Greater Tompkins County Municipal Health Insurance Consortium 2016 and 2017 Fiscal Year Base Medical and Rx Plan Premium Equivalent Rates

Premium % Increase 5.00%

Medical	Plan Rates														
			In-No	etwork Benefit Paramet	ers			Out-of	-Network Benefit Par	rameters		2016 Pron	ium Rates	2017 Prop	nium Rates
Plan Code	Medical Plan Benefit Description	Co-Payment	Dedu	ctible	Out-of-Pocke	et Maximum	Co-Payment	Dedu	ıctible	Out-of-Pock	et Maximum	2010 17611	aum Ruies	201717611	num Kuies
		Co-1 ayment	Individual	Family	Individual	Family	Co-1 ayment	Individual	Family	Individual	Family	Individual	Family	Individual	Family
PPO1	\$10.00 GTCMHIC PPO Plan	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	n/a	\$250.00	\$750.00	\$1,000.00	\$3,000.00	\$641.38	\$1,388.24	\$673.45	\$1,457.65
PPO2	\$15.00 GTCMHIC PPO Plan	\$15.00	n/a	n/a	\$1,500.00	\$4,500.00	n/a	\$500.00	\$1,500.00	\$1,500.00	\$4,500.00	\$632.40	\$1,368.82	\$664.02	\$1,437.26
PPO3	\$20.00 GTCMHIC PPO Plan	\$20.00	n/a	n/a	\$2,000.00	\$6,000.00	n/a	\$750.00	\$2,250.00	\$2,000.00	\$6,000.00	\$620.85	\$1,343.83	\$651.89	\$1,411.02
PPOT	\$10.00 GTCMHIC "Teamsters Look Alike" PPO Plan	\$10.00	n/a	n/a						\$1,000.00	\$3,000.00	\$663.19	\$1,437.39	\$696.35	\$1,509.26
MMI	GTCMHIC Indemnity Medical Plan 1 (\$50/ \$150 Deductible and \$400/\$1,200 OOP Max.)	n/a	\$50.00	\$100.00	\$400.00	\$1,200.00	n/a	\$50.00	\$100.00	\$400.00	\$1,200.00	\$661.89	\$1,434.61	\$694.98	\$1,506.34
MM2	GTCMHIC Indemnity Medical Plan 2 (\$100 / \$200 Deductible and \$400/\$800 OOP Max.)	n/a	\$100.00	\$200.00	\$400.00	\$800.00	n/a	\$100.00	\$200.00	\$400.00	\$1,200.00	\$654.37	\$1,418.31	\$687.09	\$1,489.23
<i>ММ3</i>	GTCMHIC Indemnity Medical Plan 3 (\$100 / \$200 Deductible and \$750/\$2,250 OOP Max.)	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	\$642.52	\$1,392.49	\$674.65	\$1,462.11
MM5	GTCMHIC Indemnity Medical Plan 5 (\$100 / \$300 Deductible and \$400/\$1,200 OOP Max.)	n/a	\$100.00	\$300.00	\$400.00	\$1,200.00	n/a	\$100.00	\$300.00	\$400.00	\$1,200.00	\$654.37	\$1,412.91	\$687.09	\$1,483.56
MM6	GTCMHIC Indemnity Medical Plan 6 (Comprehensive Value Plan)	n/a	\$500.00	\$1,500.00	\$2,000.00	\$6,000.00	n/a	\$500.00	\$1,500.00	\$2,500.00	\$7,500.00	\$506.97	\$1,096.71	\$532.32	\$1,151.55
MM7	GTCMHIC Indemnity Medical Paln 7 (Rx Embedded in MM)	n/a	\$50.00	\$150.00	\$400.00	\$1,200.00	n/a	\$50.00	\$150.00	\$400.00	\$1,200.00	\$738.18	\$1,717.06	\$775.09	\$1,802.91

Prescrip	otion Drug Plan Rates (T	wo-Tier Co-Payment Stru	icture							
Plan	Retail P	harmacy	Mail-Order	r Pharmacy	Out-of-Pock	et Maximum	2016 Pren	nium Rates	2017 Pren	nium Rates
Code	Generic	Brand Name	Generic	Brand Name	Individual	Family	Individual	Family	Individual	Family
2T1	\$1.00	\$1.00	\$0.00	\$0.00	\$1,000.00	\$3,000.00	\$312.82	\$678.04	\$328.46	\$711.94
2T2	\$2.00	\$5.00	\$0.00	\$0.00	\$1,000.00	\$3,000.00	\$308.58	\$668.84	\$324.01	\$702.28
2T3	\$2.00	\$10.00	\$0.00	\$0.00	\$1,000.00	\$3,000.00	\$300.13	\$650.53	\$315.14	\$683.06
-	•	•	•		•	•	•	Denotes Plan Design	ns No Longer Availabi	le for Negotiation.

Prescrip	ion Drug Plan Rates (Th	aree-Tier Co-Payment St	ructure									
		Retail Pharmacy			Mail-Order Pharmacy	,	Out-of-Pock	at Manimum	2016 Prov	nium Rates	2017 Prov	nium Rates
Plan Code	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Out-oj-r ock	ен махинит	2010 FTel	illulii Kates	2017 Fren	iuiii Kates
	Generic	Preferred Brand	Non-Preferred Brand	Generic	Preferred Brand	Non-Preferred Brand	Individual	Family	Individual	Family	Individual	Family
3T3	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	\$1,000.00	\$3,000.00	\$230.72	\$500.09	\$242.26	\$525.09
3T5a	\$5.00	\$15.00	\$30.00	\$5.00	\$15.00	\$30.00	\$1,000.00	\$3,000.00	\$231.97	\$502.09	\$243.57	\$527.19
3T6	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	\$1,000.00 \$3,000.00		\$204.41	\$443.06	\$214.63	\$465.21
3T7	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	\$2,000.00	\$6,000.00	\$162.21	\$351.62	\$170.32	\$369.20
3T9	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	\$2,000.00	\$6,000.00	\$137.28	\$297.56	\$144.14	\$312.44
3T10	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	\$2,000.00	\$6,000.00	\$93.72	\$203.14	\$98.41	\$213.30
3T11	20%	20%	40%	15%	15%	40%	\$3,000.00	\$9,000.00	\$102.41	\$221.99	\$107.53	\$233.09
3T13	20%	30%	50%	20%	30%	50%	\$3,000.00	\$9,000.00	\$92.95	\$201.45	\$97.60	\$211.52
A 11 - C 41-	41	dwag plan antions availe	ble for possibilitions as lie	stad above include the fe	Horring alamontas	•		Danotes Plan Desi	ans No Longar Availai	ale for Negotiation		

All Others	County
6	4
5	0
9	0
2	58
13	0
2	0
0	2
6	0
43	64

\$771.86

\$1,670.95

All Others

County 0

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. Standard Excellus contract exclusions apply

b. No coverage for prescriptions filled at non-participating pharmacies

c. Generic Advantage Program (GAP) for Maximum Allowable Cost applies.

d. Standard use management protocols apply (including prior authorization list, step therapy programs, dose efficiency edits, quantity limits, and new drug management).

e. All federal & state mandates that apply to pharmacy benefits are included

f. Diabetic prescriptions, supplies and equipment follow the NYS mandate and are processed in accordance with the office visit benefit.

