C002	C100	BGN	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	PPO	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	PPOT	\$760.41	420.000	51.024.96	\$1.648.11	\$573.39 \$2,221.50
		Active Employees	Platinum Plan			0003	A100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304,18	\$629.68 \$1,637.18
		COBRA Enrollees	Platinum Plan			C003	C100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P		\$128.08	\$629.68	\$1,304.18	\$629.68 \$1,637.18
Town of Caroline	7	Medicare-Aged Retirees	Mx Supplement	1/1/2011	00036758	R001	R200	JA	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	MS-3	Mx Supplement	n/a	n/a	n/a	n/a	n/a	MS-3	\$266.61	\$413.02	\$679.62		
		Active Employees	Bronze Plan			0004	A100	DAG	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-B	Bronze Plan	0%	\$6,550	\$13,100	\$6,550.00	\$13,100.00	ACA-B	\$277.69	\$70.91	\$348.60	\$722.00	\$629.68 \$906.35
		COBRA Enrollees	Bronze Plan			C004	C100	DAG	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-B	Bronze Plan	0%	\$6,550	\$13,100	\$6,550.00	\$13,100.00	ACA-B	\$277.69	\$70.91	\$348.60	\$722.00	\$629.68 \$906.35
		Active Employees	Gold Plan			0005	A100	DBH	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-G	Gold Plan	20%	\$1,350.00	\$2,700.00	\$3,000.00	\$6,000.00	ACA-G	\$435.93	\$111.31	\$547.24	\$1,133.41	\$629.68 \$1,422.82
		COBRA Enrollees	Gold Plan			C005	C100	DBH	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-G	Gold Plan	20%	\$1,350.00	\$2,700.00	\$3,000.00	\$6,000.00	ACA-G	\$435.93	\$111.31	\$547.24	\$1,133.41	\$629.68 \$1,422.82
Town of Cincinnatus	8	Active Employees	Silver Plan	1/1/2017	00113199	0001	A001	DBG	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-S	Silver Plan	20%	\$2,200.00	\$4,400.00	\$4,400.00	\$8,800.00	ACA-S	\$343.71	\$87.76	\$431.47	\$893.63	\$629.68 \$1,121.80
Town of Chichmatus	0	COBRA Enrollees	Silver Plan	1/1/2017	00115177	C001	C100	DBG	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-S	Silver Plan	20%	\$2,200.00	\$4,400.00	\$4,400.00	\$8,800.00	ACA-S	\$343.71	\$87.76	\$431.47	\$893.63	\$629.68 \$1,121.80
Town of Covert	9	Active Employees	Platinum Plan	1/1/2019	00123015	0001	A100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$629.68 \$1,637.18
Toma di Covert	-	COBRA Enrollees	Platinum Plan	1/1/2017	00125015	C001	C100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	+	\$629.68	\$1,304.18	\$629.68 \$1,637.18
Town of Danby	10	Active Employees	Classic Blue Indem.	1/1/2011	00036759	0001	A100	BGO	20%	30%	50%	20%	30%	50%	3T13	Indemnity	n/a	\$100.00	\$300.00	\$400.00	\$1,200.00	MM5	\$750.30		\$856.88	\$1,620.05	\$230.98 \$1,851.03
	_	COBRA Enrollees	Classic Blue Indem.			C001	C001	BGO	20%	30%	50%	20%	30%	50%	3T13	Indemnity	n/a	\$100.00	\$300.00	\$400.00	\$1,200.00	MM5	\$750.30	\$106.58	\$856.88	\$1,620.05	\$230.98 \$1,851.03
		Active Employees	PPO \$10		0000 0	0001	A100	BGN	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	PPO	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	PPOT	\$760.41		51,024.96	\$1,648.11	\$573.39 \$2,221.50
Town of Dryden	11	COBRA Enrollees	PPO \$10	1/1/2011	00036760	C001	C100	BGN	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	PPO	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	PPOT	4100111	420.000	1,024.96	\$1,648.11	\$573.39 \$2,221.50
	-	Medicare Supplemental Plan	Mx Retirees		-	R001	R200	JA	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	MS-4	Mx Supplement	n/a	n/a	n/a	n/a	n/a	MS-4	+=00.01	\$201.90	\$548.58		
