

**Greater Tompkins County Municipal Health Insurance Consortium
2018 and 2019 Indemnity Medical Benefit Plan Options and Rates**

Benefit Plan Description	Indemnity Plan (MM1)		Indemnity Plan (MM2)		Indemnity Plan (MM3)		Indemnity Plan (MM5)		Indemnity Plan (MM7)		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Number of Sub-Groups	29		0		0		4		1		
Number of County of Tompkins Sub-Groups	0		21		0		0		0		
Deductible <i>(only applies to "major medical" services)</i>	Individual	\$50.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$50.00	
	Family	\$100.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$300.00	\$300.00	\$150.00	
Out-of-Pocket Maximum <i>(includes only "major medical" coinsurance amounts)</i>	Individual	\$400.00	\$200.00	\$200.00	\$750.00	\$750.00	\$400.00	\$400.00	\$400.00	\$400.00	
	Family	\$1,200.00	\$400.00	\$400.00	\$2,250.00	\$2,250.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00	
Inpatient Hospital Patient Cost Sharing	Covered In Full	Deductible then 20% Coinsurance	Covered In Full	Deductible then 20% Coinsurance	Covered In Full	Deductible then 20% Coinsurance	Covered In Full	Deductible then 20% Coinsurance	Covered In Full	Deductible then 20% Coinsurance	
Emergency Room Patient Cost Sharing	Covered In Full	Deductible then 20% Coinsurance	Covered In Full	Deductible then 20% Coinsurance	Covered In Full	Deductible then 20% Coinsurance	Covered In Full	Deductible then 20% Coinsurance	Covered In Full	Deductible then 20% Coinsurance	
Office Visit Patient Cost Sharing	Primary Care Physician	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	
	Specialist	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance	
Diagnostic Lab and X-Ray Patient Cost Sharing	\$0.00	Deductible then 20% Coinsurance	\$0.00	Deductible then 20% Coinsurance	\$0.00	Deductible then 20% Coinsurance	\$0.00	Deductible then 20% Coinsurance	\$0.00	Deductible then 20% Coinsurance	
Retail Pharmacy Patient Cost Sharing	Tier 1	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	"major medical" 20% after Deductible	Not Covered
	Tier 2	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	"major medical" 20% after Deductible	Not Covered
	Tier 3	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	"major medical" 20% after Deductible	Not Covered
	Days Supply Limit	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	90-Days	Not Covered
Mail-Order Pharmacy Patient Cost Sharing	Tier 1	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	"major medical" 20% after Deductible	Not Covered
	Tier 2	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	"major medical" 20% after Deductible	Not Covered
	Tier 3	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	"major medical" 20% after Deductible	Not Covered
	Days Supply Limit	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	Varies	Not Covered	90-Days	Not Covered
2018 Premium Rates	Individual	\$722.78	\$714.57	\$714.57	\$701.64	\$701.64	\$714.57	\$714.57	\$714.57	\$806.09	
	Family	\$1,566.59	\$1,548.80	\$1,548.80	\$1,520.59	\$1,520.59	\$1,542.90	\$1,542.90	\$1,542.90	\$1,875.03	
2019 Premium Rates	Individual	\$758.92	\$750.30	\$750.30	\$736.72	\$736.72	\$750.30	\$750.30	\$750.30	\$846.39	
	Family	\$1,644.92	\$1,626.24	\$1,626.24	\$1,596.62	\$1,596.62	\$1,620.05	\$1,620.05	\$1,620.05	\$1,968.78	
Premium % Increase	5.00%										