

**Greater Tompkins County Municipal Health Insurance Consortium
2018 and 2019 Indemnity Medical Benefit Plan Options and Rates**

Benefit Plan Description	Indemnity Plan (MM1)		Indemnity Plan (MM2)		Indemnity Plan (MM3)		Indemnity Plan (MM5)		Indemnity Plan (MM7)		
	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	29		0		0		4		1		
Number of County of Tompkins Sub-Groups	0		21		0		0		0		
Deductible <i>(only applies to "major medical" services)</i>	Individual	\$50.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$50.00	
	Family	\$100.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$300.00	\$300.00	\$150.00	
Out-of-Pocket Maximum <i>(includes only "major medical" coinsurance amounts)</i>	Individual	\$400.00	\$200.00	\$200.00	\$750.00	\$750.00	\$400.00	\$400.00	\$400.00	\$400.00	
	Family	\$1,200.00	\$400.00	\$400.00	\$2,250.00	\$2,250.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00	
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 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 Patient Cost Sharing	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	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	
	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	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	
Diagnostic Lab and X-Ray Patient 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	
Retail Pharmacy Patient Cost Sharing	Tier 1	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	"major medical" 20% after Deductible	Not Covered
	Tier 2	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	"major medical" 20% after Deductible	Not Covered
	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
Mail-Order Pharmacy Patient Cost Sharing	Tier 1	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	"major medical" 20% after Deductible	Not Covered
	Tier 2	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	"major medical" 20% after Deductible	Not Covered
	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	\$714.57	\$714.57	\$701.64	\$701.64	\$714.57	\$714.57	\$806.09	\$806.09	
	Family	\$1,566.59	\$1,548.80	\$1,548.80	\$1,520.59	\$1,520.59	\$1,542.90	\$1,542.90	\$1,875.03	\$1,875.03	
2019 Premium Rates	Individual	\$758.92	\$750.30	\$750.30	\$736.72	\$736.72	\$750.30	\$750.30	\$846.39	\$846.39	
	Family	\$1,644.92	\$1,626.24	\$1,626.24	\$1,596.62	\$1,596.62	\$1,620.05	\$1,620.05	\$1,968.78	\$1,968.78	
Premium % Increase	5.00%										

**Greater Tompkins County Municipal Health Insurance Consortium
2018 and 2019 PPO Medical Benefit Plan Options and Rates**

Benefit Plan Description		\$10.00 PPO Plan (PPO1)		\$15.00 PPO Plan (PPO2)		\$20.00 PPO Plan (PPO3)		"Teamster Lookalike" PPO Plan (PPOT)	
		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 <i>(Must be Met Before Benefits Pay)</i>	Individual	n/a	\$250.00	n/a	\$500.00	n/a	\$750.00	n/a	
	Family	n/a	\$750.00	n/a	\$1,500.00	n/a	\$2,250.00	n/a	
Out-of-Pocket Maximum <i>(includes all deductible, coinsurance amounts, and copayment amounts)</i>	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
	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 Sharing		\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$100.00	\$100.00
Office Visit Patient Cost Sharing	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
	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 Patient 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
Retail Pharmacy Patient Cost Sharing	Tier 1	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered
	Tier 2	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered
	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
Mail-Order Pharmacy Patient Cost Sharing	Tier 1	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered
	Tier 2	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered
	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**

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%		

**Greater Tompkins County Municipal Health Insurance Consortium
2018 and 2019 Medicare Supplement Benefit Plan Options and Rates**

