



Municipalities building a  
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## AGENDA

### Joint Committee on Plan Structure and Design

### January 8, 2015 - 1:30 P.M.

**Rice Conference Room, Tompkins County Health Department**  
55 Brown Road, Ithaca, New York

1. Welcome
2. Chair's Report (1:30) Scott Weatherby
3. Approval of August 7, September 4, November 6, and December 4 2014 minutes (1:35)
4. Report from Board of Directors Chair (1:40) Judy Drake
5. Executive Director Report (1:45) Don Barber
6. Discuss expectations of the role of the Joint Committee within the Consortium (1:50)
7. Discussion of Bronze Plan - Concerns? Questions Of the variables (deductibles, co-pays, etc.) that can be adjusted is the proper balance struck (2:10)
8. Election of Chair and Vice Chair and Alternates (2:20)
9. Next Meeting Agenda (2:30)
10. Adjournment

Next Meeting: February 5, 2015



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## MINUTES

**Greater Tompkins County Municipal Health Insurance Consortium  
Joint Committee on Plan Structure and Design  
December 4, 2014 – 1:30 p.m.  
Rice Conference Room, Health Department**

draft

***Present:***

***Municipal Representatives: 9 members***

Laura Shawley, Town of Danby; Joan Mangione, Village of Cayuga Heights; Mack Cook, City of Cortland; Schelley Michell Nunn, City of Ithaca; Michael Murphy, Village of Dryden; Cindy Whitaker, Town of Caroline; Ruth Hopkins, Town of Lansing; Carissa Parlato, Town of Ulysses; Betty Conger, Village of Groton

***Municipal Representative via Proxy: 2***

Judy Drake, Town of Ithaca (Proxy - L. Shawley); Jennifer Case (Proxy – L. Shawley)

***Union Representatives: 7 members***

Tim Logue, City of Ithaca Executive Unit; Tim Arnold, Town of Dryden Teamsters; Olivia Hersey, TC3 Professional Admin. Assoc. Unit; Bradley Berggren, Town of Danby Highway; Phil Van Wormer, City of Ithaca Admin. Unit

**Union Representatives via Proxy: 1**

James Bower, IUOE Local 158, District 832 Bolton Point (Proxy - S. Weatherby)

***Others in attendance:***

Don Barber, Executive Director; Steve Locey, Locey & Cahill; Ashley Masucci, ProAct; Beth Miller, Excellus

**Call to Order**

Mrs. Shawley, Vice Chair, called the meeting to order at 1:35 p.m.

**Vice Chair's Report**

Mrs. Shawley, Vice Chair, thanked Mr. Locey for the valuable work he has done for the Consortium over the past year.

**Approval of Minutes of August 7, September 4, and November 6, 2014**

The minutes of August 7, September 4, and November 6, 2014 were deferred due to lack of quorum. MINUTES DEFERRED.

**Executive Director Report**

Mr. Barber reported the Board of Directors has not met since the last Committee meeting.

Mr. Barber said at the last meeting there was a discussion of the recertification process and CSEA is requesting that there be impact bargaining. He stated labor and management are working through that process and he expects a resolution will come forward at a later time to extend the process.

He reported he and Mr. Locey have been requested by a number of municipalities in Cortland County to speak to them about joining the Consortium. The Village of Homer has passed a resolution to join and the Board will be considering the request at the next meeting. Mr. Locey said rates for metal level plans through the New York State Health Insurance Marketplace went up substantially this year so there is a good chance more interest will be expressed in joining the Consortium, particularly because the Standard Platinum Plan is now available.