g. Mandatory Specialty Pharmacy Program applies at retail benefit.

h. Generic Trial Program applies

6/20/2017 Prepared By: Locey Cahill, LLC

2016 and 2017 Fiscal Year Medicare Supplement Plan Premium Equivalent Rates

Premium % Increase

5.00%

Medicar	e Supplement Plan Rates												
			Retail Pharmacy			Mail-Order Pharmacy			2016 Premium Rates			2017 Premium Rates	
Plan Code	Medical Plan	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3		2010 Fremium Rates			2017 Fremium Rates	•
		Generic	Preferred Brand	Non-Preferred Brand	Generic	Preferred Brand	Non-Preferred Brand	Medical Rate	Rx Rate	Total Premium	Medical Rate	Rx Rate	Total Premium
MS-1	Medicare Supplement	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$232.52	\$0.00	\$232.52	\$244.15	\$0.00	\$244.15
MS-2	Medicare Supplement	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	\$232.52 \$53		\$768.91	\$244.15	\$563.20	\$807.35
MS-3	Medicare Supplement	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	\$232.52	\$360.21	\$592.73	\$244.15	\$378.22	\$622.37
MS-4	Medicare Supplement	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	\$232.52	\$245.93	\$478.45	\$244.15	\$258.23	\$502.37
MS-5	Medicare Supplement	20%	20%	40%	15%	15%	40%	\$232.52	\$268.69	\$501.21	\$244.15	\$282.12	\$526.27
MS-6	Medicare Supplement	20%	30%	50%	20%	30%	50%	\$232.52	\$243.89	\$476.41	\$244.15	\$256.08	\$500.23

Prescript	tion Drug Plan Rates - N	on Medicare Supplemen	t Plans (Three-Tier Co-P	ayment Structure)								
		Retail Pharmacy			Mail-Order Pharmacy		Out of Pook	et Maximum	2016 Prop	nium Rates	2017 Prem	ium Dotos
Plan Code	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Out-oj-1 ocki	ei Muximum	2010 1 161	num Kates	201711611	iuiii Kates
	Generic	Preferred Brand	Non-Preferred Brand	Generic	Preferred Brand	Non-Preferred Brand	Individual	Family	Individual	Family	Individual	Family
3T6	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	\$1,000.00	\$3,000.00	\$204.41	\$443.06	\$214.63	\$465.21
3T9	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	\$2,000.00	\$6,000.00	\$137.28	\$297.56	\$144.14	\$312.44
3T10	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	\$2,000.00	\$6,000.00	\$93.72	\$203.14	\$98.41	\$213.30
3T11	20%	20%	40%	15%	15%	40%	\$3,000.00	\$9,000.00	\$102.41	\$221.99	\$107.53	\$233.09
3T13	20%	30%	50%	20%	30%	50%	\$3,000.00	\$9,000.00	\$92.95	\$201.45	\$97.60	\$211.52

All of the three-tier prescription drug plan options available for negotiations as listed above include the following elements:

- 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. Standard Excellus contract exclusions apply
- b. No coverage for prescriptions filled at non-participating pharmacies
- c. Generic Advantage Program (GAP) for Maximum Allowable Cost applies.
- d. Standard use management protocols apply (including prior authorization list, step therapy programs, dose efficiency edits, quantity limits, and new drug management).
- e. All federal & state mandates that apply to pharmacy benefits are included
- f. Diabetic prescriptions, supplies and equipment follow the NYS mandate and are processed in accordance with the office visit benefit.
- $g.\ Mandatory\ Specialty\ Pharmacy\ Program\ applies\ at\ retail\ benefit.$
- h. Generic Trial Program applies

Prepared By: Locey and Cahill, LLC

Greater Tompkins County Municipal Health Insurance Consortium 2016 and 2017 Fiscal Year Medical Plan Premium Equivalent Rates

(Based on Budget Approved by Board of Directors on September 24, 2015)

Family Rate Ratio = 2.6

Premium % Increase = 3.00%

AC	A Metal	Level Plans (Premium Equivalent Rate	Includes Rx Plan)																
				In-Network Med	ical Plan Benefit Parameters			In-	Network Retail Pha	rmacy	In-Net	work Mail-Order P	harmacy	Medical and	Rx Combined	2016 Pren	sium Patas	2017 Prem	ium Patas
Pla	an Code			Cost Sharing		Dedu	ıctible	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Out-of-Pock	ket Maximum	2010 1 761	num Rutes	2017 1 Tem	ium Raies
			Office	Hospital	Emergency Room	Individual	Family	Generic	Preferred Brand	Non-Pref. Brand	Generic	Preferred Brand	Non-Pref. Brand	Individual	Family	Individual	Family	Individual	Family
		Coop. Health Ins. Fund of CNY	\$15 PCP / \$25 Spec.	\$250 Copay Per Stay	\$150 Copay	Not Applicable	Not Applicable	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00						
		Standard Platinum Plan		Out-of-Network Me	edical Plan Benefit Parameters			Out-o	f-Network Retail Pl	narmacy	Out-of-N	etwork Mail-Order	Pharmacy						
AC	CA-P			Cost Sharing		Dedu	ıctible	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	\$2,000.00	\$6,000.00	\$556.97	\$1,448.13	\$576.63	\$1,499.25
			Office	Hospital	Emergency Room	Individual	Family	Generic	Preferred Brand	Non-Pref. Brand	Generic	Preferred Brand	Non-Pref. Brand						
			20% after Deductible	20% after Deductible	\$150 Copay	\$500.00	\$1,500.00	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered						

ACA Mete	l Level Plans (Premium Equivalent Rate	Includes Rx Plan)																
			In-Network Med	ical Plan Benefit Parameters			In-	Network Retail Pha	rmacy	In-Net	work Mail-Order P	harmacy	Medical and	Rx Combined	2016 Pren	sium Patas	2017 Pros	nium Rates
Plan Code			Cost Sharing		Dedu	ıctible	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	In-Network Ou	t-of-Pocket Max	2010 1 7611	num Kutes	2017 1761	num Kaies
		Office	Hospital	Emergency Room	Individual	Family	Generic	Preferred Brand	Non-Pref. Brand	Generic	Preferred Brand	Non-Pref. Brand	Individual	Family	Individual	Family	Individual	Family
	Coop. Health Ins. Fund of CNY	20% after Deductible	20% after Deductible	\$150 Copay	\$1,300.00	\$2,600.00	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	\$3,000.00	\$6,000.00				
	Standard Gold Plan		Out-of-Network M	edical Plan Benefit Parameters			Out-o	f-Network Retail Pl	armacy	Out-of-N	etwork Mail-Order	Pharmacy	Medical and	Rx Combined				
ACA-G			Cost Sharing		Dedu	ıctible	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Out-of-Network (Out-of-Pocket Max	\$500.89	\$1,302.30	\$502.39	\$1,306.21
		Office	Hospital	Emergency Room	Individual	Family	Generic	Preferred Brand	Non-Pref. Brand	Generic	Preferred Brand	Non-Pref. Brand	Individual	Family				
		40% after Deductible	40% after Deductible	\$150 Copay	\$2,600.00	\$5,200.00	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$6,000.00	\$12,000.00				