Benefit Plan Description		Medicare Supplement (MS1)		Medicare Supplement (MS2)		Medicare Supplement (MS3)		Medicare Supplement (MS4)		Medicare Supplement (MS5)		Medicare Supplement (MS6)	
		Standard Medicare Benefit	Supplemental Benefit	Standard Medicare Benefit	Supplemental Benefit	Standard Medicare Benefit	Supplemental Benefit	Standard Medicare Benefit	Supplemental Benefit	Standard Medicare Benefit	Supplemental Benefit	Standard Medicare Benefit	Supplemental Benefit
Number of Sub-Groups		0		0		3		2		0		0	
Number of County of Tompkins Sub-Groups		0		0		0		0		0		0	
Deductible <i>(only applies to "major medical" services)</i>	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
	Family	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Maximum <i>(includes only "major medical" coinsurance amounts)</i>	Individual	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Family	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	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 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
Retail Pharmacy Patient Cost Sharing	Tier 1	Not Covered	Not Covered	\$5.00	Not Covered	\$10.00	Not Covered	\$15.00	Not Covered	20%	Not Covered	20%	Not Covered
	Tier 2	Not Covered	Not Covered	\$15.00	Not Covered	\$25.00	Not Covered	\$30.00	Not Covered	20%	Not Covered	30%	Not Covered
	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	30-Days	Not Covered	30-Days	Not Covered	30-Days	Not Covered	30-Days	Not Covered
Mail-Order Pharmacy Patient Cost Sharing	Tier 1	Not Covered	Not Covered	\$10.00	Not Covered	\$20.00	Not Covered	\$30.00	Not Covered	15%	Not Covered	20%	Not Covered
	Tier 2	Not Covered	Not Covered	\$30.00	Not Covered	\$50.00	Not Covered	\$60.00	Not Covered	15%	Not Covered	30%	Not Covered
	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	90-Days	Not Covered	90-Days	Not Covered	90-Days	Not Covered	90-Days	Not Covered
2018 Premium Rates		Medical Rate	\$253.91	Medical Rate	\$253.91	Medical Rate	\$253.91	Medical Rate	\$253.91	Medical Rate	\$253.91	Medical Rate	\$253.91
		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
2019 Premium Rates		Medical Rate	\$266.61	Medical Rate	\$266.61	Medical Rate	\$266.61	Medical Rate	\$266.61	Medical Rate	\$266.61	Medical Rate	\$266.61
		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%												

Greater Tompkins County Municipal Health Insurance Consortium

2018 and 2019 "Non-Standard" and "Standard" Two-Tier Co-Payment Structure

Pharmacy Benefit Design Description		2T1	2T2	2T3
Number of Sub-Groups		1	1	7
Number of County of Tompkins Sub-Groups		0	0	0
Retail Pharmacy	Tier 1 (Generic)	\$1.00	\$2.00	\$2.00
	Tier 2 (Preferred Brand)	\$1.00	\$5.00	\$10.00
	Tier 3 (Non-Preferred Brand)			
	Days Supply Limit	90	90	90
Mail-Order Pharmacy	Tier 1 (Generic)	\$0.00	\$0.00	\$0.00
	Tier 2 (Preferred Brand)	\$0.00	\$0.00	\$0.00
	Tier 3 (Non-Preferred Brand)			
	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 Mandated Benefits		Applicable	Applicable	Applicable
Standard Excellus BCBS Contact Exclusions		Applicable	Applicable	Applicable
Generic Advantage Program (Maximum Allowable Cost Penalty)		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 (Prescription Drug Copays Only)	Individual	\$1,000.00	\$1,000.00	\$1,000.00
	Family	\$3,000.00	\$3,000.00	\$3,000.00
2018 Premium Rates	Individual	\$341.60	\$336.97	\$327.75
	Family	\$740.42	\$730.37	\$710.38
2019 Premium Rates	Individual	\$358.68	\$353.82	\$344.14
	Family	\$777.44	\$766.89	\$745.90