		Active Employees	PPO \$15	1/1/2011	00026761	0001	A100	BGP	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$15.00	n/a	n/a	\$1,500.00	\$4,500.00	PPO2			\$882.52	\$1,569.49	\$341.19 \$1,910.68
Town of Enfield	12	COBRA Enrollees Medicare-Aged Retirees	PPO \$15	1/1/2011	00036761	C001	C100 R200	BGP	\$10.00 \$10.00	\$25.00 \$25.00	\$40.00 \$40.00	\$20.00	\$50.00 \$50.00	\$80.00 \$80.00	3T9 MS-3	PPO Mx Supplement	\$15.00	n/a	n/a	\$1,500.00	\$4,500.00	PPO2 MS-3	\$725.11 \$266.61		\$882.52 \$679.62	\$1,569.49	\$341.19 \$1,910.68
			Mx Supplement			R002		JA	410100	040100	4.0.00	420100	40.010.0	+00100			n/a	n/a	n/a	n/a	n/a \$1.200.00		+=00101	+	\$679.62	61 620 05	6220.00 61.051.02
Town of Groton	13	Active Employees COBRA Enrollees	Classic Blue Indem. Classic Blue Indem.	1/1/2011	00036762	0001 C001	A100 C001	BGO BGO	20% 20%	30% 30%	50% 50%	20%	30% 30%	50% 50%	3T13 3T13	Indemnity	n/a n/a	\$100.00 \$100.00	\$300.00 \$300.00	\$400.00 \$400.00	\$1,200.00	MM5 MM5	\$750.30 \$750.30	+	\$856.88	\$1,620.05 \$1.620.05	\$230.98 \$1,851.03 \$230.98 \$1,851.03
		Active Employees	Silver Plan			0001	A001	DBG	500%	3500%	7000%	1000%	7000%	14000%	ACA-S	Silver Plan	20%	\$2,200.00	\$4,400.00	\$4,400.00	\$1,200.00	ACA-S	\$343.71	\$87.76	\$431.47	\$893.63	\$629.68 \$1,121.80
Town of Homer	14	COBRA Enrollees	Silver Plan	1/1/2018	00113380	C001	C100	DBG	500%	3500%	7000%	1000%	7000%	14000%	ACA-S ACA-S	Silver Plan	20%	\$2,200.00	\$4,400.00	\$4,400.00	\$8,800.00	ACA-S ACA-S	\$343.71	\$87.76	\$431.47	\$893.63	\$629.68 \$1,121.80
		Active Employees	PPO \$10			0001	A100	BGM	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	32,200.00 n/a	34,400.00 n/a	\$1,000,00	\$3,000.00	PPO1	\$735.41		\$921.40	\$1,591.76	\$403.17 \$1.994.93
		COBRA Enrollees	PPO \$10			C001	C001	BGM	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a n/a	n/a	\$1,000.00	\$3,000.00	PPO1	\$735.41	\$105.77	\$921.40	\$1,591.76	\$403.17 \$1,994.93
Town of Ithaca	15	Medicare-Aged Retirees	Mx Supplement	1/1/2011	00036757	R001	R200	JA	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	MS-4	Mx Supplement	n/a	n/a	n/a	01,000.00 n/a	n/a	MS-4	\$266.61	\$281.98	\$548.58	\$1,571.10	0100117 01,001.00
		Active Employees	Platinum Plan			0001	A100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1.304.18	\$629.68 \$1.637.18
		COBRA Enrollees	Platinum Plan			C001	C100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$629.68 \$1.637.18
		Active Employees	PPO \$15				A100	BGT	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	3T10	PPO	\$15.00	n/a	n/a	\$1,500.00	\$4,500.00	PPO2	\$725.11	\$107.47	\$832.58	\$1,569.49	\$232.92 \$1,802.41
Town of Lansing	16	COBRA Enrollees	PPO \$15	1/1/2013	00036769	0001	C001	BGT	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	3T10	PPO	\$15.00	n/a	n/a	\$1,500.00	\$4,500.00	PPO2	\$725.11	\$107.47	\$832.58	\$1,569.49	\$232.92 \$1,802.41
T 634 4	17	Active Employees	Platinum Plan	1/1/2016	00036772	0001	A100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$629.68 \$1,637.18
Town of Marathon	17	COBRA Enrollees	Platinum Plan	1/1/2016	00036772	C001	C100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$629.68 \$1,637.18
Town of Mentz	18	Active Employees	Platinum Plan	1/1/2019	00123012	0001	A100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$629.68 \$1,637.18
