

**Greater Tompkins County Municipal Health Insurance Consortium**  
**2014 and 2015 Fiscal Year Medical Plan Premium Equivalent Rates**

Premium % Increase 5.00%

<b>Medical Plan Rates</b>															
<b>Plan Code</b>	<b>Medical Plan Benefit Description</b>	<b>In-Network Benefit Parameters</b>					<b>Out-of-Network Benefit Parameters</b>					<b>2014 Premium Rates</b>		<b>2015 Premium Rates</b>	
		<b>Co-Payment</b>	<b>Deductible</b>		<b>Out-of-Pocket Maximum</b>		<b>Co-Payment</b>	<b>Deductible</b>		<b>Out-of-Pocket Maximum</b>		<b>Individual</b>	<b>Family</b>	<b>Individual</b>	<b>Family</b>
			<b>Individual</b>	<b>Family</b>	<b>Individual</b>	<b>Family</b>		<b>Individual</b>	<b>Family</b>						
<b>PPO1</b>	\$10.00 Greater Tompkins County Municipal Health Ins. Consortium	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	n/a	\$250.00	\$750.00	\$1,000.00	\$3,000.00	\$593.05	\$1,283.63	\$622.70	\$1,347.81
<b>PPO2</b>	\$15.00 Greater Tompkins County Municipal Health Ins. Consortium	\$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	\$584.74	\$1,265.66	\$613.98	\$1,328.95
<b>PPO3</b>	\$20.00 Greater Tompkins County Municipal Health Ins. Consortium	\$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	\$574.07	\$1,242.56	\$602.77	\$1,304.69
<b>PPOT</b>	\$10.00 GTCMHIC - Teamsters "Look Alike" Plan	\$10.00	n/a	n/a						\$1,000.00	\$3,000.00	\$613.21	\$1,329.07	\$643.87	\$1,395.52
<b>MM1</b>	Indemnity Medical Plan (\$50 / \$150 Deductible)	n/a	\$50.00	\$100.00	\$400.00	\$1,200.00	n/a	\$50.00	\$100.00	\$400.00	\$1,200.00	\$612.01	\$1,326.51	\$642.61	\$1,392.83
<b>MM2</b>	Indemnity Medical Plan (\$100 / \$200 Deductible and \$400 OOP Max.)	n/a	\$100.00	\$200.00	\$400.00	\$1,200.00	n/a	\$100.00	\$200.00	\$400.00	\$1,200.00	\$605.06	\$1,311.42	\$635.31	\$1,377.00
<b>MM3</b>	Indemnity Medical Plan (\$100 / \$200 Deductible and \$750 OOP Max.)	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	\$594.10	\$1,287.55	\$623.81	\$1,351.93
<b>MM4</b>	Indemnity Medical Plan (\$100 / \$250 Deductible)	n/a	\$100.00	\$250.00	\$400.00	\$1,200.00	n/a	\$100.00	\$250.00	\$400.00	\$1,200.00	\$605.06	\$1,306.32	\$635.31	\$1,371.64
<b>MM5</b>	Indemnity Medical Plan (\$100 / \$300 Deductible)	n/a	\$100.00	\$300.00	\$400.00	\$1,200.00	n/a	\$100.00	\$300.00	\$400.00	\$1,200.00	\$605.06	\$1,306.44	\$635.31	\$1,371.76
<b>MM6</b>	Indemnity Medical and Rx Plan (Comprehensive Plan)	n/a	\$500.00	\$1,500.00	\$2,000.00	\$6,000.00	n/a	\$500.00	\$1,500.00	\$2,000.00	\$6,000.00	\$468.76	\$1,014.07	\$492.20	\$1,064.77
<b>MM7</b>	Indemnity Medical and Rx Plan	n/a	\$50.00	\$150.00	\$400.00	\$1,200.00	n/a	\$50.00	\$150.00	\$400.00	\$1,200.00	\$682.56	\$1,587.66	\$716.68	\$1,667.05

**ACA Metal Level Plans (Premium Equivalent Rate Includes Rx Plan)**

<b>Plan Code</b>	<b>Medical Plan Benefit Description</b>	<b>In-Network Medical Plan Benefit Parameters</b>					<b>In-Network Retail Pharmacy</b>			<b>In-Network Mail-Order Pharmacy</b>			<b>Medical and Rx Combined</b>		<b>2014 Premium Rates</b>		<b>2015 Premium Rates</b>	
		<b>Co-Payments</b>		<b>Deductible</b>		<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>	<b>Out-of-Pocket Maximum</b>		<b>Individual</b>	<b>Family</b>	<b>Individual</b>	<b>Family</b>	
		<b>Office</b>	<b>Hospital</b>	<b>Individual</b>	<b>Family</b>	<b>Generic</b>	<b>Preferred Brand</b>	<b>Non-Pref. Brand</b>	<b>Generic</b>	<b>Preferred Brand</b>	<b>Non-Pref. Brand</b>	<b>Individual</b>	<b>Family</b>					
<b>ACA-P</b>	<b>GTCMHIC Standard Platinum Plan</b>	\$15 PCP / \$25 Spec.	\$250 Per Stay / \$150 ER	Not Applicable	Not Applicable	\$10.00	\$30.00	\$50.00	\$30.00	\$90.00	\$150.00	\$2,000.00	\$6,000.00	\$515.00	\$1,339.00	\$540.75	\$1,405.95	
		<b>Out-of-Network Medical Plan Benefit Parameters</b>					<b>Out-of-Network Retail Pharmacy</b>			<b>Out-of-Network Mail-Order Pharmacy</b>								
		<b>Cost Sharing</b>		<b>Deductible</b>		<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>							
		<b>Office</b>	<b>Hospital</b>	<b>Individual</b>	<b>Family</b>	<b>Generic</b>	<b>Preferred Brand</b>	<b>Non-Pref. Brand</b>	<b>Generic</b>	<b>Preferred Brand</b>	<b>Non-Pref. Brand</b>							
		20% after Deductible	20% after Deductible	\$500.00	\$1,500.00	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered								