### **Review of First draft of Bronze Benefit Plan**

Mr. Locey distributed a spreadsheet of a draft standard Bronze benefit plan to show how a Bronze plan compares to an existing Consortium Indemnity and PPO plan. The Bronze plan meets the 60% actuarial value level. He said the Plan is the minimum that employers have to offer to be compliant with the Affordable Care Act's Employer Responsibility Provisions. He noted that even with the lowest level plan there is a capping of the total out-of-pocket expense. The individual out-of-pocket maximum cannot be greater than \$6,350 and a family out-of-pocket expense cannot be greater than \$12,700 which is inclusive of deductibles, co-pays, and any co-insurance or percentage amounts paid by a member. He said the deductible is very important with the Bronze Plan because not only does it hit the out-of-network benefits it also hits the in-network benefit; therefore, before anything is paid out of the Bronze plan an individual would have to satisfy the \$3,500 deductible and \$7,000 for family.

Mr. Locey noted that because of the federal mandate, preventive benefits for all of the plans are the same and are covered in full for in-network; out-of network coverage is percentage-based for the different plans. He said it is important to keep in mind with the deductible and the out-of-pocket maximum that no person would ever have to meet more than the individual maximum.

Ms. Nunn asked what the premium would be for this plan. Mr. Locey said the total premium would be approximately \$9,400 for a family. She questioned why anyone would offer the Bronze Plan. Mr. Locey responded that there a couple of reasons why it would be important for the Consortium. Under the Affordable Care Act Employer Responsibility Provisions there is a requirement that in 2015 large employers have to offer coverage to at least 70% of all full-time employees; in 2016 that level goes up to 95%. A full-time employee is defined as anyone who works an average of 30 hours per week; by contract a municipality may currently have employees who are not being offered coverage to employees who may be deemed "part-time"; however, when hours are evaluated they may go over the 30-hour threshold. Therefore, there are employees who may need to be offered a minimum-cost health insurance that is affordable to satisfy the requirements of the Affordable Care Act. If this requirement is not satisfied, employers will pay a penalty of \$2,000 times all of the employees, less 30. Mr. Locey said a lot of employers have been asking for a low-cost option that meets the requirement to avoid the penalty and to be able to offer a plan that is affordable to an employee.

Mr. Locey noted one thing that is available with the Bronze Plan is the ability to open a health savings account.

Mr. Cook said he is encountering retirees who are looking at the supplement and cases where the retiree is over Medicare-age and a spouse generally being much younger. He said he has no option to offer that would allow them to leave the high-cost family plan because there is no option for the spouse and asked if this could be an intermediary step in those cases until the spouse reaches Medicare-age. Mr. Locey responded that it could be a lower-cost alternative that could be made available to retirees and spouses of retirees.

In response to a request for further clarification Mr. Locey said there are two tests for the employer:

1. Is the employer offering affordable health insurance coverage at a minimum level to 95% of active employees? If a determination is made after evaluating a variable level of employee hours that an employee is eligible for insurance, the employer will have 90 days to offer a plan.
2. If there are active employees who are working full-time and offered health insurance through an employer but are paying more than 9½% of their income towards health insurance the employer could be exposed to a \$3,000 penalty for each individual who falls into that category if that person chooses not to take the employer-sponsored health plan, goes into the health insurance marketplace, and qualifies for health insurance premium tax credit. The household income has to be below 400% of the poverty level in order to get the tax credit.

Ms. Miller noted that a lot of Excellus clients are offering the Bronze Plan in order to avoid penalties. Mr. Locey said when the analysis was done for the Village of Homer, even though they had the two-person rate categories it still ended up being a six percent cost reduction for them to move from their current plan to the Consortium. He noted that the plan variables that can be altered as long as it stays within the standard deviation for the 60% actuarial value.

### **Report from the Audit and Finance Committee**

#### **2-Person Category**

Mr. Barber said this was discussed at the last meeting and members have been provided with the information that was considered by the Audit and Finance Committee. He said if the Consortium were to adopt a 2-person rate the family rate would have to go up to make up for it because revenue has to pay for the claim expenses. If there is no interest by the Consortium but there is by an individual municipality Mr. Locey can assist that municipality in creating a premium structure. No member expressed interest in moving forward with a 2-person rate at this time.