Town of Mentz	10	COBRA Enrollees	Platinum Plan	1/1/2019	00123012	C001	C100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$629.68 \$1,637.18
Town of Montezuma	19	Active Employees	Platinum Plan	1/1/2017	00113307	0001	A100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$629.68 \$1,637.18
Town of Montezinia	17	COBRA Enrollees	Platinum Plan	1/1/2017	00115507	C001	C100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	+	\$629.68	\$1,304.18	\$629.68 \$1,637.18
Town of Moravia	20	Active Employees	Platinum Plan	1/1/2017	00113194	0001	A100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$629.68 \$1,637.18
	20	COBRA Enrollees	Platinum Plan			C001	C100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$629.68 \$1,637.18
Town of Newfield	21	Active Employees	Platinum Plan	1/1/2018	00113377	0001	A100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$629.68 \$1,637.18
	-	COBRA Enrollees	Platinum Plan			C001	C100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$629.68 \$1,637.18
Town of Niles	22	Active Employees	Gold Plan	1/1/2019	00123011	0001	A100	DBH	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-G	Gold Plan	20%	\$1,350.00	\$2,700.00	\$3,000.00	\$6,000.00	ACA-G			\$547.24	\$1,133.41	\$629.68 \$1,422.82
		COBRA Enrollees	Gold Plan			C001	C100	DBH	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-G	Gold Plan	20%	\$1,350.00	\$2,700.00	\$3,000.00	\$6,000.00	ACA-G	+		\$547.24	\$1,133.41	\$629.68 \$1,422.82
Town of Owasco	23	Active Employees COBRA Enrollees	Platinum Plan Platinum Plan	1/1/2019	00113381	0001 C001	A100 C100	DAA	\$5.00 \$5.00	\$35.00 \$35.00	\$70.00 \$70.00	\$10.00	\$70.00 \$70.00	\$140.00 \$140.00	ACA-P ACA-P	Platinum Plan	\$15/\$25 \$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P ACA-P	\$501.60 \$501.60	\$128.08	\$629.68 \$629.68	\$1,304.18 \$1.304.18	\$629.68 \$1,637.18 \$629.68 \$1.637.18
		COBRA Enrollees	Platinum Plan Silver Plan			0001	A001	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P ACA-S	Platinum Plan Silver Plan	\$15/\$25	n/a \$2,200.00	n/a \$4.400.00	\$2,000.00	\$6,000.00	ACA-P ACA-S	\$343.71	+	\$629.68	\$1,304.18	\$629.68 \$1,637.18 \$629.68 \$1,121.80
Town of Preble	24	COBRA Enrollees	Silver Plan Silver Plan	1/1/2017	00113196	0001 C001	C100	DBG	500%	3500%	7000%	1000%	7000%	14000%	ACA-S	Silver Plan Silver Plan	\$0.20	\$2,200.00	\$4,400.00	\$4,400.00	\$8,800.00	ACA-S	\$343.71	401110	\$431.47	\$893.63	\$629.68 \$1,121.80 \$629.68 \$1,121.80
		Active Employees	Platinum Plan			0001	A100	DBG	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-S ACA-P	Platinum Plan	\$0.20	\$2,200.00 n/a	\$4,400.00 n/a	\$4,400.00	\$6,000,00	ACA-S ACA-P	\$543.71	\$128.08	\$431.47 \$629.68	\$1,304.18	\$629.68 \$1,121.80 \$629.68 \$1,637.18
Town of Scipio	25	COBRA Enrollees	Platinum Plan	1/1/2017	00113195	C001	C100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P ACA-P	Platinum Plan	\$15/\$25	n/a n/a	n/a n/a	\$2,000.00	\$6,000.00	ACA-P ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$629.68 \$1,637.18
		Active Employees	Platinum Plan			0001	A100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60		\$629.68	\$1,304.18	\$629.68 \$1,637.18
Town of Sennett	26	COBRA Enrollees	Platinum Plan	1/1/2019	00123008	C001	C100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a n/a	n/a n/a	\$2,000.00	\$6,000.00	ACA-P			\$629.68	\$1,304.18	\$629.68 \$1,637.18
		Active Employees	Platinum Plan			0001	A100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$120.00	\$629.68	\$1,304.18	\$629.68 \$1.637.18
