

Greater Tompkins County Municipal Health Insurance Consortium Standard Medicare Supplement Plans

Benefit Plan Description		Medicare Supplement (MS3)		Medicare Supplement (MS4)	
		Standard Medicare Benefit	Supplemental Benefit	Standard Medicare Benefit	Supplemental Benefit
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
	Family	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
	Family	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
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
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
	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
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
Retail Pharmacy Patient Cost Sharing	Tier 1	\$10.00	Not Covered	\$15.00	Not Covered
	Tier 2	\$25.00	Not Covered	\$30.00	Not Covered
	Tier 3	\$40.00	Not Covered	\$45.00	Not Covered
	Days Supply Limit	30 Days per Fill	Not Covered	30 Days per Fill	Not Covered
Mail-Order Pharmacy Patient Cost Sharing	Tier 1	\$20.00	Not Covered	\$30.00	Not Covered
	Tier 2	\$50.00	Not Covered	\$60.00	Not Covered
	Tier 3	\$80.00	Not Covered	\$90.00	Not Covered
	Days Supply Limit	90 Days per Fill	Not Covered	90 Days per Fill	Not Covered
2023 Premium Rates		Medical Rate	\$328.69	Medical Rate	\$328.69
		Rx Rate	\$509.20	Rx Rate	\$347.64
		Total Rate	\$837.89	Total Rate	\$676.33