Greater Tompkins County Municipal Health Insurance Consortium

2013 Premium Rate Summary

Municipality	Description	Grp #		Tier 1
City of Cortland	-	-		\$10.00
	Police	16020-00		\$2.00
	CSEA - DPW/Cobra	16020-01/72		\$2.00
		16020-02/73		\$2.00
	CSEA - ADMIN/Cobra	16020-02/73	7/1/2013	\$5.00
		16020-03/74		\$2.00
	Confidential/Cobra	16020-03/74	7/1/2013	\$5.00
		16020-04/75		\$2.00
	Managerial /Cobra	16020-04/75	1/1/2013	\$5.00
	Police/ Cobra	16020-71		\$2.00
City of Ithaca	Retirees \$1	16022-00		\$1.00
	City Executives Assoc	16023-00		\$2.00
	City Executives Assoc Cobra	16023-71		\$2.00
	Fire.	16024-00		\$2.00
	Fire	16024-00	1/1/2013	\$5.00
	Fire Chief Officien Union	16024-01		\$2.00
	Fire Chief Officier Union	16024-01	1/1/2013	\$5.00
	Retirees 2/5	16025-00		\$2.00
	Retirees 2/10	16026-00		\$2.00
	Retirees with MM RX (BCBS)	16021-00		MM
Form of Constinue	PPO \$10	512919-001/401		\$10.00
Town of Caroline	PPO \$15	512919-002/402		\$5.00
Fown of Danby	100/300 Classic Blue 1-1-2013	16015-00/71		20%
Fown of Dryden	PPO \$10	512928-001/401		\$5.00
Fown of Enfield	PPO \$15	512920-001/401		\$10.00
Fown of Groton	100/300 Classic Blue 1-1-2013	16017-00		20%
Fown of Ithaca	PPO \$10	512921-001/401		\$5.00
Fown of Lansing	PPO \$15			\$15.00
Town of Ulysses	PPO \$20	512923-001/401		\$10.00
Town of Clysses	PPO \$20	TULYS019		\$0.00
/illage of Cayuga Heights	50/150 Classic Blue 1-1-2013	16016-00		20%
mage of Cayuga Heights	PPO \$10	512918-001		\$5.00
Village of Dryden	PPO \$10	512924-001		\$10.00
/illage of Groton	PPO \$20	512926-001		\$10.00
	PPO \$20	VGROT019		\$10.00
Village of Trumansburg	illage of Trumansburg PPO \$15			\$10.00

Town of Freeville Town of Newfield Village of Lansing

12/13/2012

Prescription Coverage							
Retail		Mail		Plan Code Rx		<i>a b</i>	
Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Γ. Λ.	Туре	Co-Pay
\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	Indemnity	n/a
\$10.00	\$10.00	\$2.00	\$10.00	\$10.00	2T3	Indemnity	n/a
\$10.00	\$10.00	\$2.00	\$10.00	\$10.00	2T3	Indemnity	n/a
\$10.00	\$10.00	\$2.00	\$10.00	\$10.00	2T3	Indemnity	n/a
\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a
\$10.00	\$10.00	\$2.00	\$10.00	\$10.00	2T3	Indemnity	n/a
\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a
\$10.00	\$10.00	\$2.00	\$10.00	\$10.00	2T3	Indemnity	n/a
\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a
\$10.00	\$10.00	\$2.00	\$10.00	\$10.00	2T3	Indemnity	n/a
\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	2T1	Indemnity	n/a
\$10.00	\$10.00	\$2.00	\$10.00	\$10.00	2T3	Indemnity	n/a
\$10.00	\$10.00	\$2.00	\$10.00	\$10.00	2T3	Indemnity	n/a
\$10.00	\$10.00	\$2.00	\$10.00	\$10.00	2T3	Indemnity	n/a
\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a
\$10.00	\$10.00	\$2.00	\$10.00	\$10.00	2T3	Indemnity	n/a
\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	3T6	Indemnity	n/a
\$5.00	\$5.00	\$2.00	\$5.00	\$5.00	2T2	Indemnity	n/a
\$10.00	\$10.00	\$2.00	\$10.00	\$10.00	2T3	Indemnity	n/a
MM	MM	MM	MM	MM	n/a	Indemnity	n/a
\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$10.00
\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	PPO	\$15.00
30%	50%	20%	30%	50%	3T13	Indemnity	n/a
\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	PPO	\$10.00
\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$15.00
30%	50%	20%	30%	50%	3T13	Indemnity	n/a
\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	3T7	PPO	\$10.00
\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	3T10	PPO	\$15.00
\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$20.00
\$25.00	\$40.00	\$0.00	\$50.00	\$80.00	3T9	PPO	\$20.00
30%	50%	20%	30%	50%	3T13	Indemnity	n/a
\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	РРО	\$10.00
\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	РРО	\$10.00
\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	РРО	\$20.00
\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	РРО	\$20.00
\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	РРО	\$15.00