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

Greater Tompkins County Municipal Health Insurance Consortium

2018 and 2019 "Standard" Three-Tier Co-Payment Structure

Pharmacy Benefit Design Description	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 Sub-Groups	4	0	0	36	0	0	2	0	
Retail Pharmacy	Tier 1 (Generic)	\$5.00	\$5.00	\$5.00	\$5.00	\$10.00	\$15.00	20.00%	20.00%
	Tier 2 (Preferred Brand)	\$10.00	\$15.00	\$15.00	\$20.00	\$25.00	\$30.00	20.00%	30.00%
	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
Mail-Order Pharmacy	Tier 1 (Generic)	\$10.00	\$5.00	\$10.00	\$10.00	\$20.00	\$30.00	15.00%	20.00%
	Tier 2 (Preferred Brand)	\$20.00	\$15.00	\$30.00	\$40.00	\$50.00	\$60.00	15.00%	30.00%
	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 Use)	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
	Supplies & Equipment	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance
Federal and New York State Mandated Benefits	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	
Standard Excellus BCBS Contact Exclusions	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	
Generic Advantage Program (Maximum Allowable Cost Penalty)	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 (Prescription Drug Copays Only)	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
	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
	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
	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.

Greater Tompkins County Municipal Health Insurance Consortium Standard Metal Level Plans 2018 and 2019 Medical and Prescription Drug Benefit Options and Rates									
Benefit Plan Description	Platinum		Gold		Silver		Bronze		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Number of Sub-Groups	48		10		8		4		
Number of County of Tompkins Sub-Groups	17		6		6		6		
Deductible <i>(Must be Met Before Benefits Pay)</i>	Individual	n/a	\$500.00	\$1,350.00	\$2,700.00	\$1,800.00	\$3,600.00	\$6,550.00	\$13,100.00
	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 <i>(includes all deductible, coinsurance amounts, and copayment amounts)</i>	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
	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 Cost 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 Patient 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	
Retail Pharmacy Patient Cost Sharing	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
	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
	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
Mail-Order Pharmacy Patient Cost Sharing	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
	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
	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	
	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	
	Family	\$1,637.18	Family	\$1,422.82	Family	\$1,121.80	Family	\$906.35	

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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

Greater Tompkins County Municipal Health Insurance Consortium

2019 Premium Rate Summary - Cities

<i>Municipality Name</i>	<i>Muni #</i>	<i>Plan /Group Description</i>	
City of Cortland	1	Active Employees	Classic Blue Indem.
		COBRA Enrollees	Classic Blue Indem.
		Retirees	Classic Blue Indem.
City of Ithaca	2	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.
		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.		

<i>Effective Date</i>	<i>Group Numbers</i>	<i>Sub-Group Numbers</i>	<i>Class Code</i>	<i>Enrollment Code</i>	
					<i>Tier 1</i>
1/1/2013	00036768	0001	A100	BGU	\$10.00
			C001	BGU	\$10.00
			R001	BGU	\$10.00
1/1/2011	00036756	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
		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

<i>Prescription Coverage</i>					<i>Plan Code Rx</i>		
<i>Retail</i>		<i>Mail</i>				<i>Type</i>	<i>Co-Pay</i>
<i>Tier 2</i>	<i>Tier 3</i>	<i>Tier 1</i>	<i>Tier 2</i>	<i>Tier 3</i>			
\$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
\$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

<i>Medical Plan</i>				<i>Plan Code Medical</i>	<i>2019 Premium E</i>		
<i>Deductible</i>		<i>Out-of-Pocket Maximum</i>			<i>Individual</i>		
<i>Individual</i>	<i>Family</i>	<i>Individual</i>	<i>Family</i>		<i>Medical</i>	<i>Rx</i>	<i>Total</i>
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$157.41	\$916.33
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$157.41	\$916.33
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$157.41	\$916.33
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$344.14	\$1,103.06
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$344.14	\$1,103.06
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$234.38	\$993.30
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$234.38	\$993.30
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$234.38	\$993.30
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$234.38	\$993.30
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$344.14	\$1,103.06
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$344.14	\$1,103.06
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$234.38	\$993.30
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$234.38	\$993.30
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$234.38	\$993.30
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$234.38	\$993.30
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$234.38	\$993.30
\$50.00	\$150.00	\$400.00	\$1,200.00	MM7	\$846.39	\$0.00	\$846.39
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$358.68	\$1,117.60
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$344.14	\$1,103.06
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$344.14	\$1,103.06
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$265.98	\$1,024.90
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$265.98	\$1,024.90
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$265.98	\$1,024.90
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$265.98	\$1,024.90
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$265.98	\$1,024.90
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$353.82	\$1,112.74
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$344.14	\$1,103.06
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$234.38	\$993.30
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$265.98	\$1,024.90
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$758.92	\$265.98	\$1,024.90

