

**TOMPKINS COUNTY 2018 HEALTH INSURANCE RATES**  
**Benefit Eligible Active Employees**

<b>Classic Blue Excellus BCBS; Prescription Benefits from ProAct</b>		<b>Coverage</b>	<b>County share per month</b>	<b>Employee share per month</b>	<b>Employee Cost per pay period</b>
<b>2018 Plan Information and Premium Rates</b>					
<b>White Collar , Blue Collar Management/Confidential Elected Officials, Corrections</b>	Annual Deductible: \$100 Individual \$200 Family	Individual	\$713.36	\$178.34	\$89.17
	20% Co-Insurance	Family	\$1,546.22	\$386.55	\$193.28
	MEDICAL Out of Pocket Maximum: \$200 Ind./ \$400 Family 80/20 employer/employee percent premium cost share Rx co-pay: \$5 (Tier 1/Generic) /\$20 (Tier 2) /\$35 (Tier 3) Mail Order Rx: 2 x co-pay (90 day supply at 60 day cost) RX Out of Pocket Maximum: \$2,000 Individual/\$6,000 Family				
<b>Deputy Sheriff's Association</b>	Annual Deductible: \$100 Individual \$200 Family	Individual	\$757.95	\$133.76	\$66.88
	20% Co-Insurance	Family	\$1,642.85	\$289.92	\$144.96
	MEDICAL Out of Pocket Maximum: \$200 Ind./ \$400 Family 85/15 employer/employee percent premium cost share Rx co-pay: \$5 (Tier 1/Generic) /\$20 (Tier 2) /\$35 (Tier 3) Mail Order Rx: 2 x co-pay (90 day supply at 60 day cost) RX Out of Pocket Maximum: \$2,000 Individual/\$6,000 Family				

<b>PPO Excellus BCBS; Prescription Benefits from ProAct</b>		<b>Coverage</b>	<b>County share per month</b>	<b>Employee share per month</b>	<b>Employee Cost per pay period</b>
<b>2018 Plan Information and Premium Rates</b>					
<b>White Collar , Blue Collar Management/Confidential Elected Officials, Corrections</b>	\$10 Co-Pay for most services	Individual	\$702.02	\$175.50	\$87.75
	\$25 Urgent Care Co-Pay/\$35 Emergency Room Co-Pay	Family	\$1,519.94	\$379.99	\$189.99
	MEDICAL Out of Pocket Maximum: \$1,000 Ind./\$3,000 Fam Out of Network Coverage- See Plan Summary 80/20 employer/employee percent premium cost share Rx co-pay: \$5 (Tier 1/Generic) /\$20 (Tier 2) /\$35 (Tier 3) Mail Order Rx: 2 x co-pay (90 day supply at 60 day cost) RX Out of Pocket Maximum: \$2,000 Individual/\$6,000 Family				
<b>Deputy Sheriff's Association</b>	\$10 Office Co-Pay for most services	Individual	\$745.89	\$131.63	\$65.81
	\$25 Urgent Care Co-Pay/\$35 Emergency Room Co-Pay	Family	\$1,614.94	\$284.99	\$142.49
	MEDICAL Out of Pocket Maximum: \$1,000 Ind./\$3,000 Fam Out of Network Coverage- See Plan Summary 85/15 employer/employee percent premium cost share Rx co-pay: \$5 (Tier 1/Generic) /\$20 (Tier 2) /\$35 (Tier 3) Mail Order Rx: 2 x co-pay (90 day supply at 60 day cost) RX Out of Pocket Maximum: \$2,000 Individual/\$6,000 Family				

<b>Platinum Plan Excellus BCBS; Prescription Benefits from ProAct</b>		<b>Coverage</b>	<b>County share per month</b>	<b>Employee share per month</b>	<b>Employee Cost per pay period</b>
<b>2018 Plan Information and Premium Rates</b>					
<b>White Collar, Management, Confidential, Elected Officials hired on or after 8/18/15</b>	\$15 PCP/\$25 Specialist Co-Pay	Individual	\$479.76	\$119.94	\$59.97
	\$25 Urgent Care Co-pay/\$150 Emergency Room Co-Pay	Family	\$1,247.38	\$311.84	\$155.92
	MEDICAL AND RX COMBINED- Out of Pocket Maximum: \$2,000 Individual/\$6,000 Family Out of Network Coverage- See Plan Summary 80/20 employer/employee percent premium cost share Rx co-pay: \$5 (Tier 1/Generic) /\$35 (Tier 2) /\$70 (Tier 3) Mail Order Rx: 2 x co-pay (90 day supply at 60 day cost)				
<b>Blue Collar-hired on or after 4/7/15</b>					
<b>Corrections-hired on or after 9/5/17</b>					
<b>Deputy Sheriff's Association hired on or after 2/4/16</b>	\$15 PCP/\$25 Specialist Co-Pay	Individual	\$509.75	\$89.96	\$44.98
	\$25 Urgent Care Co-pay/\$150 Emergency Room Co-Pay	Family	\$1,325.34	\$233.88	\$116.94
	MEDICAL AND RX COMBINED- Out of Pocket Maximum: \$2,000 Individual/\$6,000 Family Out of Network Coverage- See Plan Summary 85/15 employer/employee percent premium cost share Rx co-pay: \$5 (Tier 1/Generic) /\$35 (Tier 2) /\$70 (Tier 3) Mail Order Rx: 2 x co-pay (90 day supply at 60 day cost)				

<b>Comprehensive Value Plan; Prescription Benefits from ProAct</b>		<b>Coverage</b>	<b>County share per month</b>	<b>Employee share per month</b>	<b>Employee Cost Per pay period</b>
<b>2018 Plan Information and Premium Rates</b>					
\$500 Deductible, Maximum 3 per Family; 20% Co-Insurance; MEDICAL Out of Pocket Maximum \$2,000 per person \$250 Debit Card Individual, \$500 Debit Card Family, Active Employees Only 100/0 employer/employee percent share Rx Retail: 20% (Tier 1/Generic)/20% (Tier 2) /40% (Tier 3) Mail Order Rx: 15%/15%/40% RX Out of Pocket Maximum: \$3,000 Individual/ \$9,000 Family		Individual	\$665.44	\$0.00	\$0.00
		Family	\$1,440.02	\$0.00	\$0.00