Medical Plan				2013 Premium I			
Deductible		Out-of-Pocket Maximum		Plan Code Medical	Individual		
Individual	Family	Individual	Family	meaicai	Medical	Rx	Total
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$566.67	\$117.53	\$684.20
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$566.67	\$256.96	\$823.63
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$566.67	\$256.96	\$823.63
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$566.67	\$256.96	\$823.63
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$566.67	\$198.59	\$765.27
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$566.67	\$256.96	\$823.63
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$566.67	\$198.59	\$765.27
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$566.67	\$256.96	\$823.63
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$566.67	\$198.59	\$765.27
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$566.67	\$256.96	\$823.63
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$566.67	\$267.82	\$834.49
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$566.67	\$256.96	\$823.63
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$566.67	\$256.96	\$823.63
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$566.67	\$256.96	\$823.63
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$566.67	\$198.59	\$765.27
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$566.67	\$256.96	\$823.63
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$566.67	\$198.59	\$765.27
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$566.67	\$264.19	\$830.87
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$566.67	\$256.96	\$823.63
\$50.00	\$150.00	\$400.00	\$1,200.00	MM7	\$632.00	\$0.00	\$632.00
n/a	n/a	n/a	n/a	PPO2	\$541.43	\$117.53	\$658.96
n/a	n/a	n/a	n/a	PPOT	\$567.78	\$197.53	\$765.32
\$100.00	\$300.00	\$400.00	\$1,200.00	MM5	\$560.24	\$79.57	\$639.81
n/a	n/a	n/a	n/a	PPOT	\$567.78	\$197.53	\$765.32
n/a	n/a	n/a	n/a	PPO2	\$541.43	\$117.53	\$658.96
\$100.00	\$300.00	\$400.00	\$1,200.00	MM5	\$560.24	\$79.57	\$639.81
n/a	n/a	n/a	n/a	PPO1	\$549.12	\$138.88	\$688.00
n/a	n/a	n/a	n/a	PPO2	\$541.43	\$80.24	\$621.67
n/a	n/a	n/a	n/a	PPO3	\$531.55	\$117.53	\$649.08
n/a	n/a	n/a	n/a	PPO3	\$531.55	\$117.53	\$649.08
\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$566.67	\$79.57	\$646.25
n/a	n/a	n/a	n/a	PPOT	\$567.78	\$197.53	\$765.32
n/a	n/a	n/a	n/a	PPO1	\$549.12	\$117.53	\$666.65
n/a	n/a	n/a	n/a	PPO3	\$531.55	\$117.53	\$649.08
n/a	n/a	n/a	n/a	PPO3	\$531.55	\$117.53	\$649.08
n/a	n/a	n/a	n/a	PPO2	\$541.43	\$117.53	\$658.96

Equivalent Rates						
Family						
Medical	Rx	Total				
\$1,228.25	\$254.75	\$1,483.00				
\$1,228.25	\$556.95	\$1,785.19				
\$1,228.25	\$556.95	\$1,785.19				
\$1,228.25	\$556.95	\$1,785.19				
\$1,228.25	\$379.33	\$1,607.58				
\$1,228.25	\$556.95	\$1,785.19				
\$1,228.25	\$379.33	\$1,607.58				
\$1,228.25	\$556.95	\$1,785.19				
\$1,228.25	\$379.33	\$1,607.58				
\$1,228.25	\$556.95	\$1,785.19				
\$1,228.25	\$580.51	\$1,808.75				
\$1,228.25	\$556.95	\$1,785.19				
\$1,228.25	\$556.95	\$1,785.19				
\$1,228.25	\$556.95	\$1,785.19				
\$1,228.25	\$379.33	\$1,607.58				
\$1,228.25	\$556.95	\$1,785.19				
\$1,228.25	\$379.33	\$1,607.58				
\$1,228.25	\$572.63	\$1,800.88				
\$1,228.25	\$556.95	\$1,785.19				
\$1,470.06	\$0.00	\$1,470.06				
\$1,171.91	\$254.75	\$1,426.66				
\$1,230.62	\$428.15	\$1,658.77				
\$1,209.66	\$172.47	\$1,382.13				
\$1,230.62	\$428.15	\$1,658.77				
\$1,171.91	\$254.75	\$1,426.66				
\$1,209.66	\$172.47	\$1,382.13				
\$1,188.55	\$301.04	\$1,489.59				
\$1,171.91	\$173.91	\$1,345.82				
\$1,150.52	\$254.75	\$1,405.27				
\$1,150.52	\$254.75	\$1,405.27				
\$1,228.25	\$172.47	\$1,400.71				
\$1,230.62	\$428.15	\$1,658.77				
\$1,188.55	\$254.75	\$1,443.30				
\$1,150.52	\$254.75	\$1,405.27				
\$1,150.52	\$254.75	\$1,405.27				
\$1,171.91	\$254.75	\$1,426.66				