

**Greater Tompkins County Municipal Health Insurance Consortium
2024 Medicare Supplement Benefit Plan Options and Rates**

Benefit Plan Description		Medicare Supplement (MS3)		Medicare Supplement (MS4)	
		Standard Medicare Benefit	Supplemental Benefit	Standard Medicare Benefit	Supplemental Benefit
2024 Premium Rates		Total Rate	\$1,031.62	Total Rate	\$832.70
Deductible <i>(only applies to "major medical" services)</i>	Individual	Changes Year to Year	Covers Medicare A & B Deductibles	Changes Year to Year	Covers Medicare A & B Deductibles
	Family	N/A	N/A	N/A	N/A
Out-of-Pocket Maximum <i>(includes only "major medical" coinsurance amounts)</i>	Individual	N/A	N/A	N/A	N/A
	Family	N/A	N/A	N/A	N/A
Inpatient Hospital Patient Cost Sharing		Medicare Part A Copay/ Per Day Rate	Balance after Medicare Covered in Full	Medicare Part A Copay/ Per Day Rate	Balance after Medicare Covered in Full
Emergency Room Patient Cost Sharing		Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full
Office Visit Patient Cost Sharing	Primary Care Physician	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full
	Specialist	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full
Diagnostic Lab and X-Ray Patient Cost Sharing		Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full	Medicare Part B Deductible then 20%	Balance after Medicare Covered in Full
Retail Pharmacy Patient Cost Sharing	Tier 1	\$10.00	Not Covered	\$15.00	Not Covered
	Tier 2	\$25.00	Not Covered	\$30.00	Not Covered
	Tier 3	\$40.00	Not Covered	\$45.00	Not Covered
	Days Supply Limit	30-Days	Not Covered	30-Days	Not Covered
Mail-Order Pharmacy Patient Cost Sharing	Tier 1	\$20.00	Not Covered	\$30.00	Not Covered
	Tier 2	\$50.00	Not Covered	\$60.00	Not Covered
	Tier 3	\$80.00	Not Covered	\$90.00	Not Covered
	Days Supply Limit	90-Days	Not Covered	90-Days	Not Covered