#### **New Members and Acceptance Process**

Mr. Barber said at the December 18 Board of Directors meeting there will be a resolution considered that will address the initial investment for new members. For small groups joining the amount of money is insignificant and could pose an administrative burden to joining. At the Board meeting members will consider an amendment to the existing policy that would allow the Consortium to ask for some, all, or no initial investment and would be a decision made on an individual applicant basis.

### **Discussion of the Role of the Joint Committee in Relation to the Board of Directors**

Mr. Barber said he and Mr. Weatherby had a discussion after the meeting at which there was debate over the Platinum Plan and the question arose “what is the purpose of the Joint Committee”? He briefly explained how this Committee was created and provided copies of Section K of the Municipal Cooperative Agreement.

Mr. Barber said when the Consortium was being developed the New York State Department of Financial Services (formerly the New York State Insurance Department) said Article 47 of Insurance Law states that labor has to have a meaningful role. A Consortium that was already in place elsewhere had created a joint committee on plan benefit design that this Committee is modeled after. This was offered to the NYSID as the Consortium’s plan to create a meaningful role for labor and the State came back and said this was not enough and that labor had to have a seat on the Board of Directors. The Chair of this Committee which is a labor representative has a seat on the Board and there is a seat on the Board for an additional labor representative; and recently the Board approved an amendment to the Municipal Cooperative Agreement that outlined a process for additional labor representatives to be added to the Board as the number of Consortium members increases beyond 17. After a conference call with the State, labor representatives, municipal representatives, there was agreement on having the initial two labor representatives on the Board.

Mr. Barber said the Consortium is the only Article 47 that has labor sitting on the Board of Directors which is a very powerful place to be; however, he noted that attendance by labor at Board meetings has not been stellar and this Committee should be informed as to who its representatives and alternates are on the Board and what their attendance record is. He encouraged labor to be part of the process and to have representatives attend Board meetings to register a vote. There are currently 28 labor groups that have a seat on this Committee and 15 municipal members that have a seat on this Committee.

Mr. Barber said the MCA states “The Joint Committee shall review all prospective Board actions in connection with benefit structure and design and shall develop findings and recommendations with respect to such matters”. He noted that although there is no approval process the Committee does have the responsibility to review and provide findings and recommendations. Lastly, he reviewed the process for the annual election of the Chair and Vice Chair of the Committee and stated the Committee develops its own bylaws.

Ms. Nunn referred to discussions that took place at this Committee about the recertification process and the different plan models and asked if there could be a discussion by the Committee about what is the expectation or obligation of Committee members is when moving something forward as far as taking information back to individual municipalities or bargaining groups. Mr. Barber said he would welcome this discussion and noted that although the recertification process was not recommended by this Committee there were frequent updates about it and information can be found in the meeting minutes.

Mr. Murphy noted that there was a PERB (Public Employee Relations Board) ruling that was made at almost the same time as the Consortium began to undertake the actual process and something like this could not be foreseen. Mr. Locey said when the structure of this Committee was created one of the things that was thought about early on was that although it may not be a requirement, that if an item is coming forward would impact not only the employers but bargaining units that this Committee would be used as a communication vehicle to inform and relay information.

Mr. Cook said there are other Consortium subcommittees that have open seats and suggested members of labor consider serving on those other committees. Ms. Nunn would also like to discuss getting better representation at meetings by members of this Committee. Ms. Hersey said while her employer encourages attendance at these meetings there are some employers that do not. She suggested there be a discussion of ways to make meetings more accessible. Mr. Locey suggested looking at opportunities for remote access to meetings. Mr. Berggren suggested the meeting time could also be looked at.

