

Greater Tompkins County Municipal Health Insurance Consortium
2023 Premium Rates

Member Name	Group Description	Plan	Group Numbers	Sub-Group Numbers	Class Code	Medical Enrollment Code	Type	Prescription Coverage						Medical Plan						Total													
								Retail		Mail		One-Patient Max		Prescription Coverage		Medical Plan		Total		Prescription Coverage		Medical Plan		Total									
								Tier 1	Tier 2	Tier 1	Tier 2	Tier 3	Individual	Family	Plan Code	Co-Pay	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family							
City of Confair	Active Employees	Classic Blue Plan	00017568	0001	A100	BEH	Medical	\$1,000	\$250	\$400	\$1,000	\$200	1000	6000	310	Indemnity	via	100	400	2000	MM1	\$1,200.00	\$2,970.00	\$1,870.00	\$594.00	\$878.00	\$1,004.01	\$1,172.00	\$1,442.00	\$1,876.00	\$400.00	\$395.00	\$2,071.00
City of Confair	Active Employees	Classic Blue Plan	00017568	0001	A100	BEH	Medical	\$1,000	\$250	\$400	\$1,000	\$200	1000	6000	310	Indemnity	via	100	400	2000	MM1	\$1,200.00	\$2,970.00	\$1,870.00	\$594.00	\$878.00	\$1,004.01	\$1,172.00	\$1,442.00	\$1,876.00	\$400.00	\$395.00	\$2,071.00
City of Confair	Active Employees	Classic Blue Plan	00017568	0002	A100	BEH	Medical	\$1,000	\$250	\$400	\$1,000	\$200	1000	6000	310	Indemnity	via	100	400	2000	MM1	\$1,200.00	\$2,970.00	\$1,870.00	\$594.00	\$878.00	\$1,004.01	\$1,172.00	\$1,442.00	\$1,876.00	\$400.00	\$395.00	\$2,071.00

