

**Greater Tompkins County Municipal Health Insurance Consortium
2012 and 2013 Fiscal Year Premium Equivalent Rates**

Premium % Increase = 9.00%

Medical Plan Rates

		2012 Premium Rates		2013 Premium Rates	
		<u>Individual</u>	<u>Family</u>	<u>Individual</u>	<u>Family</u>
PPO1	\$10.00 Greater Tompkins County Municipal Health Ins. Consortium	\$503.78	\$1,090.41	\$549.12	\$1,188.55
PPO2	\$15.00 Greater Tompkins County Municipal Health Ins. Consortium	\$496.72	\$1,075.15	\$541.43	\$1,171.91
PPO3	\$20.00 Greater Tompkins County Municipal Health Ins. Consortium	\$487.66	\$1,055.53	\$531.55	\$1,150.52
PPOT	\$10.00 GTCMHIC - Teamsters "Look Alike" Plan	\$520.90	\$1,129.01	\$567.78	\$1,230.62
MM1	Indemnity Medical Plan (\$50 / \$150 Deductible)	\$519.88	\$1,126.83	\$566.67	\$1,228.25
MM2	Indemnity Medical Plan (\$100 / \$200 Deductible and \$400 OOP Max.)	\$513.98	\$1,114.02	\$560.24	\$1,214.28
MM3	Indemnity Medical Plan (\$100 / \$200 Deductible and \$750 OOP Max.)	\$504.67	\$1,093.74	\$550.10	\$1,192.18
MM4	Indemnity Medical Plan (\$100 / \$250 Deductible)	\$513.98	\$1,109.68	\$560.24	\$1,209.56
MM5	Indemnity Medical Plan (\$100 / \$300 Deductible)	\$513.98	\$1,109.78	\$560.24	\$1,209.66
MM6	Indemnity Medical and Rx Plan (Comprehensive Plan)	\$398.20	\$861.43	\$434.03	\$938.95
MM7	Indemnity Medical and Rx Plan	\$579.81	\$1,348.68	\$632.00	\$1,470.06

Rx Rates (Two-Tier Co-Payment Structure)

	Retail Pharmacy		Mail-Order Pharmacy		2012 Premium Rates		2013 Premium Rates	
	<u>Generic</u>	<u>Brand Name</u>	<u>Generic</u>	<u>Brand Name</u>	<u>Individual</u>	<u>Family</u>	<u>Individual</u>	<u>Family</u>
2T1	\$1.00	\$1.00	\$0.00	\$0.00	\$245.71	\$532.58	\$267.82	\$580.51
2T2	\$2.00	\$5.00	\$0.00	\$0.00	\$242.38	\$525.35	\$264.19	\$572.63
2T3	\$2.00	\$10.00	\$0.00	\$0.00	\$235.74	\$510.96	\$256.96	\$556.95
2T4	\$0.00	\$15.00	\$0.00	\$30.00	\$225.26	\$488.25	\$245.54	\$532.19
2T5	\$5.00	\$15.00	\$10.00	\$30.00	\$222.51	\$482.29	\$242.54	\$525.70
2T6	\$5.00	\$20.00	\$10.00	\$40.00	\$192.62	\$417.49	\$209.96	\$455.06

Rx Rates (Three Tier Co-Payment Structure)

	Retail Pharmacy			Mail-Order Pharmacy			2012 Premium Rates		2013 Premium Rates	
	<u>Tier 1 Generic</u>	<u>Tier 2 Preferred Brand</u>	<u>Tier 3 Non-Preferred Brand</u>	<u>Tier 1 Generic</u>	<u>Tier 2 Preferred Brand</u>	<u>Tier 3 Non-Preferred Brand</u>	<u>Individual</u>	<u>Family</u>	<u>Individual</u>	<u>Family</u>
3T1	\$0.00	\$5.00	\$20.00	\$0.00	\$10.00	\$40.00	\$214.37	\$464.64	\$233.66	\$506.46
3T2	\$5.00	\$10.00	\$25.00	\$5.00	\$10.00	\$25.00	\$188.14	\$407.79	\$205.08	\$444.49
3T3	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	\$181.22	\$392.80	\$197.53	\$428.15
3T4	\$5.00	\$10.00	\$25.00	\$15.00	\$30.00	\$75.00	\$176.69	\$382.98	\$192.59	\$417.44
3T5	\$5.00	\$15.00	\$25.00	\$5.00	\$15.00	\$25.00	\$185.92	\$402.42	\$202.65	\$438.64
3T5a	\$5.00	\$15.00	\$30.00	\$5.00	\$15.00	\$30.00	\$182.20	\$394.38	\$198.59	\$429.87
3T6	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	\$160.56	\$348.01	\$175.01	\$379.33
3T7	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	\$127.41	\$276.18	\$138.88	\$301.04
3T8	\$10.00	\$20.00	\$35.00	\$20.00	\$40.00	\$70.00	\$123.87	\$268.47	\$135.01	\$292.63
3T9	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	\$107.82	\$233.72	\$117.53	\$254.75
3T10	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	\$73.62	\$159.55	\$80.24	\$173.91
3T11	20%	20%	40%	15%	15%	40%	\$80.44	\$174.36	\$87.68	\$190.05
3T12	20%	30%	45%	20%	30%	45%	\$73.61	\$159.53	\$80.23	\$173.89
3T13	20%	30%	50%	20%	30%	50%	\$73.00	\$158.23	\$79.57	\$172.47

Denotes Plan Designs No Longer Available for Negotiation.

All options available for negotiations include:

1. Retail purchases limited to a 30 day supply.
2. Mail-order purchases limited to a 90 day supply.
3. Standard edits, exclusions, management protocols apply as follows:
 - a. Coverage for self administered contraceptives (oral, patch, ring and diaphragms) included. (Exclusions -physician administered contraceptives: Depo-Provera, devices such as Norplant, IUDs not covered under Rx riders)
 - b. Standard Excellus contract exclusions apply
 - c. No coverage for prescriptions filled at non-participating pharmacies
 - d. Generic Advantage Program (GAP) for Maximum Allowable Cost applies.
 - e. Standard use management protocols apply (including Excellus standard prior authorization list, step therapy programs, dose efficiency edits, quantity limits, new drug management) See Note.
 - f. All federal & state mandates that apply to pharmacy benefits are included
 - g. Diabetic prescriptions, supplies and equipment follow the NYS mandate and are processed in accordance with an office visit benefit.
 - h. Mandatory Specialty Pharmacy Program applies at retail benefit.
 - i. Generic Trial Program applies