Mrs. Shawley said each year the Committee must select a Chair and Vice Chair and asked for ideas on how this could come forward. Ms. Hersey suggested developing a description of the positions and said she thinks having nominations made from the floor may encourage better attendance. She said people need to have a clear understanding of the commitment involved in being a member of this Committee or any of the other Consortium subcommittees. Mr. Logue suggested reaching out by e-mail to members who do not attend to try to learn what obstacles might exist to them attending meetings. Ms. Nunn suggested some type of "infogram" be sent out to members informing them of what the Committee has been discussing.

### **2015 Meeting Schedule**

The Committee tentatively agreed to continue meeting on the first Thursday of each month at 1:30 p.m. in the Rice Conference Room at the Health Department.

### **New Business**

There was no new business.

### **Old Business**

There was no old business.

### **Next Meeting Agenda**

The following items were suggested for inclusion on the next agenda: Election of Chair and Vice Chair and alternates and a discussion of the responsibilities of members.

### **Adjournment**

The meeting adjourned at 3:00 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk

## **Committees**

Advisory committees perform most of the research and deliberation on policy, financial condition and premium rates, planning and operations. The Committees share their work with the BoD. Committee work is volunteer and is the key to keeping Consortium costs low. Directors, municipal officials (elected and appointed), employees covered by a Consortium benefit plans are all encouraged to share their wisdom and experiences to guide the Consortium.

### **Joint Committee on Benefit Design**

This is a special Committee for the GTCMHIC. It is comprised of a delegate from each municipality and a delegate from each bargaining group. The Chair of the Joint Committee is elected from the committee members and must be a labor delegate. The Vice-Chair is also elected from the committee members and must be a management delegate. The JC adopts by-laws consistent with the MCA. The most recent adopted by-laws are attached.

The JC has been meeting monthly on the first Thursday at 1:30 PM. If a delegate cannot attend, the by-laws allow them to send in a proxy to an attending delegate.

The JC, like all other GTCMHIC committees, are advisory to the BoD which has ultimate responsibility to take action.

In addition to serving on the Joint Committee on Plan Design, employees can be elected to be a Director, and serve on the Own Your Own Health Committee and by appointment the Audit and Finance Committee.

### **Appeals Committee-**

The Appeals process can be found on the "Employee Information" page of the website. The role of the Consortium's Appeals Committee is to ensure that the Appeals process stays current with regulation and legal decisions and decide on appeals that have not been resolved through the Claims Administrator's appeals process and a neutral third party's appeal process.

Appeals procedure: The Claims Appeal procedure is described in detail on the Consortium Website. The process begins with initial contact with Excellus or Pro-Act. The appeal can be made by the patient, patient representative, or service provider. If the internal appeal process through the benefit plan administrator is not satisfactory, a covered person is not satisfied with an appeal determination regarding a claim that does not relate to a medical necessity or experimental/investigational services denial, the covered person may request a claim review by the GTCMHIC Appeals Committee by filing a written request for a review.

### **Audit and Finance Committee-**

Appointing membership to Audit and Finance Committee is the responsibility of the Board of Directors. Current membership can be found on the "Special Committee" website page. The Committee has been charged with these responsibilities:

- recommend a budget
- recommend premium rates
- review financial reports and filings including JURAT reports
- recommend reinsurance, retention, and reserving policies
- audit policies and procedures to ensure compliance with Article 47 and the Certificate of Authority
- review medical claims audit reports
- establish a list of all reports due to the Board and regulators and the process and time line to insure accurate and timely reporting

### **Own Your Own Health**

Own Your Own Health Committee would be typically called Wellness in other organizations but is called OYOH for the Consortium because it speaks to the culture change that is needed to improve each of our lives and retain more of our labor's value in our pockets. The OYOH committee has the potential to be strategic planning arm of the Consortium. It current membership includes community professionals in health care and health policy, human resource professionals, municipal and labor representatives.

The cost of health care in our region has been increasing at a rate of 8.5% per year. At this rate and over ten (10) years, the cost on health care more than doubles (2.25 times greater). The current municipal government climate is limiting resources to two (2) percent increase per year which means 1.22 greater after ten years.