ACA Meta	l Level Plans (Premium Equivalent Rate	Includes Rx Plan)																
			In-Network Med	ical Plan Benefit Parameters			In-l	Network Retail Pha	rmacy	In-Net	work Mail-Order P	harmacy	Medical and	Rx Combined	2016 Prem	Dd	2017 Prem	
Plan Code			Cost Sharing		Dedu	ıctible	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	In-Network Ou	t-of-Pocket Max	2016 Frem	num Kates	2017 Frem	num Kaies
		Office	Hospital	Emergency Room	Individual	Family	Generic	Preferred Brand	Non-Pref. Brand	Generic	Preferred Brand	Non-Pref. Brand	Individual	Family	Individual	Family	Individual	Family
	Coop. Health Ins. Fund of CNY	20% after Deductible	20% after Deductible	\$350 Copay	\$1,800.00	\$3,600.00	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	\$6,000.00	\$12,000.00				
	Standard Silver Plan		Out-of-Network M	edical Plan Benefit Parameters			Out-o	-Network Retail Pl	armacy	Out-of-N	etwork Mail-Order	Pharmacy	Medical and	Rx Combined				
ACA-G			Cost Sharing		Dedu	ıctible	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Out-of-Network	Out-of-Pocket Max	\$415.67	\$1,080.74	\$400.96	\$1,042.48
		Office	Hospital	Emergency Room	Individual	Family	Generic	Preferred Brand	Non-Pref. Brand	Generic	Preferred Brand	Non-Pref. Brand	Individual	Family				
		40% after Deductible	40% after Deductible	\$350 Copay	\$3,600.00	\$7,200.00	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$12,000.00	\$24,000.00				

ACA Me	al Level Plans (Premium Equivalent Rate	Includes Rx Plan)																
			In-Network Med	ical Plan Benefit Parameters			In-l	Network Retail Pha	rmacy	In-Net	work Mail-Order P	harmacy	Medical and	Rx Combined	2016 Pren	ium Rates	2017 Prem	rium Pates
Plan Co	•		Cost Sharing		Dedu	ıctible	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	In-Network Ou	t-of-Pocket Max	20101768	ium Ruies	2017 17611	nam Rates
		Office	Hospital	Emergency Room	Individual	Family	Generic	Preferred Brand	Non-Pref. Brand	Generic	Preferred Brand	Non-Pref. Brand	Individual	Family	Individual	Family	Individual	Family
	Coop. Health Ins. Fund of CNY	0% after Deductible	0% after Deductible	0% after Deductible	\$6,550.00	\$13,100.00	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	\$6,550.00	\$13,100.00				
	Standard Bronze Plan		Out-of-Network M	edical Plan Benefit Parameters			Out-o	f-Network Retail Ph	armacy	Out-of-N	etwork Mail-Order	Pharmacy	Medical and	Rx Combined				
ACA-G			Cost Sharing		Dedu	ıctible	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Out-of-Network (Out-of-Pocket Max	\$324.72	\$844.26	\$319.23	\$829.99
		Office	Hospital	Emergency Room	Individual	Family	Generic	Preferred Brand	Non-Pref. Brand	Generic	Preferred Brand	Non-Pref. Brand	Individual	Family				
		0% after Deductible	0% after Deductible	0% after Deductible	\$13,100.00	\$26,200.00	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$13,100.00	\$26,200.00				

2017 Premiums	Individual	Family
Platinum Plan Med	\$459.34	\$1,194.30
Platinum Plan Rx	\$117.29	\$304.95
Total Premium	\$576.63	\$1,499.25

2017 Premiums	Individual	Family
Gold Plan Med	\$400.20	\$1,040.53
Gold Plan Rx	\$102.19	\$265.68
Total Premium	\$502.39	\$1,306.21

2017 Premiums	Individual	Family
Silver Plan Med	\$319.40	\$830.44
Silver Plan Rx	\$81.56	\$212.04
Total Premium	\$400.96	\$1,042.48

2017 Premiums	Individual	Family
Bronze Plan Med	\$254.30	\$661.17
Bronze Plan Rx	\$64.93	\$168.82
Total Premium	\$319.23	\$829,99