<i>Equivalent Rates</i>		
<i>Family</i>		
<i>Medical</i>	<i>Rx</i>	<i>Total</i>
\$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	\$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
\$1,644.92	\$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

Greater Tompkins County Municipal Health Insurance Consortium
2019 Premium Rate Summary - Seneca County

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

<i>Effective Date</i>	<i>Group Numbers</i>	<i>Sub-Group Numbers</i>	<i>Class Code</i>	<i>Enrollment Code</i>	
					<i>Tier 1</i>
1/1/2019	00123005	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
		R002	R101	DAA	\$5.00
		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

Greater Tompkins County Municipal Health Insurance Consortium

2019 Premium Rate Summary - Counties

Municipality Name	Muni #	Plan Group Description	Sub-Group Numbers	Class Code	Enrollment Code	Prescription Coverage						Plan Code Rx	Medical Plan				Plan Code Medical	2019 Premium Equivalent Rates								
						Retail			Mail				Type	Co-Pay	Deductible			Out-of-Pocket Maximum		Medical	Rx	Total	Family			
						Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3				Individual	Family		Individual	Family				Rx	Total		
County of Tompkins Group #00036755	White Collar Active, Management, and Confidential Employees	PPO \$10	0007	A100	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	MM6	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	\$1,994.93	
		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	MM6	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	\$1,994.93	
		Classic Blue Plan	0037	A109	BGG	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	n/a	\$100.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	\$2,029.41	
		Classic Blue Plan - COBRA	C037	C109	BGG	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	n/a	\$100.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	\$2,029.41	
		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	\$1,512.02	
		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	\$1,512.02	
		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	\$1,637.18	
		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	\$1,637.18	
		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	\$1,637.18	
		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	\$1,637.18	
	County Blue Collar Active	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	MM6	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	\$1,994.93	
		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	MM6	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	\$1,994.93	
		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	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	\$2,029.41		
		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	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	\$2,029.41		
		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	\$1,637.18	
		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	\$1,637.18	
		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	\$1,637.18	
		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	\$1,637.18	
		County Sheriff's Department	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	MM6	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	\$1,994.93
			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	MM6	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	\$1,994.93
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	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	\$2,029.41			
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	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	\$2,029.41			
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	\$1,637.18		
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	\$1,637.18		
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	\$1,637.18		
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	\$1,637.18		
Corrections Department Group	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	MM6	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	\$1,994.93	
	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	MM6	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	\$1,994.93	
	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	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	\$2,029.41			
	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	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	\$2,029.41			
	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	\$1,637.18		
	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	\$1,637.18		
	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	\$1,637.18		
	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	\$1,637.18		
	Soil & Water Conservation District	0037	A114	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	MM6	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	\$1,994.93		
	County Retiree Group - PPO	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	MM6	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	\$1,994.93		
County Retiree Group - Classic Blue	R037	R115	BGG	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	\$2,029.41				
Hospital Retiree Group - Classic Blue	R037	R108	BGG	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$400.00	MM2	\$750.30	\$185.99	\$936.29	\$1,626.24	\$403.17	\$2,029.41				
County Retiree Group - 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	\$1,637.18			
County Library Professional Group	0035	A105	BFI	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	Indemnity	n/a	\$100.00	\$200.00	\$400.00	MM2	\$750.30	\$264.55	\$1,014.85	\$1,626.24	\$573.39	\$2,199.63				
County Library Professional Group	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	MM6	\$735.41	\$264.55	\$999.96	\$1,591.76	\$573.39	\$2,165.15			
County Library Professional Group	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	\$1,637.18			
County Library Professional Group	0035	A106	BFI	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	Indemnity	n/a	\$100.00	\$200.00	\$400.00	MM2	\$750.30	\$264.55	\$1,014.85	\$1,626.24	\$573.39	\$2,199.63				
County Library Support Staff	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	MM6	\$735.41	\$264.55	\$999.96	\$1,591.76	\$573.39	\$2,165.15			
County Library Support Staff	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	\$1,637.18			
County Library Support Staff	0040	A120	DAA	\$5.00	\$35.00	\$70.00																				