**Medicare Supplement Plan Rates**

<b>Plan Code</b>	<b>Medical Plan</b>	<b>Retail Pharmacy</b>			<b>Mail-Order Pharmacy</b>			<b>2014 Premium Rates</b>			<b>2015 Premium Rates</b>		
		<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>	<b>Medical Rate</b>	<b>Rx Rate</b>	<b>Total Premium</b>	<b>Medical Rate</b>	<b>Rx Rate</b>	<b>Total Premium</b>
		<b>Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand</b>	<b>Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand</b>						
<b>MS-1</b>	Medicare Supplement	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$215.00	\$0.00	\$215.00	\$225.75	\$0.00	\$225.75
<b>MS-2</b>	Medicare Supplement	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	\$215.00	\$495.96	\$710.96	\$225.75	\$520.76	\$746.51
<b>MS-3</b>	Medicare Supplement	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	\$215.00	\$333.06	\$548.06	\$225.75	\$349.72	\$575.47
<b>MS-4</b>	Medicare Supplement	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	\$215.00	\$227.40	\$442.40	\$225.75	\$238.77	\$464.52
<b>MS-5</b>	Medicare Supplement	20%	20%	40%	15%	15%	40%	\$215.00	\$248.44	\$463.44	\$225.75	\$260.86	\$486.61
<b>MS-6</b>	Medicare Supplement	20%	30%	50%	20%	30%	50%	\$215.00	\$225.51	\$440.51	\$225.75	\$236.78	\$462.53

**Greater Tompkins County Municipal Health Insurance Consortium**

**2014 and 2015 Fiscal Year Medical Plan Premium Equivalent Rates**

Premium % Increase	5.00%
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Prescription Drug Plan Rates (Two-Tier Co-Payment Structure)								
Plan Code	Retail Pharmacy		Mail-Order Pharmacy		2014 Premium Rates		2015 Premium Rates	
	Generic	Brand Name	Generic	Brand Name	Individual	Family	Individual	Family
2T1	\$1.00	\$1.00	\$0.00	\$0.00	\$289.25	\$626.95	\$303.71	\$658.29
2T2	\$2.00	\$5.00	\$0.00	\$0.00	\$285.33	\$618.44	\$299.59	\$649.36
2T3	\$2.00	\$10.00	\$0.00	\$0.00	\$277.52	\$601.50	\$291.39	\$631.58
2T4	\$0.00	\$15.00	\$0.00	\$30.00	\$265.18	\$574.77	\$278.44	\$603.51
2T5	\$5.00	\$15.00	\$10.00	\$30.00	\$261.94	\$567.76	\$275.04	\$596.14
2T6	\$5.00	\$20.00	\$10.00	\$40.00	\$226.75	\$491.47	\$238.09	\$516.04
<i>Denotes Plan Designs No Longer Available for Negotiation.</i>								

Prescription Drug Plan Rates (Three-Tier Co-Payment Structure)										
Plan Code	Retail Pharmacy			Mail-Order Pharmacy			2014 Premium Rates		2015 Premium Rates	
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Individual	Family	Individual	Family
	Generic	Preferred Brand	Non-Preferred Brand	Generic	Preferred Brand	Non-Preferred Brand				
3T1	\$0.00	\$5.00	\$20.00	\$0.00	\$10.00	\$40.00	\$252.35	\$546.98	\$264.97	\$574.32
3T2	\$5.00	\$10.00	\$25.00	\$5.00	\$10.00	\$25.00	\$221.48	\$480.05	\$232.56	\$504.05
3T3	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	\$213.34	\$462.40	\$224.00	\$485.52
3T4	\$5.00	\$10.00	\$25.00	\$15.00	\$30.00	\$75.00	\$208.00	\$450.84	\$218.40	\$473.38
3T5	\$5.00	\$15.00	\$25.00	\$5.00	\$15.00	\$25.00	\$218.87	\$473.73	\$229.81	\$497.42
3T5a	\$5.00	\$15.00	\$30.00	\$5.00	\$15.00	\$30.00	\$214.48	\$464.26	\$225.21	\$487.47
3T6	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	\$189.01	\$409.68	\$198.46	\$430.16
3T7	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	\$149.99	\$325.12	\$157.49	\$341.38
3T8	\$10.00	\$20.00	\$35.00	\$20.00	\$40.00	\$70.00	\$145.82	\$316.05	\$153.11	\$331.85
3T9	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	\$126.93	\$275.13	\$133.28	\$288.89
3T10	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	\$86.66	\$187.83	\$90.99	\$197.22
3T11	20%	20%	40%	15%	15%	40%	\$94.69	\$205.25	\$99.43	\$215.52
3T12	20%	30%	45%	20%	30%	45%	\$86.65	\$187.80	\$90.98	\$197.19
3T13	20%	30%	50%	20%	30%	50%	\$85.94	\$186.27	\$90.24	\$195.58
<i>Denotes Plan Designs No Longer Available for Negotiation.</i>										

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 Excellus standard 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