Prepared By: Locey and Cahill, LLC

2017 Premium Rate Summary					1			ı			Pussanintis	Prescription Coverage			1			Medical Plan	Plan			2017 Promi	m Equivalent Rat	
Municipality Name	Muni #	Plan /Group Description		Group Numbers	Sub-Group #	Class #	Enrollment Code	Effective Date		Retail	rrescripito	n Coverage	Mail		Plan Code		1	Deductible	Out-of-	Plan		Individual	m Equivaieni Kai	es Family
		• •		•	•				Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Rx	Туре	Co-Pay	Individual Fami	y Individu		dical	Medical Rx T	tal Medical	Rx To
		Active Employees				A100	BGU	1/1/2013	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	Indemnity	n/a	\$50.00 \$150.	0 \$400.0	0 \$1,200.00 M	Ml	\$694.98 \$144.14 \$83	.12 \$1,506.34	\$312.44 \$1,818
City of Cortland	1	COBRA Enrollees		00036768	0001	C001	BGU	1/1/2013	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	Indemnity	n/a	\$50.00 \$150.			M1	\$694.98 \$144.14 \$83		\$312.44 \$1,818
		Retirees Police (PBA) - Active Employees			0001	R001	BGU	1/1/2013	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	Indemnity	n/a	\$50.00 \$150.			M1	\$694.98 \$144.14 \$83		\$312.44 \$1,818
		CSEA DPW - Active Employees			0001	A100 A101	BGJ BGJ	Current	\$2.00 \$2.00	\$10.00 \$10.00	\$10.00 \$10.00	\$2.00 \$2.00	\$10.00 \$10.00	\$10.00 \$10.00	2T3 2T3	Indemnity Indemnity	n/a n/a	\$50.00 \$150. \$50.00 \$150.		. 41,200.00	M1 M1	\$694.98 \$315.14 \$1,010 \$694.98 \$315.14 \$1,010		\$683.06 \$2,189 \$683.06 \$2,189
		CSEA ADMIN - Active Employees			0001	A102	BGJ	Current	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a	\$50.00 \$150.			M1	\$694.98 \$214.63 \$90		\$465.21 \$1,971
		Confidential - Active Employees			0001	A103	BGJ	Current	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a	\$50.00 \$150.	0 \$400.0	0 \$1,200.00 M	M1	\$694.98 \$214.63 \$90	.61 \$1,506.34	\$465.21 \$1,971
		Managerial - Active Employees			0002	A104	BGJ	Current	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a	\$50.00 \$150.	0 \$400.0		M1	\$694.98 \$214.63 \$90	.61 \$1,506.34	\$465.21 \$1,971
		Common Council - Active Members			0002	A108	BGJ	Current	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a	\$50.00 \$150.			M1	\$694.98 \$214.63 \$90		\$465.21 \$1,971
		Police (PBA) - COBRA CSEA DPW - COBRA			C001	C100	BGJ BGI	Current	\$2.00 \$2.00	\$10.00 \$10.00	\$10.00 \$10.00	\$2.00 \$2.00	\$10.00 \$10.00	\$10.00 \$10.00	2T3 2T3	Indemnity	n/a n/a	\$50.00 \$150. \$50.00 \$150.			M1	\$694.98 \$315.14 \$1,010 \$694.98 \$315.14 \$1.010		\$683.06 \$2,189 \$683.06 \$2,189
		CSEA ADMIN - COBRA			C001	C101	BGJ	Current	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a	\$50.00 \$150.			M1	\$694.98 \$214.63 \$90		\$465.21 \$1,971
		Confidential - COBRA			C001	C102	BGJ	Current	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a	\$50.00 \$150.			M1	\$694.98 \$214.63 \$90		\$465.21 \$1,971
		Managerial - COBRA			C001	C104	BGJ	Current	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a	\$50.00 \$150.	0 \$400.0	0 \$1,200.00 M	Ml	\$694.98 \$214.63 \$90	.61 \$1,506.34	\$465.21 \$1,971
City of Ithaca	2	Common Council - COBRA		00036756	C001	C108	BGJ	Current	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a	\$50.00 \$150.			M1	\$694.98 \$214.63 \$90		\$465.21 \$1,971
		Retirees with MM Rx (BCBS)			R004	R100	BGL	Current	MM	MM	MM	MM	MM	MM	n/a	Indemnity	n/a	\$50.00 \$150.		. 41,200.00	M7	\$775.09 \$77.	,	\$1,802
		Retirees \$1 City Executives Assoc Active Employees			R003	R101 A105	BGI BGI	Current	\$1.00 \$2.00	\$1.00 \$10.00	\$1.00 \$10.00	\$1.00 \$2.00	\$1.00 \$10.00	\$1.00 \$10.00	2T1 2T3	Indemnity	n/a n/a	\$50.00 \$150. \$50.00 \$150.			M1	\$694.98 \$328.46 \$1,02 \$694.98 \$315.14 \$1,01		\$711.94 \$2,218 \$683.06 \$2,189
		City Executives Assoc COBRA	,		C001	C105	BGJ	Current	\$2.00	\$10.00	\$10.00	\$2.00	\$10.00	\$10.00	2T3	Indemnity	n/a	\$50.00 \$150.			M1	\$694.98 \$315.14 \$1,010		\$683.06 \$2,189
		Ithaca Prof. Fire Fighters Assoc. (IPFFA) -	Active Employees		0002	A106	BGJ	Current	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T5a	Indemnity	n/a	\$50.00 \$150.			M1	\$694.98 \$243.57 \$93		\$527.19 \$2,033
		Fire Chief Officier Union (COU) - Active I	Employees		0002	A107	BGJ	Current	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T5a	Indemnity	n/a	\$50.00 \$150.	0 \$400.0	0 \$1,200.00 M	M1	\$694.98 \$243.57 \$93	.55 \$1,506.34	\$527.19 \$2,033
		Ithaca Prof. Fire Fighters Assoc. (IPFFA) -			C002	C106	BGJ	Current	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T5a	Indemnity	n/a	\$50.00 \$150.			M1	\$694.98 \$243.57 \$93		\$527.19 \$2,033
		Fire Chief Officier Union (COU) - COBRA	_		C001	C107	BGJ	Current	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T5a	Indemnity	n/a	\$50.00 \$150.			M1	\$694.98 \$243.57 \$93		\$527.19 \$2,033
		Retirees	\$2/\$5 Rx \$2/\$10 Rx		R002	R102	BGK BGI	Current	\$2.00	\$5.00	\$5.00	\$2.00	\$5.00	\$5.00 \$10.00	2T2	Indemnity	n/a	\$50.00 \$150. \$50.00 \$150.	_		M1	\$694.98 \$324.01 \$1,01		\$702.28 \$2,208 \$683.06 \$2.189
		Retirees	\$2/\$10 Rx \$5/\$15/\$30 Rx		R001 R005	R103 R104	BGJ BGJ	Current	\$2.00 \$5.00	\$10.00 \$15.00	\$10.00 \$30.00	\$2.00 \$10.00	\$10.00 \$30.00	\$10.00	2T3 3T6	Indemnity Indemnity	n/a n/a	\$50.00 \$150. \$50.00 \$150.			M1	\$694.98 \$315.14 \$1,010 \$694.98 \$214.63 \$90		\$683.06 \$2,189 \$465.21 \$1,971
		Retirees	Mail/Retail 90 - 1		R002	R104	BGI	Current	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T5a	Indemnity	n/a	\$50.00 \$150.		,	MI	\$694.98 \$243.57 \$93		\$527.19 \$2.033
		Active Employees	Gold Plan	00112204	0001	A100		1/1/2017	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Gold Plan	20%	\$1,300.00 \$2,600	00 \$2,600.		A-G	\$400.20 \$102.19 \$50	.39 \$1,040.53	\$265.68 \$1,306
Town of Aurelius	3	COBRA Enrollees	Gold Plan	00113304	C001	C100		1/1/2017	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Gold Plan	20%	\$1,300.00 \$2,600	00 \$2,600.	00 \$5,200.00 AC	A-G	\$400.20 \$102.19 \$50	.39 \$1,040.53	\$265.68 \$1,306
		Active Employees	Teamsters		0002	A100	BGN	Current	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	PPO	\$10.00	n/a n/a	n/a	n/a PF	POT	\$696.35 \$242.26 \$93	.61 \$1,509.26	\$525.09 \$2,034
		COBRA Enrollees	Teamsters		C002	C100	BGN	Current	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	PPO	\$10.00	n/a n/a	n/a		POT	\$696.35 \$242.26 \$93		\$525.09 \$2,034
T C		Active Employees	Platinum Plan	00036758	0003	A100	LB	1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Platinum Plan	\$15/\$25	n/a n/a	\$2,000		CA-P	\$459.34 \$117.29 \$57	_	\$304.95 \$1,499
Town of Caroline	4	COBRA Enrollees Active Employees	Platinum Plan Bronze Plan	00030738	C003 0004	C100 A100	LB BQY	1/1/2016 1/1/2016	\$5.00 \$5.00	\$35.00 \$35.00	\$70.00 \$70.00	\$10.00 \$10.00	\$70.00 \$70.00	\$140.00 \$140.00	n/a n/a	Platinum Plan Bronze Plan	\$15/\$25 0%	n/a n/a \$6,550 \$13.1	\$2,000. 0 \$6.550.		CA-P CA-B	\$459.34 \$117.29 \$570 \$254.30 \$64.93 \$310		\$304.95 \$1,499 \$168.82 \$829
		COBRA Enrollees	Bronze Plan		C004	C100	BQY	1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Bronze Plan	0%	\$6,550 \$13,1		,	A-B CA-B	\$254.30 \$64.93 \$31		\$168.82 \$829
		Medicare Supplemental Plan	Mx Retirees		R001	R200	JA	1/1/2016	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	MS-3	Med Supp	n/a	n/a n/a	n/a		IS-3	\$244.15 \$378.22 \$62	.37	
Town of Cincinnatus	5	Active Employees	Silver Plan	00113199	0001	A100		1/1/2017	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Silver Plan	\$0.20	\$1,800.00 \$3,600	00 \$6,000.	00 \$12,000.00 AC	CA-S	\$319.40 \$81.56 \$40	.96 \$830.44	\$212.04 \$1,042