			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	\$348.60	\$722.00	\$184.35	\$906.35
		Retiree 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	\$2,029.41
		Retiree 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	\$1,994.93

Greater Tompkins County Municipal Health Insurance Consortium

2019 Premium Rate Summary - Towns

Municipality Name	Muni #	Plan /Group Description	Effective Date	Group Numbers	Sub-Group Numbers	Class Code	Enrollment Code	Prescription Coverage						Plan Code Rx	Medical Plan						Plan Code Medical	2019 Premium Equivalent Rates						
								Retail			Mail				Type	Co-Pay	Deductible		Out-of-Pocket Maximum			Individual			Family			
								Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3				Individual	Family	Individual	Family		Medical	Rx	Total	Medical	Rx	Total	
Town of Aurelius	5	Active Employees	Gold Plan	1/1/2017	00113304	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
		COBRA Enrollees	Gold Plan			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 Big Flats	6	Active Employees	Gold Plan	1/1/2019	00123006	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
		COBRA Enrollees	Gold Plan			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 Caroline	7	Active Employees	Teamsters	1/1/2011	00036758	0002	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	\$264.55	\$1,024.96	\$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	\$264.55	\$1,024.96	\$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	\$501.60	\$128.08	\$629.68	\$1,304.18	\$629.68	\$1,637.18
		Medicare-Aged Retirees	Mx Supplement			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%	\$6.55	\$13.10	\$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%	\$6.55	\$13.10	\$6,550.00	\$13,100.00	ACA-B	\$277.69	\$70.91	\$348.60	\$722.00	\$629.68	\$906.35
Town of Cincinnatus	8	Active Employees	Gold Plan	1/1/2017	00113199	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 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
		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 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	\$106.58	\$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
Town of Dryden	11	Active Employees	PPO \$10	1/1/2011	00036760	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	\$264.55	\$1,024.96	\$1,648.11	\$573.39	\$2,221.50
		COBRA Enrollees	PPO \$10			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	\$760.41	\$264.55	\$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	\$266.61	\$281.98	\$548.58			
Town of Enfield	12	Active Employees	PPO \$15	1/1/2011	00036761	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	PP02	\$725.11	\$157.41	\$882.52	\$1,569.49	\$341.19	\$1,910.68
		COBRA Enrollees	PPO \$15			C001	C100	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	PP02	\$725.11	\$157.41	\$882.52	\$1,569.49	\$341.19	\$1,910.68
		Medicare-Aged Retirees	Mx Supplement			R002	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			
Town of Groton	13	Active Employees	Classic Blue Indem.	1/1/2011	00036762	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	\$106.58	\$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
Town of Homer	14	Active Employees	Silver Plan	1/1/2018	00113380	0001	A001	DBG	500%	3500%	7000%	1000%	7000%	14000%	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
		COBRA Enrollees	Silver Plan			C001	C100	DBG	500%	3500%	7000%	1000%	7000%	14000%	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 Ithaca	15	Active Employees	PPO \$10	1/1/2011	00036757	0001	A100	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	PP01	\$735.41	\$185.99	\$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	\$1,000.00	\$3,000.00	PP01	\$735.41	\$185.99	\$921.40	\$1,591.76	\$403.17	\$1,994.93
		Medicare-Aged Retirees	Mx Supplement			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	\$266.61	\$281.98	\$548.58			
		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
Town of Lansing	16	Active Employees	PPO \$15	1/1/2013	00036769	0001	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	PP02	\$725.11	\$107.47	\$832.58	\$1,569.49	\$232.92	\$1,802.41
		COBRA Enrollees	PPO \$15			C001	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	PP02	\$725.11	\$107.47	\$832.58	\$1,569.49	\$232.92	\$1,802.41
Town of Marathon	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
		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 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
		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 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
		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 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
		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		

