

Greater Tompkins County Municipal Health Insurance Consortium
2013 and 2014 Fiscal Year Premium Equivalent Rates

Premium % Increase	8.00%
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<i>Medical Plan Rates</i>					
<i>Plan Code</i>	<i>Medical Plan Benefit Description</i>	<i>2013 Premium Rates</i>		<i>2014 Premium Rates</i>	
		<i>Individual</i>	<i>Family</i>	<i>Individual</i>	<i>Family</i>
PPO1	\$10.00 Greater Tompkins County Municipal Health Ins. Consortium	\$549.12	\$1,188.55	\$593.05	\$1,283.63
PPO2	\$15.00 Greater Tompkins County Municipal Health Ins. Consortium	\$541.43	\$1,171.91	\$584.74	\$1,265.66
PPO3	\$20.00 Greater Tompkins County Municipal Health Ins. Consortium	\$531.55	\$1,150.52	\$574.07	\$1,242.56
PPOT	\$10.00 GTCMHIC - Teamsters "Look Alike" Plan	\$567.78	\$1,230.62	\$613.21	\$1,329.07
MM1	Indemnity Medical Plan (\$50 / \$150 Deductible)	\$566.67	\$1,228.25	\$612.01	\$1,326.51
MM2	Indemnity Medical Plan (\$100 / \$200 Deductible and \$400 OOP Max.)	\$560.24	\$1,214.28	\$605.06	\$1,311.42
MM3	Indemnity Medical Plan (\$100 / \$200 Deductible and \$750 OOP Max.)	\$550.10	\$1,192.18	\$594.10	\$1,287.55
MM4	Indemnity Medical Plan (\$100 / \$250 Deductible)	\$560.24	\$1,209.56	\$605.06	\$1,306.32
MM5	Indemnity Medical Plan (\$100 / \$300 Deductible)	\$560.24	\$1,209.66	\$605.06	\$1,306.44
MM6	Indemnity Medical and Rx Plan (Comprehensive Plan)	\$434.03	\$938.95	\$468.76	\$1,014.07
MM7	Indemnity Medical and Rx Plan	\$632.00	\$1,470.06	\$682.56	\$1,587.66

<i>Prescription Drug Plan Rates (Two-Tier Co-Payment Structure)</i>								
<i>Plan Code</i>	<i>Retail Pharmacy</i>		<i>Mail-Order Pharmacy</i>		<i>2013 Premium Rates</i>		<i>2014 Premium Rates</i>	
	<i>Generic</i>	<i>Brand Name</i>	<i>Generic</i>	<i>Brand Name</i>	<i>Individual</i>	<i>Family</i>	<i>Individual</i>	<i>Family</i>
2T1	\$1.00	\$1.00	\$0.00	\$0.00	\$267.82	\$580.51	\$289.25	\$626.95
2T2	\$2.00	\$5.00	\$0.00	\$0.00	\$264.19	\$572.63	\$285.33	\$618.44
2T3	\$2.00	\$10.00	\$0.00	\$0.00	\$256.96	\$556.95	\$277.52	\$601.50
2T4	\$0.00	\$15.00	\$0.00	\$30.00	\$245.54	\$532.19	\$265.18	\$574.77
2T5	\$5.00	\$15.00	\$10.00	\$30.00	\$242.54	\$525.70	\$261.94	\$567.76
2T6	\$5.00	\$20.00	\$10.00	\$40.00	\$209.96	\$455.06	\$226.75	\$491.47
<i>Denotes Plan Designs No Longer Available for Negotiation.</i>								

<i>Prescription Drug Plan Rates (Three-Tier Co-Payment Structure)</i>								
<i>Plan Code</i>	<i>Retail Pharmacy</i>			<i>Mail-Order Pharmacy</i>			<i>2013 Premium Rates</i>	<i>2014 Premium Rates</i>
	<i>Tier 1</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Tier 1</i>	<i>Tier 2</i>	<i>Tier 3</i>		

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<i>Medical Plan Rates</i>										
	Generic	Preferred Brand	Non-Preferred Brand	Generic	Preferred Brand	Non-Preferred Brand	Individual	Family	Individual	Family

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<i>Medical Plan Rates</i>										
3T1	\$0.00	\$5.00	\$20.00	\$0.00	\$10.00	\$40.00	\$233.66	\$506.46	\$252.35	\$546.98
3T2	\$5.00	\$10.00	\$25.00	\$5.00	\$10.00	\$25.00	\$205.08	\$444.49	\$221.48	\$480.05
3T3	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	\$197.53	\$428.15	\$213.34	\$462.40
3T4	\$5.00	\$10.00	\$25.00	\$15.00	\$30.00	\$75.00	\$192.59	\$417.44	\$208.00	\$450.84
3T5	\$5.00	\$15.00	\$25.00	\$5.00	\$15.00	\$25.00	\$202.65	\$438.64	\$218.87	\$473.73
3T5a	\$5.00	\$15.00	\$30.00	\$5.00	\$15.00	\$30.00	\$198.59	\$429.87	\$214.48	\$464.26
3T6	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	\$175.01	\$379.33	\$189.01	\$409.68
3T7	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	\$138.88	\$301.04	\$149.99	\$325.12
3T8	\$10.00	\$20.00	\$35.00	\$20.00	\$40.00	\$70.00	\$135.01	\$292.63	\$145.82	\$316.05
3T9	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	\$117.53	\$254.75	\$126.93	\$275.13
3T10	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	\$80.24	\$173.91	\$86.66	\$187.83
3T11	20%	20%	40%	15%	15%	40%	\$87.68	\$190.05	\$94.69	\$205.25
3T12	20%	30%	45%	20%	30%	45%	\$80.23	\$173.89	\$86.65	\$187.80
3T13	20%	30%	50%	20%	30%	50%	\$79.57	\$172.47	\$85.94	\$186.27

All of the three-tier plan options available for negotiations as listed above include the following elements:

Denotes Plan Designs No Longer Available for Negotiation.

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

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<i>Medical Plan Rates</i>