Town of Springport	27	COBRA Enrollees	Platinum Plan	1/1/2017	00113198	C001	C100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$629.68 \$1,637.18
		Active Employees	Platinum Plan	1/1/201-2	0000	0001	A100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$629.68 \$1,637.18
Town of Truxton	28	COBRA Enrollees	Platinum Plan	1/1/2016	00036770	C001	C100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$629.68 \$1,637.18
70 ex 11		Active Employees	Gold Plan	1/1/2011	00036763	0001	A100	DBH	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-G	Gold Plan	20%	\$1,350.00	\$2,700.00	\$3,000.00	\$6,000.00	ACA-G	\$435.93	\$111.31	\$547.24	\$1,133.41	\$629.68 \$1,422.82
Town of Ulysses	29	COBRA Enrollees	Gold Plan	1/1/2011	00036763	C001	C100	DBH	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-G	Gold Plan	20%	\$1,350.00	\$2,700.00	\$3,000.00	\$6,000.00	ACA-G	\$435.93	\$111.31	\$547.24	\$1,133.41	\$629.68 \$1,422.82
Town of Minuth	20	Active Employees	Platinum Plan	1/1/2016	00036771	0001	A100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$629.68 \$1,637.18
Town of Virgil	- 50	COBRA Enrollees	Platinum Plan	1/1/2016	00036771	C001	C100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$629.68 \$1,637.18
Town of Willet	31	Active Employees	Platinum Plan	1/1/2015	00113174	0001	A100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$629.68 \$1,637.18
TOWN OF WHICE	51	COBRA Enrollees	Platinum Plan	1/1/2013	00113174	C001	C100	DAA	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68	\$1,304.18	\$629.68 \$1,637.18

2019 Premium Rate Summary - Villages

Municipality Name	Muni #	Plan /Group Description		
Village of Cayuga Heights	32	Active Employees	PPO \$10	
		COBRA Enrollees	PPO \$10	
vinage of Cayuga Heights		Active Employees	Indemnity Plan	
		COBRA Enrollees	Indemnity Plan	
Village of Dryden	33	Active Employees	PPO \$10	
		COBRA Enrollees	PPO \$10	
Village of Freeville	34	Active Employees	Platinum Plan	
	34	COBRA Enrollees	Platinum Plan	
	35	Active Employees	PPO \$20	
Village of Groton		COBRA Enrollees	PPO \$20	
		Medicare-Aged Retirees	Mx Supplement	
	36	Active Employees	Platinum Plan	
Village of Homer		COBRA Enrollees	Platinum Plan	
	37	Active Employees	Bronze Plan	
Village of Horseheads		COBRA Enrollees	Bronze Plan	
	38	Active Employees	Platinum Plan	
Village of Lansing		COBRA Enrollees	Platinum Plan	
	39	Active Employees	PPO \$15	
Village of Trumansburg		COBRA Enrollees	PPO \$15	
Ville CTL: Courter	40	Active Employees	Silver Plan	
Village of Union Springs		COBRA Enrollees	Silver Plan	

Effective Date	Group Numbers	Sub-Group Numbers	Class Code	Enrollment Code	Tier 1
		0001	A100	BGN	\$5.00
		C001	C100	BGN	\$5.00
1/1/2011	00036764	0002	A100	BGR	20%
		C002	C100	BGR	20%
1/1/0011		0001	A100	BGS	\$10.00
1/1/2011	00036765	C002	C100	BGS	\$10.00
1/1/2010	00123010	0001	A100	DAA	\$5.00
1/1/2019		C001	C100	DAA	\$5.00
	00036766	0001	A100	BGQ	\$10.00
1/1/2011		C001	C001	BGQ	\$10.00
		R001	R200	JA	\$10.00
1/1/2015	00113171	0001	A100	DAA	\$5.00
1/1/2013		C001	C100	DAA	\$5.00
1/1/2019	00123007	0004	A100	DAG	\$5.00
1/1/2019		C004	C100	DAG	\$5.00
1/1/2019	00123013	0001	A100	DAA	\$5.00
		C001	C100	DAA	\$5.00
1/1/2011	00036767	0001	A100	BGP	\$10.00
		C001	C100	BGP	\$10.00
1/1/2017	00113197	0001	A001	DBG	\$5.00
1/1/2017	00115177	C001	C100	DBG	\$5.00

Prescription Coverage							
Retail		Mail		Plan Code Rx	T	C D	
Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	, AI	Туре	Co-Pay
\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	PPO	\$10.00
\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	PPO	\$10.00
30%	50%	20%	30%	50%	3T13	Indemnity	n/a
30%	50%	20%	30%	50%	3T13	Indemnity	n/a
\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$10.00
\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$10.00
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25
\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$20.00
\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$20.00
\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	MS-3	Mx Supplement	n/a
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-B	Bronze Plan	\$0.00
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-B	Bronze Plan	\$0.00
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-P	Platinum Plan	\$15/\$25
\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	РРО	\$10.00
\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	РРО	\$10.00
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-S	Silver Plan	20%
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-S	Silver Plan	20%

Medical Plan				2019 Premium E			
Deductible		Out-of-Pocket Maximum		Plan Code Medical	Individual		
Individual	Family	Individual	Family	meaicai	Medical	Rx	Total
n/a	n/a	\$1,000.00	\$3,000.00	PPOT	\$760.41	\$264.55	\$1,024.96
n/a	n/a	\$1,000.00	\$3,000.00	PPOT	\$760.41	\$264.55	\$1,024.96
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$106.58	\$865.50
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$106.58	\$865.50
n/a	n/a	\$1,000.00	\$3,000.00	PPO1	\$735.41	\$157.41	\$892.82
n/a	n/a	\$1,000.00	\$3,000.00	PPO1	\$735.41	\$157.41	\$892.82
n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68
n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68
n/a	n/a	\$2,000.00	\$6,000.00	PPO3	\$711.87	\$157.41	\$869.28
n/a	n/a	\$2,000.00	\$6,000.00	PPO3	\$711.87	\$157.41	\$869.28
n/a	n/a	n/a	n/a	MS-3	\$266.61	\$413.02	\$679.62
n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68
n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68
\$6,550.00	\$13,100.00	\$6,550.00	\$13,100.00	ACA-B	\$277.69	\$70.91	\$348.60
\$6,550.00	\$13,100.00	\$6,550.00	\$13,100.00	ACA-B	\$277.69	\$70.91	\$348.60
n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68
n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$501.60	\$128.08	\$629.68
n/a	n/a	\$1,500.00	\$4,500.00	PPO2	\$725.11	\$157.41	\$882.52
n/a	n/a	\$1,500.00	\$4,500.00	PPO2	\$725.11	\$157.41	\$882.52
\$2,200.00	\$4,400.00	\$4,400.00	\$8,800.00	ACA-S	\$343.71	\$87.76	\$431.47
\$2,200.00	\$4,400.00	\$4,400.00	\$8,800.00	ACA-S	\$343.71	\$87.76	\$431.47

Equivalent Rates						
Family						
Medical	Rx	Total				
\$1,648.11	\$573.39	\$2,221.50				
\$1,648.11	\$573.39	\$2,221.50				
\$1,644.92	\$230.98	\$1,875.90				
\$1,644.92	\$230.98	\$1,875.90				
\$1,591.76	\$341.19	\$1,932.95				
\$1,591.76	\$341.19	\$1,932.95				
\$1,304.18	\$629.68	\$1,637.18				
\$1,304.18	\$629.68	\$1,637.18				
\$1,540.83	\$341.19	\$1,882.02				
\$1,540.83	\$341.19	\$1,882.02				
\$1,304.18	\$629.68	\$1,637.18				
\$1,304.18	\$629.68	\$1,637.18				
\$722.00	\$629.68	\$906.35				
\$722.00	\$629.68	\$906.35				
\$1,304.18	\$629.68	\$1,637.18				
\$1,304.18	\$629.68	\$1,637.18				
\$1,569.49	\$341.19	\$1,910.68				
\$1,569.49	\$341.19	\$1,910.68				
\$893.63	\$629.68	\$1,121.80				
\$893.63	\$629.68	\$1,121.80				