

**Greater Tompkins County Municipal Health Insurance Consortium  
2016 and 2017 Fiscal Year Base Medical and Rx Plan Premium Equivalent Rates**

Premium % Increase	5.00%
--------------------	-------

Medical Plan Rates															
Plan Code	Medical Plan Benefit Description	In-Network Benefit Parameters					Out-of-Network Benefit Parameters					2016 Premium Rates		2017 Premium Rates	
		Co-Payment	Deductible		Out-of-Pocket Maximum		Co-Payment	Deductible		Out-of-Pocket Maximum		Individual	Family	Individual	Family
			Individual	Family	Individual	Family		Individual	Family	Individual	Family				
PP01	\$10.00 GTCMHIC PPO Plan	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	n/a	\$250.00	\$750.00	\$1,000.00	\$3,000.00	\$641.38	\$1,388.24	\$673.45	\$1,457.65
PP02	\$15.00 GTCMHIC PPO Plan	\$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	\$632.40	\$1,368.82	\$664.02	\$1,437.26
PP03	\$20.00 GTCMHIC PPO Plan	\$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	\$620.85	\$1,343.83	\$651.89	\$1,411.02
PP0T	\$10.00 GTCMHIC "Teamsters Look Alike" PPO Plan	\$10.00	n/a	n/a						\$1,000.00	\$3,000.00	\$663.19	\$1,437.39	\$696.35	\$1,509.26
MM1	GTCMHIC Indemnity Medical Plan 1 (\$50 / \$150 Deductible and \$400/\$1,200 OOP Max.)	n/a	\$50.00	\$100.00	\$400.00	\$1,200.00	n/a	\$50.00	\$100.00	\$400.00	\$1,200.00	\$661.89	\$1,434.61	\$694.98	\$1,506.34
MM2	GTCMHIC Indemnity Medical Plan 2 (\$100 / \$200 Deductible and \$400/\$800 OOP Max.)	n/a	\$100.00	\$200.00	\$400.00	\$800.00	n/a	\$100.00	\$200.00	\$400.00	\$1,200.00	\$654.37	\$1,418.31	\$687.09	\$1,489.23
MM3	GTCMHIC Indemnity Medical Plan 3 (\$100 / \$200 Deductible and \$750/\$2,250 OOP Max.)	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	\$642.52	\$1,392.49	\$674.65	\$1,462.11
MM5	GTCMHIC Indemnity Medical Plan 5 (\$100 / \$300 Deductible and \$400/\$1,200 OOP Max.)	n/a	\$100.00	\$300.00	\$400.00	\$1,200.00	n/a	\$100.00	\$300.00	\$400.00	\$1,200.00	\$654.37	\$1,412.91	\$687.09	\$1,483.56
MM6	GTCMHIC Indemnity Medical Plan 6 (Comprehensive Value Plan)	n/a	\$500.00	\$1,500.00	\$2,000.00	\$6,000.00	n/a	\$500.00	\$1,500.00	\$2,500.00	\$7,500.00	\$506.97	\$1,096.71	\$532.32	\$1,151.55
MM7	GTCMHIC Indemnity Medical Paln 7 (Rx Embedded in MM)	n/a	\$50.00	\$150.00	\$400.00	\$1,200.00	n/a	\$50.00	\$150.00	\$400.00	\$1,200.00	\$738.18	\$1,717.06	\$775.09	\$1,802.91

Prescription Drug Plan Rates (Two-Tier Co-Payment Structure)										
Plan Code	Retail Pharmacy		Mail-Order Pharmacy		Out-of-Pocket Maximum		2016 Premium Rates		2017 Premium Rates	
	Generic	Brand Name	Generic	Brand Name	Individual	Family	Individual	Family	Individual	Family
2T1	\$1.00	\$1.00	\$0.00	\$0.00	\$1,000.00	\$3,000.00	\$312.82	\$678.04	\$328.46	\$711.94
2T2	\$2.00	\$5.00	\$0.00	\$0.00	\$1,000.00	\$3,000.00	\$308.58	\$668.84	\$324.01	\$702.28
2T3	\$2.00	\$10.00	\$0.00	\$0.00	\$1,000.00	\$3,000.00	\$300.13	\$650.53	\$315.14	\$683.06
<b>Denotes Plan Designs No Longer Available for Negotiation.</b>										