Town or Cincinnatus		COBRA Enrollees	Silver Plan		C001	C100		1/1/2017	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Silver Plan	\$0.20	\$1,800.00 \$3,600	,	00 012,0000000 110	CA-S	\$319.40 \$81.56 \$40		\$212.04 \$1,042
Town of Danby	6	Active Employees COBRA Enrollees		00036759	0001 C001	A100 C001	BGO BGO	Current Current	20% 20%	30% 30%	50% 50%	20% 20%	30% 30%	50%	3T13 3T13	Indemnity Indemnity	n/a n/a	\$100.00 \$300. \$100.00 \$300.			M5	\$687.09 \$97.60 \$78 \$687.09 \$97.60 \$78		\$211.52 \$1,695 \$211.52 \$1,695
		Active Employees			0001	A100	BGN	Current	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	PPO	\$10.00	n/a n/a	n/a	,	POT	\$696.35 \$242.26 \$93	,	\$525.09 \$2,034
Town of Dryden	7	COBRA Enrollees		00036760	C001	C100	BGN	Current	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	PPO	\$10.00	n/a n/a	n/a		POT	\$696.35 \$242.26 \$93		\$525.09 \$2,034
		Medicare Supplemental Plan	Mx Retirees		R001	R200	JA	1/1/2016	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	MS-4	Med Supp	n/a	n/a n/a	n/a	n/a M	IS-4	\$244.15 \$258.23 \$50	.37	
Town of Enfield	8	Active Employees		00036761	0001	A100	BGP	Current	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$15.00	n/a n/a	n/a		202	\$664.02 \$144.14 \$80		\$312.44 \$1,749
		COBRA Enrollees			C001	C001	BGP	Current	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$15.00	n/a n/a	n/a		202	\$664.02 \$144.14 \$80		\$312.44 \$1,749
Town of Groton	9	Active Employees COBRA Enrollees		00036762	0001 C001	A100 C001	BGO BGO	Current Current	20% 20%	30% 30%	50% 50%	20%	30%	50% 50%	3T13 3T13	Indemnity Indemnity	n/a n/a	\$100.00 \$300. \$100.00 \$300.	_		M5 M5	\$687.09 \$97.60 \$78 \$687.09 \$97.60 \$78	_	\$211.52 \$1,695 \$211.52 \$1,695
		Active Employees	PPO \$10		0001	A100	BGM	Current	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a n/a	n/a		201	\$673.45 \$170.32 \$84		\$369.20 \$1,826
		COBRA Enrollees	PPO \$10		C001	C001	BGM	Current	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a n/a	n/a	n/a PI		\$673.45 \$170.32 \$84		\$369.20 \$1,826
Town of Ithaca	10	Retirees	Mx Supplement	00036757	R001	R200	JA	Current	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	MS-4	Med Supp	n/a	n/a n/a	n/a	n/a M	IS-4	\$244.15 \$258.23 \$50	_	
		Active Employees	Platinum Plan		0001	A100	LB	1/1/2015	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Platinum Plan	\$15/\$25	n/a n/a	\$2,000.	00 \$6,000.00 AC	CA-P	\$459.34 \$117.29 \$57	.63 \$1,194.30	\$304.95 \$1,499
		COBRA Enrollees	Platinum Plan		C001	C100	LB	1/1/2015	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Platinum Plan	\$15/\$25	n/a n/a	\$2,000.		CA-P	\$459.34 \$117.29 \$57	100 01,15 1100	\$304.95 \$1,499
Town of Lansing	11	Active Employees COBRA Enrollees		00036769	0001	A100	BGT	1/1/2013	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00 \$60.00	\$90.00 \$90.00	3T10	PPO	\$15.00 \$15.00	n/a n/a	n/a		202	\$664.02 \$98.41 \$76		\$213.30 \$1,650
		Active Employees	Platinum Plan		0001	C001 A100	BGT LB	1/1/2013	\$15.00 \$5.00	\$30.00 \$35.00	\$45.00 \$70.00	\$30.00 \$10.00	\$60.00 \$70.00	\$90.00 \$140.00	3T10 n/a	PPO Platinum Plan	\$15.00 \$15/\$25	n/a n/a n/a n/a	n/a \$2,000.		PO2 CA-P	\$664.02 \$98.41 \$76. \$459.34 \$117.29 \$576		\$213.30 \$1,650 \$304.95 \$1,499
Town of Marathon	12	COBRA Enrollees	Platinum Plan		C001	C100	LB	1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Platinum Plan	\$15/\$25	n/a n/a	\$2,000		CA-P	\$459.34 \$117.29 \$570		\$304.95 \$1,499
Town of Montezuma	13	Active Employees	Platinum Plan				LB	1/1/2017	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Platinum Plan	\$15/\$25	n/a n/a	\$2,000.	00 \$6,000.00 AC	CA-P	\$459.34 \$117.29 \$57	.63 \$1,194.30	\$304.95 \$1,499
TOWN OF PROMEZUMA	13	COBRA Enrollees	Platinum Plan				LB	1/1/2017	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Platinum Plan	\$15/\$25	n/a n/a	\$2,000.		CA-P	\$459.34 \$117.29 \$57	.63 \$1,194.30	\$304.95 \$1,499
Town of Moravia	14	Active Employees	Platinum Plan	00113194	0001	A100	LB	1/1/2017	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Platinum Plan	\$15/\$25	n/a n/a	\$2,000.	,	CA-P	\$459.34 \$117.29 \$57		\$304.95 \$1,499
		COBRA Enrollees	Platinum Plan		C001 0001	C100 A100	LB	1/1/2017	\$5.00 \$5.00	\$35.00 \$35.00	\$70.00 \$70.00	\$10.00 \$10.00	\$70.00 \$70.00	\$140.00 \$140.00	n/a	Platinum Plan Silver Plan	\$15/\$25	n/a n/a \$1,800.00 \$3,600	\$2,000. 00 \$6,000.		CA-P	\$459.34 \$117.29 \$576 \$319.40 \$81.56 \$40	,	\$304.95 \$1,499 \$212.04 \$1,042
Town of Preble	15	Active Employees COBRA Enrollees	Silver Plan Silver Plan	00113196	0001 C001	C100	+	1/1/2017	\$5.00 \$5.00	\$35.00 \$35.00		\$10.00 \$10.00	***	\$140.00 \$140.00	n/a n/a	Silver Plan Silver Plan	20%	\$1,800.00 \$3,600 \$1,800.00 \$3,600		00 \$12,000.00 AC	CA-S CA-S	\$319.40 \$81.56 \$40 \$319.40 \$81.56 \$40		
T6 C-ii-		Active Employees	Platinum Plan	00112105	0001	A100	LB	1/1/2017	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00		Platinum Plan	\$15/\$25	n/a n/a		. ,	CA-P	\$459.34 \$117.29 \$57		\$304.95 \$1,499
Town of Scipio	16	COBRA Enrollees	Platinum Plan	00113195	C001	C100	LB	1/1/2017	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Platinum Plan	\$15/\$25	n/a n/a			CA-P	\$459.34 \$117.29 \$57		\$304.95 \$1,499
Town of Springport	17	Active Employees	Platinum Plan	00113198	0001	A100	LB	1/1/2017	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Platinum Plan	\$15/\$25	n/a n/a			CA-P	\$459.34 \$117.29 \$57	_	\$304.95 \$1,499
		COBRA Enrollees	Platinum Plan		C001	C100	LB	1/1/2017	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Platinum Plan	\$15/\$25	n/a n/a	_		A-P	\$459.34 \$117.29 \$57		\$304.95 \$1,499
Town of Truxton	18	Active Employees COBRA Enrollees		00036770	0001 C001	A100 C100	LB LB	1/1/2016 1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00 \$70.00	\$140.00 \$140.00	n/a	Platinum Plan Platinum Plan	\$15/\$25	n/a n/a	\$2,000. \$2,000.		CA-P	\$459.34 \$117.29 \$576 \$459.34 \$117.29 \$576		\$304.95 \$1,499 \$304.95 \$1,499
		Active Employees			0001	A100	BGQ	1/1/2016 Current	\$5.00 \$10.00	\$35.00 \$25.00	\$70.00 \$40.00	\$10.00 \$20.00	\$50.00	\$140.00	n/a 3T9	Platinum Plan PPO	\$15/\$25 \$20.00	n/a n/a n/a n/a	_		PO3	\$459.34 \$117.29 \$576 \$651.89 \$144.14 \$796		\$304.95 \$1,499 \$312.44 \$1,723
		COBRA Enrollees		1	C001	C001	BGQ	Current	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$20.00	n/a n/a			203	\$651.89 \$144.14 \$79	_	\$312.44 \$1,723
Town of Ulysses	19	Medicare Supplemental Plan	Mx Retirees	00036763	R001	R200	JA	1/1/2016	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	MS-4	Med Supp	n/a	n/a n/a	n/a		IS-4	\$244.15 \$258.23 \$50		
		Active Employees	Platinum Plan]	0001	A100	LB	1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Platinum Plan	\$15/\$25	n/a n/a			CA-P	\$459.34 \$117.29 \$57		\$304.95 \$1,499
		COBRA Enrollees	Platinum Plan		C001	C100	LB	1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Platinum Plan	\$15/\$25	n/a n/a	. ,		CA-P	\$459.34 \$117.29 \$57	_	\$304.95 \$1,499
Town of Virgil	20	Active Employees		00036771	0001	A100	BQY	1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Bronze Plan	0%	\$6,550 \$13,1			CA-B	\$254.30 \$64.93 \$31		\$168.82 \$829
		COBRA Enrollees			C001	C001	BQY	1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Bronze Plan	0%	\$6,550 \$13,1	0 \$6,550.	00 \$13,100.00 AC	CA-B	\$254.30 \$64.93 \$31	.23 \$661.17	\$168.82 \$829