Greater Tompkins County Municipal Health Insurance Consortium
2019 Premium Rate Summary - Villages

<i>Municipality Name</i>	<i>Muni #</i>	<i>Plan /Group Description</i>	
Village of Cayuga Heights	32	Active Employees	PPO \$10
		COBRA Enrollees	PPO \$10
		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
		COBRA Enrollees	Platinum Plan
Village of Groton	35	Active Employees	PPO \$20
		COBRA Enrollees	PPO \$20
		Medicare-Aged Retirees	Mx Supplement
Village of Homer	36	Active Employees	Platinum Plan
		COBRA Enrollees	Platinum Plan
Village of Horseheads	37	Active Employees	Bronze Plan
		COBRA Enrollees	Bronze Plan
Village of Lansing	38	Active Employees	Platinum Plan
		COBRA Enrollees	Platinum Plan
Village of Trumansburg	39	Active Employees	PPO \$15
		COBRA Enrollees	PPO \$15
Village of Union Springs	40	Active Employees	Silver Plan
		COBRA Enrollees	Silver Plan

<i>Effective Date</i>	<i>Group Numbers</i>	<i>Sub-Group Numbers</i>	<i>Class Code</i>	<i>Enrollment Code</i>	
					<i>Tier 1</i>
1/1/2011	00036764	0001	A100	BGN	\$5.00
		C001	C100	BGN	\$5.00
		0002	A100	BGR	20%
		C002	C100	BGR	20%
1/1/2011	00036765	0001	A100	BGS	\$10.00
		C002	C100	BGS	\$10.00
1/1/2019	00123010	0001	A100	DAA	\$5.00
		C001	C100	DAA	\$5.00
1/1/2011	00036766	0001	A100	BGQ	\$10.00
		C001	C001	BGQ	\$10.00
		R001	R200	JA	\$10.00
1/1/2015	00113171	0001	A100	DAA	\$5.00
		C001	C100	DAA	\$5.00
1/1/2019	00123007	0004	A100	DAG	\$5.00
		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
		C001	C100	DBG	\$5.00

<i>Prescription Coverage</i>					<i>Plan Code Rx</i>		
<i>Retail</i>		<i>Mail</i>				<i>Type</i>	<i>Co-Pay</i>
<i>Tier 2</i>	<i>Tier 3</i>	<i>Tier 1</i>	<i>Tier 2</i>	<i>Tier 3</i>			
\$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	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-S	Silver Plan	20%
\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-S	Silver Plan	20%

<i>Medical Plan</i>				<i>Plan Code Medical</i>	<i>2019 Premium E</i>		
<i>Deductible</i>		<i>Out-of-Pocket Maximum</i>			<i>Individual</i>		
<i>Individual</i>	<i>Family</i>	<i>Individual</i>	<i>Family</i>		<i>Medical</i>	<i>Rx</i>	<i>Total</i>
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

<i>Equivalent Rates</i>		
<i>Family</i>		
<i>Medical</i>	<i>Rx</i>	<i>Total</i>
\$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