All Others	County		
1	0	\$771.86	\$1,670.95
1	0		
7	0		
9	0		

Prescription Drug Plan Rates (Three-Tier Co-Payment Structure)														
Plan Code	Retail Pharmacy			Mail-Order Pharmacy			Out-of-Pocket Maximum		2016 Premium Rates		2017 Premium Rates		All Others	County
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Individual	Family	Individual	Family	Individual	Family		
	Generic	Preferred Brand	Non-Preferred Brand	Generic	Preferred Brand	Non-Preferred Brand								
3T3	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	\$1,000.00	\$3,000.00	\$230.72	\$500.09	\$242.26	\$525.09	6	4
3T5a	\$5.00	\$15.00	\$30.00	\$5.00	\$15.00	\$30.00	\$1,000.00	\$3,000.00	\$231.97	\$502.09	\$243.57	\$527.19	5	0
3T6	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	\$1,000.00	\$3,000.00	\$204.41	\$443.06	\$214.63	\$465.21	9	0
3T7	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	\$2,000.00	\$6,000.00	\$162.21	\$351.62	\$170.32	\$369.20	2	58
3T9	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	\$2,000.00	\$6,000.00	\$137.28	\$297.56	\$144.14	\$312.44	13	0
3T10	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	\$2,000.00	\$6,000.00	\$93.72	\$203.14	\$98.41	\$213.30	2	0
3T11	20%	20%	40%	15%	15%	40%	\$3,000.00	\$9,000.00	\$102.41	\$221.99	\$107.53	\$233.09	0	2
3T13	20%	30%	50%	20%	30%	50%	\$3,000.00	\$9,000.00	\$92.95	\$201.45	\$97.60	\$211.52	6	0
<b>Denotes Plan Designs No Longer Available for Negotiation.</b>												<b>43</b>	<b>64</b>	

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

- Retail purchases limited to a 30 day supply.
- Mail-order purchases limited to a 90 day supply.
- Standard edits, exclusions, management protocols apply as follows:
  - Standard Excellus contract exclusions apply
  - No coverage for prescriptions filled at non-participating pharmacies
  - Generic Advantage Program (GAP) for Maximum Allowable Cost applies.
  - Standard use management protocols apply (including prior authorization list, step therapy programs, dose efficiency edits, quantity limits, and new drug management).
  - All federal & state mandates that apply to pharmacy benefits are included
  - Diabetic prescriptions, supplies and equipment follow the NYS mandate and are processed in accordance with the office visit benefit.
  - Mandatory Specialty Pharmacy Program applies at retail benefit.
  - Generic Trial Program applies

**Greater Tompkins County Municipal Health Insurance Consortium**  
**2016 and 2017 Fiscal Year Medicare Supplement Plan Premium Equivalent Rates**

Premium % Increase	5.00%
--------------------	-------

<i>Medicare Supplement Plan Rates</i>													
Plan Code	Medical Plan	Retail Pharmacy			Mail-Order Pharmacy			2016 Premium Rates			2017 Premium Rates		
		Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Medical Rate	Rx Rate	Total Premium	Medical Rate	Rx Rate	Total Premium
		Generic	Preferred Brand	Non-Preferred Brand	Generic	Preferred Brand	Non-Preferred Brand						
MS-1	Medicare Supplement	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$232.52	\$0.00	\$232.52	\$244.15	\$0.00	\$244.15
MS-2	Medicare Supplement	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	\$232.52	\$536.38	\$768.91	\$244.15	\$563.20	\$807.35
MS-3	Medicare Supplement	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	\$232.52	\$360.21	\$592.73	\$244.15	\$378.22	\$622.37
MS-4	Medicare Supplement	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	\$232.52	\$245.93	\$478.45	\$244.15	\$258.23	\$502.37
MS-5	Medicare Supplement	20%	20%	40%	15%	15%	40%	\$232.52	\$268.69	\$501.21	\$244.15	\$282.12	\$526.27
MS-6	Medicare Supplement	20%	30%	50%	20%	30%	50%	\$232.52	\$243.89	\$476.41	\$244.15	\$256.08	\$500.23