2017 Fremium Rate Summary																												
											Prescription	n Coverage			N C I			Medical I				Plan Code		201	17 Premium E	Equivalent Rates		
Municipality Name	Muni	# Plan /Group Description		Group Numbers	Sub-Group #	Class #	Enrollment Code	Effective Date		Retail		Mail		Plan Code Ry	Tuna	Co-Pay	Dedu	ctible	Out-of-Pock	f-Pocket Maximum Medi						Family		
									Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	A.	Туре	Co-1 ay	Individual	Family	Individual		Medical	Medical	Rx	Total	Medical	Rx	Total
Town of Willet	21	Active Employees		00113174	0001	A100	LB	1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$459.34	\$117.29	\$576.63	\$1,194.30	\$304.95	\$1,499.25
Town of winet	21	COBRA Enrollees		00113174	C001	C100	LB	1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$459.34	\$117.29	\$576.63	\$1,194.30	\$304.95	\$1,499.25
		Active Employees	PPO \$10		0001	A100	BGN	Current	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	PPO	\$10.00	n/a	n/a	n/a	n/a	PPOT	\$696.35	\$242.26	\$938.61	\$1,509.26	\$525.09	\$2,034.35
Village of Cayuga Heights		COBRA Enrollees	PPO \$10	00036764	C001	C100	BGN	Current	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	PPO	\$10.00	n/a	n/a	n/a	n/a	PPOT	\$696.35	\$242.26	\$938.61	\$1,509.26	\$525.09	\$2,034.35
vinage of Cayuga Heights	22	Active Employees	Indemnity Plan	00030704	0002	A100	BGR	Current	20%	30%	50%	20%	30%	50%	3T13	Indemnity	n/a	\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$694.98	\$97.60	\$792.58	\$1,506.34	\$211.52	\$1,717.86
		COBRA Enrollees	Indemnity Plan		C002	C100	BGR	Current	20%	30%	50%	20%	30%	50%	3T13	Indemnity	n/a	\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$694.98	\$97.60	\$792.58	\$1,506.34	\$211.52	\$1,717.86
Village of Dryden	22	Active Employees		00036765	0001	A100	BGS	Current	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$10.00	n/a	n/a	n/a	n/a	PPO1	\$673.45	\$144.14	\$817.59	\$1,457.65	\$312.44	\$1,770.09
village of Dryden	23	COBRA Enrollees		00030703	C002	C100	BGS	Current	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$10.00	n/a	n/a	n/a	n/a	PPO1	\$673.45	\$144.14	\$817.59	\$1,457.65	\$312.44	\$1,770.09
		Active Employees	PPO \$20		0001	A100	BGQ	Current	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$20.00	n/a	n/a	n/a	n/a	PPO3	\$651.89	\$144.14	\$796.03	\$1,411.02	\$312.44	\$1,723.46
Village of Groton	24	COBRA Enrollees	PPO \$20	00036766	C001	C001	BGQ	Current	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$20.00	n/a	n/a	n/a	n/a	PPO3	\$651.89	\$144.14	\$796.03	\$1,411.02	\$312.44	\$1,723.46
		Retirees	Mx Supplement		R001	R200	JA	1/1/2015	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	MS-3	Med Supp	n/a	n/a	n/a	n/a	n/a	MS-3	\$244.15	\$378.22	\$622.37			
Village of Trumansburg	25	Active Employees		00036767	0001	A100	BGP	Current	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$15.00	n/a	n/a	n/a	n/a	PPO2	\$664.02	\$144.14	\$808.16	\$1,437.26	\$312.44	\$1,749.70
vinage of Trumansourg	23	COBRA Enrollees		00030707	C001	C001	BGP	Current	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$15.00	n/a	n/a	n/a	n/a	PPO2	\$664.02	\$144.14	\$808.16	\$1,437.26	\$312.44	\$1,749.70
Village of Homer	26	Active Employees		00113171	0001	A100	LB	1/1/2015	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$459.34	\$117.29	\$576.63	\$1,194.30	\$304.95	\$1,499.25
vinage of fromer	26	COBRA Enrollees		00113171	C001	C100	LB	1/1/2015	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$459.34	\$117.29	\$576.63	\$1,194.30	\$304.95	\$1,499.25
VIII P TIi Ci	27	Active Employees	Silver Plan	00113197	0001	A100		1/1/2017	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Silver Plan	20%	\$1,800.00	\$3,600.00	\$6,000.00	\$12,000.00	ACA-S	\$319.40	\$81.56	\$400.96	\$830.44	\$212.04	\$1,042.48
	COBRA Enrollees	Silver Plan	00113197	C001	C100		1/1/2017	\$5.00	\$35.00	\$70.00	\$10.00	\$70,00	\$140.00	n/a	Silver Plan	20%	\$1,800.00	\$3,600,00	\$6,000,00	\$12,000,00	ACA-S	\$319.40	\$81.56	\$400,96	\$830.44	\$212.04	\$1,042,48	

