

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.