<i>Prescription Drug Plan Rates - Non Medicare Supplement Plans (Three-Tier Co-Payment Structure)</i>													
Plan Code	Retail Pharmacy			Mail-Order Pharmacy			Out-of-Pocket Maximum		2016 Premium Rates		2017 Premium Rates		
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Individual	Family	Individual	Family	Individual	Family	
	Generic	Preferred Brand	Non-Preferred Brand	Generic	Preferred Brand	Non-Preferred Brand							
3T6	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	\$1,000.00	\$3,000.00	\$204.41	\$443.06	\$214.63	\$465.21	
3T9	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	\$2,000.00	\$6,000.00	\$137.28	\$297.56	\$144.14	\$312.44	
3T10	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	\$2,000.00	\$6,000.00	\$93.72	\$203.14	\$98.41	\$213.30	
3T11	20%	20%	40%	15%	15%	40%	\$3,000.00	\$9,000.00	\$102.41	\$221.99	\$107.53	\$233.09	
3T13	20%	30%	50%	20%	30%	50%	\$3,000.00	\$9,000.00	\$92.95	\$201.45	\$97.60	\$211.52	

**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 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

**Greater Tompkins County Municipal Health Insurance Consortium**  
**2016 and 2017 Fiscal Year Medical Plan Premium Equivalent Rates**

(Based on Budget Approved by Board of Directors on September 24, 2015)

Family Rate Ratio =	2.6
Premium % Increase =	3.00%

ACA Metal Level Plans (Premium Equivalent Rate Includes Rx Plan)																				
Plan Code	Coop. Health Ins. Fund of CNY Standard Platinum Plan	In-Network Medical Plan Benefit Parameters					In-Network Retail Pharmacy			In-Network Mail-Order Pharmacy			Medical and Rx Combined		2016 Premium Rates		2017 Premium Rates			
		Cost Sharing			Deductible		Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Out-of-Pocket Maximum		Individual	Family	Individual	Family		
ACA-P		Office	Hospital	Emergency Room	Individual	Family	Generic	Preferred Brand	Non-Pref. Brand	Generic	Preferred Brand	Non-Pref. Brand	Individual	Family					\$2,000.00	\$6,000.00
		\$15 PCP / \$25 Spec.	\$250 Copay Per Stay	\$150 Copay	Not Applicable	Not Applicable	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00								
		Out-of-Network Medical Plan Benefit Parameters					Out-of-Network Retail Pharmacy			Out-of-Network Mail-Order Pharmacy			Medical and Rx Combined							
		20% after Deductible	20% after Deductible	\$150 Copay	\$500.00	\$1,500.00	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered							

2017 Premiums	Individual	Family
Platinum Plan Med	\$459.34	\$1,194.30
Platinum Plan Rx	\$117.29	\$304.95
<b>Total Premium</b>	<b>\$576.63</b>	<b>\$1,499.25</b>

ACA Metal Level Plans (Premium Equivalent Rate Includes Rx Plan)																			
Plan Code	Coop. Health Ins. Fund of CNY Standard Gold Plan	In-Network Medical Plan Benefit Parameters					In-Network Retail Pharmacy			In-Network Mail-Order Pharmacy			Medical and Rx Combined		2016 Premium Rates		2017 Premium Rates		
		Cost Sharing			Deductible		Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	In-Network Out-of-Pocket Max		Individual	Family	Individual	Family	
ACA-G		20% after Deductible	20% after Deductible	\$150 Copay	\$1,300.00	\$2,600.00	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	\$3,000.00	\$6,000.00					\$500.89
		Out-of-Network Medical Plan Benefit Parameters					Out-of-Network Retail Pharmacy			Out-of-Network Mail-Order Pharmacy			Medical and Rx Combined						
		40% after Deductible	40% after Deductible	\$150 Copay	\$2,600.00	\$5,200.00	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$6,000.00	\$12,000.00				