2017 Premium Rate Summary

2017 Fremium Rate Summary					# Class #				Prescription Coverage								Medical Plan						201	7 Premium E	Equivalent Rates		
Municipality Name	Plan /Group Description			Sub-Group #	Class #	Enrollment Code	Effective Date		Retail			Mail		Plan Code Rx	Type	Co-Pay	Dedu	ctible	Out-of-Pock	tet Maximum	Plan Code Medical		Individual			Family	
								Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3		Туре	Co-ray	Individual	Family	Individual	Family		Medical	Rx	Total	Medical	Rx	Total
		PPO Plan	CT-PPOA	0007	A100	BEV	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	n/a	n/a	PPO1	\$673.45	\$170.32	\$843.77	\$1,457.65	\$369.20	\$1,826.85
		PPO Plan - COBRA	C1-FFOA	C007	C100	BEV	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	n/a	n/a	PPO1	\$673.45	\$170.32	\$843.77	\$1,457.65	\$369.20	\$1,826.85
		Legislative		0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		Legislative Staff		0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
	White Collar Active, Management, and Confidential Employees	District Attorney		0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
	and community Employees	County Administrator	CT-COA	0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		Comptroller		0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		County Attorney		0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		Assigned Counsel		0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		PPO Plan	CT-PPOA	0007	A100	BEV	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	n/a	n/a	PPO1	\$673.45	\$170.32	\$843.77	\$1,457.65	\$369.20	\$1,826.85
		PPO Plan - COBRA	C1-FFOA	C007	C100	BEV	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	n/a	n/a	PPO1	\$673.45	\$170.32	\$843.77	\$1,457.65	\$369.20	\$1,826.85
		Highway Department		0037	A101	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
	County Blue Collar Active	Airport		0037	A101	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
	County Blue Conar Active	Solid Waste	CT-COA-BLUE	0037	A101	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		Recycling		0037	A101	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		Facilities		0037	A101	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		New Hires (09-01-2015)		0037	A101	LB	9/1/2015	\$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	\$459.34	\$117.29	\$576.63	\$1,194.30	\$304.95	\$1,499.25
		Indemnity - COBRA		C007	C100	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		Health Department		0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		Social Services		0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		Mental Health		0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		Youth Bureau		0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		Office of the Aging		0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		Assessment		0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
	County Employees	County Clerk		0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		DMV	CT-COA	0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		Personnel	1	0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		Board of Elections	1	0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		Info. Tech. Services	1	0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		911 Dispatch	-	0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		Weights and Measures		0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		Planning		0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		Human Rights		0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		Workforce Development		0037	A109	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		New Hires (09-01-2015)		0037	A109	LB	9/1/2015	\$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	\$459.34	\$117.29	\$576.63	\$1,194,30	\$304.95	\$1,499.25
			CT-COA-ROAD	0039	A102	BFK	10/15/2016	\$5.00	\$20.00	\$35,00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		Sworn Officers	CT-PPOA	0005	A104	BET	10/15/2016	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	n/a	n/a	PPO1	\$673.45	\$170.32	\$843.77	\$1,457.65	\$369.20	\$1,826.85
	County Sheriff's Department		CT-COA-ROAD	0039	A102	BFK	10/15/2016	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		Civil Employees	CT-PPOA	0005	A104	BET	10/15/2016	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	n/a	n/a	PPO1	\$673.45	\$170.32	\$843.77	\$1,457.65	\$369.20	\$1,826.85
		Active Employees		0057	A100	BEL	1/1/2011	20%	20%	40%	15%	15%	40%	3T11	Comprehensive	n/a	\$500.00	\$1,500.00	\$2,500.00	\$7,500.00	MM6	\$532.32	\$107.53	\$639.85	\$1,151.55	\$233.09	\$1,384.64
	Comprehensive Value Plan	COBRA	CT-CO-CVP	C007	C100	BEL	1/1/2011	20%	20%	40%	15%	15%	40%	3T11	Comprehensive	n/a	\$500.00	\$1,500.00	\$2,500.00	\$7,500.00	MM6	\$532.32	\$107.53	\$639.85	\$1,151.55	\$233.09	\$1,384.64
		PPO Plan	CT-PPOA	0008	A103	BEV	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	n/a	n/a	PPO1	\$673.45	\$170.32	\$843.77	\$1,457.65	\$369.20	\$1,826.85
	Corrections Department Group	Active Employees	CT-COA	0023	A103	BGG	1/1/2011	\$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	\$687.09	\$170.32	\$857.41	\$1,489.23	\$369.20	\$1,858.43
		recive Employees	CT-LIBA-PSA	0035	A105	BFI	1/1/2011	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$242.26	\$916.91	\$1,462.11	\$525.09	\$1,987.20
		Professional Group	CT-PPOA	0035	A105	BET	1/1/2011	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	PPO	\$10.00	n/a	n/a	n/a	n/a	PPO1	\$673.45	\$242.26	\$915.71	\$1,457.65	\$525.09	\$1,982.74
County of Tompkins Group #00036755	County Library		CT-LIBA-SS	0005	A105	BFI	1/1/2011	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$242.26	\$916.91	\$1,462.11	\$525.09	\$1,987.20
•	, ,	Support Staff	CT-PPOA	0005	A106	BET	1/1/2011	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	PPO	\$10.00	n/a	n/a	n/a	n/a	PPO1	\$673.45	\$242.26	\$915.71	\$1,457.65	\$525.09	\$1,982.74
		Retiree Group	CT-LIBR	R037	R105	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	313 3T7	Indemnity	n/a	11/a \$100.00	11/a \$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,457.05	\$369.20	\$1,831.31
		PPO Plan	CT-PPOR	R037	R103	BEV	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	317 3T7	PPO	11/a \$10.00	n/a	n/a	n/a	s2,230.00 n/a	PPO1	\$673.45	\$170.32	\$843.77	\$1,457.65	\$369.20	\$1,826.85
	County Retiree Group	County Retirees	CT-COR	R007	R107	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	317 3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,820.83
	county retiree Group	City Hospital Retirees	CT-HOSPR	R037	R108	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	317 3T7	Indemnity	n/a n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
	Soil & Water Conservation District	City Hospital Retirees	CT-COA	0037	A114	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	317 3T7	Indemnity	n/a n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
1	Son & Water Conservation District		C1-COA	0037	A114	DLV	1/1/2011	\$5.00	\$20.00	\$33.00	\$10.00	\$40.00	\$70.00	317	indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,230.00	MMS	\$074.03	\$170.32	3844.97	\$1,402.11	\$309.20	\$1,831.51

