

**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%												