2017 Premiums	Individual	Family
Gold Plan Med	\$400.20	\$1,040.53
Gold Plan Rx	\$102.19	\$265.68
<b>Total Premium</b>	<b>\$502.39</b>	<b>\$1,306.21</b>

2017 Premiums	Individual	Family
Silver Plan Med	\$319.40	\$830.44
Silver Plan Rx	\$81.56	\$212.04
<b>Total Premium</b>	<b>\$400.96</b>	<b>\$1,042.48</b>

ACA Metal Level Plans (Premium Equivalent Rate Includes Rx Plan)																			
Plan Code	Coop. Health Ins. Fund of CNY Standard Silver Plan	In-Network Medical Plan Benefit Parameters					In-Network Retail Pharmacy			In-Network Mail-Order Pharmacy			Medical and Rx Combined		2016 Premium Rates		2017 Premium Rates		
		Cost Sharing			Deductible		Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	In-Network Out-of-Pocket Max		Individual	Family	Individual	Family	
ACA-G		20% after Deductible	20% after Deductible	\$350 Copay	\$1,800.00	\$3,600.00	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	\$6,000.00	\$12,000.00					\$415.67
		Out-of-Network Medical Plan Benefit Parameters					Out-of-Network Retail Pharmacy			Out-of-Network Mail-Order Pharmacy			Medical and Rx Combined						
		40% after Deductible	40% after Deductible	\$350 Copay	\$3,600.00	\$7,200.00	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$12,000.00	\$24,000.00				

2017 Premiums	Individual	Family
Bronze Plan Med	\$254.30	\$661.17
Bronze Plan Rx	\$64.93	\$168.82
<b>Total Premium</b>	<b>\$319.23</b>	<b>\$829.99</b>

ACA Metal Level Plans (Premium Equivalent Rate Includes Rx Plan)																			
Plan Code	Coop. Health Ins. Fund of CNY Standard Bronze Plan	In-Network Medical Plan Benefit Parameters					In-Network Retail Pharmacy			In-Network Mail-Order Pharmacy			Medical and Rx Combined		2016 Premium Rates		2017 Premium Rates		
		Cost Sharing			Deductible		Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	In-Network Out-of-Pocket Max		Individual	Family	Individual	Family	
ACA-G		0% after Deductible	0% after Deductible	0% after Deductible	\$6,550.00	\$13,100.00	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	\$6,550.00	\$13,100.00					\$324.72
		Out-of-Network Medical Plan Benefit Parameters					Out-of-Network Retail Pharmacy			Out-of-Network Mail-Order Pharmacy			Medical and Rx Combined						
		0% after Deductible	0% after Deductible	0% after Deductible	\$13,100.00	\$26,200.00	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$13,100.00	\$26,200.00				



Greater Tompkins County Municipal Health Insurance Consortium  
2017 Premium Rate Summary