017 Premium Rate Summary

2017 Premium Rate Summary	y T									Proceedintie	on Coverage						Medical .	Plan					201	7 Promium I	Equivalent Rate	ne	
Municipality Name	Plan /Group Description			Sub-Group #	Class #	Enrollment Code	Effective Date		Retail	Trescripine	n Coverage	Mail		Plan Code				ctible	Out-of-Pock	et Maximum	Plan Code		Individual	7 Tremtum L	quivalent Rate.	Family	
элинсіриніў гчине	Tian (Group Description			Зав-Стоар #	Cluss #	Enroument Code	Lijjective Date	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Rx	Type	Co-Pay	Individual	Family	Individual	Family	Medical	Medical	Rx	Total	Medical	Rx	Total
			PPO Plan	0055	A110	BGM	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	n/a	n/a	PPO1	\$673.45	\$170.32	\$843.77		\$369.20	\$1,826.85
			CT-TC3A	0056	A110	BFZ	1/1/2011	\$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	\$687.09	\$170.32	\$857.41	\$1,489.23	\$369.20	\$1,858.43
			Platinum	0057	A110	LB	1/1/2016	\$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	\$459.34	\$117.29	\$576.63	\$1,194.30	\$304.95	\$1,499.25
		CSEA	Gold	0060	A110		1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-G	Gold Plan	20%	\$1,300.00	\$2,600.00	\$2,600.00	\$5,200.00	ACA-G	\$400.20	\$102.19	\$502.39	\$1,040.53	\$265.68	\$1,306.21
			Silver	0059	A110		1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-S	Silver Plan	20%	\$1,800.00	\$3,600.00	\$6,000.00	\$12,000.00	ACA-S	\$319.40	\$81.56	\$400.96	\$830.44	\$212.04	\$1,042.48
			Bronze	0058	A110	BQY	1/1/2016	\$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	\$254.30	\$64.93	\$319.23	\$661.17	\$168.82	\$829.99
			PPO Plan	0055	A111	BGM	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	n/a	n/a	PPO1	\$673.45	\$170.32	\$843.77	\$1,457.65	\$369.20	\$1,826.85
			CT-TC3A	0056	A111	BFZ	1/1/2011	\$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	\$687.09	\$170.32	\$857.41	\$1,489.23	\$369.20	\$1,858.43
		Faculty	Platinum	0057	A111	LB	1/1/2016	\$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	\$459.34	\$117.29	\$576.63	\$1,194.30	\$304.95	\$1,499.25
		racuity	Gold	0060	A111		1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-G	Gold Plan	20%	\$1,300.00	\$2,600.00	\$2,600.00	\$5,200.00	ACA-G	\$400.20	\$102.19	\$502.39	\$1,040.53	\$265.68	\$1,306.21
			Silver	0059	A111		1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-S	Silver Plan	20%	\$1,800.00	\$3,600.00	\$6,000.00	\$12,000.00	ACA-S	\$319.40	\$81.56	\$400.96	\$830.44	\$212.04	\$1,042.48
			Bronze	0058	A111	BQY	1/1/2016	\$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	\$254.30	\$64.93	\$319.23	\$661.17	\$168.82	\$829.99
			PPO Plan	0055	A116	BGM	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	n/a	n/a	PPO1	\$673.45	\$170.32	\$843.77	\$1,457.65	\$369.20	\$1,826.85
			CT-TC3A	0056	A116	BFZ	1/1/2011	\$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	\$687.09	\$170.32	\$857.41	\$1,489.23	\$369.20	\$1,858.43
		Administrators	Platinum	0057	A116	LB	1/1/2016	\$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	\$459.34	\$117.29	\$576.63	\$1,194.30	\$304.95	\$1,499.25
		- Administrators	Gold	0060	A116		1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-G	Gold Plan	20%	\$1,300.00	\$2,600.00	\$2,600.00	\$5,200.00	ACA-G	\$400.20	\$102.19	\$502.39	\$1,040.53	\$265.68	\$1,306.21
			Silver	0059	A116		1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-S	Silver Plan	20%	\$1,800.00	\$3,600.00	\$6,000.00	\$12,000.00	ACA-S	\$319.40	\$81.56	\$400.96	\$830.44	\$212.04	\$1,042.48
			Bronze	0058	A116	BQY	1/1/2016	\$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	\$254.30	\$64.93	\$319.23	\$661.17	\$168.82	\$829.99
	Tompkins-Cortland Community College		PPO Plan	0055	A115	BGM	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	n/a	n/a	PPO1	\$673.45	\$170.32	\$843.77	\$1,457.65	\$369.20	\$1,826.85
	(TC3)		CT-TC3A	0056	A115	BFZ	1/1/2011	\$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	\$687.09	\$170.32	\$857.41	\$1,489.23	\$369.20	\$1,858.43
		FSA	Platinum	0057	A115	LB	1/1/2016	\$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	\$459.34	\$117.29	\$576.63	\$1,194.30	\$304.95	\$1,499.25
			Gold	0060	A115		1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-G	Gold Plan	20%	\$1,300.00	\$2,600.00	\$2,600.00	\$5,200.00	ACA-G	\$400.20	\$102.19	\$502.39	\$1,040.53	\$265.68	\$1,306.21
			Silver	0059	A115		1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-S	Silver Plan	20%	\$1,800.00	\$3,600.00	\$6,000.00	\$12,000.00	ACA-S	\$319.40	\$81.56	\$400.96		\$212.04	\$1,042.48
			Bronze	0058	A115	BQY	1/1/2016	\$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	\$254.30	\$64.93	\$319.23	\$661.17	\$168.82	\$829.99
			PPO Plan	0055	A117	BGM	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	n/a	n/a	PPO1	\$673.45	\$170.32	\$843.77	\$1,457.65		
			CT-TC3A	0056	A117	BFZ	1/1/2011	\$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	\$687.09	\$170.32	\$857.41	\$1,489.23	\$369.20	\$1,858.43
		Farm	Platinum	0057	A117	LB	1/1/2016	\$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	\$459.34	\$117.29	\$576.63	. ,		\$1,499.25
			Gold	0060	A117		1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-G	Gold Plan	20%	\$1,300.00	\$2,600.00	\$2,600.00	\$5,200.00	ACA-G	\$400.20	\$102.19	\$502.39	\$1,040.53	\$265.68	\$1,306.21
			Silver	0059	A117		1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-S	Silver Plan	20%	\$1,800.00	\$3,600.00	\$6,000.00	\$12,000.00	ACA-S	\$319.40	\$81.56	\$400.96		\$212.04	\$1,042.48
			Bronze	0058	A117	BQY	1/1/2016	\$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	\$254.30	\$64.93	\$319.23		\$168.82	\$829.99
			PPO Plan	0055	A118	BGM	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	n/a	n/a	PPO1	\$673.45	\$170.32	\$843.77		\$369.20	\$1,826.85
			CT-TC3A	0056	A118	BFZ	1/1/2011	\$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	\$687.09	\$170.32	\$857.41	. ,	\$369.20	\$1,858.43
		Cullinary Center	Platinum	0057	A118	LB	1/1/2016	\$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	\$459.34	\$117.29	\$576.63	. , ,	\$304.95	\$1,499.25
			Gold	0060	A118		1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-G	Gold Plan	20%	\$1,300.00	\$2,600.00	\$2,600.00	\$5,200.00	ACA-G	\$400.20	\$102.19	\$502.39		\$265.68	\$1,306.21
			Silver	0059	A118		1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	ACA-S	Silver Plan	20%	\$1,800.00	\$3,600.00	\$6,000.00	\$12,000.00	ACA-S	\$319.40	\$81.56	\$400.96	\$830.44	\$212.04	\$1,042.48
			Bronze	0058	A118	BQY	1/1/2016	\$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	\$254.30	\$64.93	\$319.23		\$168.82	\$829.99
		Retiree Group	CT-TC3R	R022	R113	BFK	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	Indemnity	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	MM3	\$674.65	\$170.32	\$844.97	\$1,462.11	\$369.20	\$1,831.31
		Retiree Group PPO		R024	R114	BEV	1/1/2011	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00	n/a	n/a	n/a	n/a	PPO1	\$673.45	\$170.32	\$843.77	\$1,457.65	\$369.20	\$1,826.85