Municipality Name	Muni #	Plan /Group Description	Group Numbers	Sub-Group #	Class #	Enrollment Code	Effective Date	Prescription Coverage						Plan Code Rx	Medical Plan						Plan Code Medical	2017 Premium Equivalent Rates					
								Retail			Mail				Type	Co-Pay	Deductible		Out-of-Pocket Maximum			Individual			Family		
								Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3				Individual	Family	Individual	Family		Medical	Rx	Total	Medical	Rx	Total
Town of Willet	21	Active Employees	00113174	0001	A100	LB	1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$459.34	\$117.29	\$576.63	\$1,194.30	\$304.95	\$1,499.25
		COBRA Enrollees		C001	C100	LB	1/1/2016	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$459.34	\$117.29	\$576.63	\$1,194.30	\$304.95	\$1,499.25
Village of Cayuga Heights	22	Active Employees PPO \$10	00036764	0001	A100	BGN	Current	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	PPO	\$10.00	n/a	n/a	n/a	n/a	PPOT	\$696.35	\$242.26	\$938.61	\$1,509.26	\$525.09	\$2,034.35
		COBRA Enrollees PPO \$10		C001	C100	BGN	Current	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	3T3	PPO	\$10.00	n/a	n/a	n/a	n/a	PPOT	\$696.35	\$242.26	\$938.61	\$1,509.26	\$525.09	\$2,034.35
		Active Employees Indemnity Plan		0002	A100	BGR	Current	20%	30%	50%	20%	30%	50%	3T13	Indemnity	n/a	\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$694.98	\$97.60	\$792.58	\$1,506.34	\$211.52	\$1,717.86
		COBRA Enrollees Indemnity Plan		C002	C100	BGR	Current	20%	30%	50%	20%	30%	50%	3T13	Indemnity	n/a	\$50.00	\$150.00	\$400.00	\$1,200.00	MM1	\$694.98	\$97.60	\$792.58	\$1,506.34	\$211.52	\$1,717.86
Village of Dryden	23	Active Employees	00036765	0001	A100	BGS	Current	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$10.00	n/a	n/a	n/a	n/a	PPO1	\$673.45	\$144.14	\$817.59	\$1,457.65	\$312.44	\$1,770.09
		COBRA Enrollees		C002	C100	BGS	Current	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$10.00	n/a	n/a	n/a	n/a	PPO1	\$673.45	\$144.14	\$817.59	\$1,457.65	\$312.44	\$1,770.09
Village of Groton	24	Active Employees PPO \$20	00036766	0001	A100	BGQ	Current	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$20.00	n/a	n/a	n/a	n/a	PPO3	\$651.89	\$144.14	\$796.03	\$1,411.02	\$312.44	\$1,723.46
		COBRA Enrollees PPO \$20		C001	C001	BGQ	Current	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$20.00	n/a	n/a	n/a	n/a	PPO3	\$651.89	\$144.14	\$796.03	\$1,411.02	\$312.44	\$1,723.46
		Retirees Mx Supplement		R001	R200	JA	1/1/2015	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	MS-3	Med Supp	n/a	n/a	n/a	n/a	n/a	MS-3	\$244.15	\$378.22	\$622.37			
Village of Trumansburg	25	Active Employees	00036767	0001	A100	BGP	Current	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$15.00	n/a	n/a	n/a	n/a	PPO2	\$664.02	\$144.14	\$808.16	\$1,437.26	\$312.44	\$1,749.70
		COBRA Enrollees		C001	C001	BGP	Current	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	3T9	PPO	\$15.00	n/a	n/a	n/a	n/a	PPO2	\$664.02	\$144.14	\$808.16	\$1,437.26	\$312.44	\$1,749.70
Village of Homer	26	Active Employees	00113171	0001	A100	LB	1/1/2015	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$459.34	\$117.29	\$576.63	\$1,194.30	\$304.95	\$1,499.25
		COBRA Enrollees		C001	C100	LB	1/1/2015	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Platinum Plan	\$15/\$25	n/a	n/a	\$2,000.00	\$6,000.00	ACA-P	\$459.34	\$117.29	\$576.63	\$1,194.30	\$304.95	\$1,499.25
Village of Union Springs	27	Active Employees Silver Plan	00113197	0001	A100	LB	1/1/2017	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Silver Plan	20%	\$1,800.00	\$3,600.00	\$6,000.00	\$12,000.00	ACA-S	\$319.40	\$81.56	\$400.96	\$830.44	\$212.04	\$1,042.48
		COBRA Enrollees Silver Plan		C001	C100	LB	1/1/2017	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	n/a	Silver Plan	20%	\$1,800.00	\$3,600.00	\$6,000.00	\$12,000.00	ACA-S	\$319.40	\$81.56	\$400.96	\$830.44	\$212.04	\$1,042.48