The PPACA requires employers to provide health insurance coverage. When taking wages and health insurance cost as a compensation unit, one concludes that without a change in health care costs, all of an employees increased value will be translated into maintenance of health insurance premium for a similar benefit plan.

The GTCMHIC Health Insurance Forum of August 15, 2014 can be found on the website. It provides the background as to why health care and health insurance are increasing much faster than inflation. The main external reasons are rapid changes in care technology and mandated coverage. The main internal reason is life style choices including exercise and diet. The OYOH committee is cognizant that the key to improving our health and comfort is through becoming more aware of the effect our daily choices have on our health. Hence the term "Own Your Own".

The value of the Health Consortium described in the introduction can be multiplied many times by successful wellness strategies. We have individual needs and triggers to become healthier. Your participation in wellness programs and developing wellness strategies will have profound impact on our individual and collective quality of life.

**Greater Tompkins County Municipal Health Insurance Consortium**  
**2015 Standard Platinum, Gold, Silver, and Bronze Plan Benefit Options**

Plan Benefit and Cost Sharing Highlights		Greater Tompkins County Municipal Health Insurance Consortium Standard Platinum Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Gold Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Silver Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Bronze Plan	
Cost Sharing		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	Individual	Not Applicable	\$500	\$500 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$1,000 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$3,500 Combined In-Network (Rx and Medical) and Out-of Network (Medical)	
	Family	Not Applicable	\$1,500	\$1,500 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$3,000 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$7,000 Combined In-Network (Rx and Medical) and Out-of Network (Medical)	
Out-of-Pocket Maximum <i>(Medical Plan Coinsurance and Copayments)</i>	Individual	\$2,000 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$3,000 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$4,200 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$6,350 Combined In-Network (Rx and Medical) and Out-of Network (Medical)	
	Family	\$6,000 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$9,000 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$12,600 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$12,700 Combined In-Network (Rx and Medical) and Out-of Network (Medical)	
Out-of-Pocket Maximum <i>(Rx Plan Copayments)</i>	Individual	\$2,000 Combined with Medical - See Note	Not Applicable	\$3,000 Combined with Medical - See Note	Not Applicable	\$4,200 Combined with Medical - See Note	Not Applicable	\$6,350 Combined with Medical - See Note	Not Applicable
	Family	\$6,000 Combined with Medical - See Note	Not Applicable	\$9,000 Combined with Medical - See Note	Not Applicable	\$12,600 Combined with Medical - See Note	Not Applicable	\$12,700 Combined with Medical - See Note	Not Applicable
Annual Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Preventive Health Care Services		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Well Child Visits and Immunizations		Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full
Adult Routine Physical Exams (1 Per Year)		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Adult Immunizations		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Routine Gynecological Exams		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Cervical Cytology Preventive		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Prostrate Cancer Screenings		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Mammography Preventive Facility and Professional		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Bone Density Testing Facility and Professional		\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Colonoscopy Screening Facility and Professional		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Family Planning Services		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Pre/Post Natal Care		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Inpatient Facility Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital Benefits (unlimited days)		\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Mental Health Care		\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Mental Health Residential Care		\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Substance Use Detoxification		\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Substance Use Residential Care		\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Skilled Nursing Facility (Limited to 45 Days Per Year In and Out-of Network)		\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Inpatient Physical Rehabilitation (Limited to 60 Days Per Year In and Out-of-Network)		\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Maternity Care		Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Routine Newborn Nursery Care		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Prosthetics - Implanted Devices		Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible

**Greater Tompkins County Municipal Health Insurance Consortium**  
**2015 Standard Platinum, Gold, Silver, and Bronze Plan Benefit Options**

Plan Benefit and Cost Sharing Highlights	Greater Tompkins County Municipal Health Insurance Consortium Standard Platinum Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Gold Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Silver Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Bronze Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Mastectomy	\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Observation Stay	\$150 Copay	20% After Deductible	\$250 Copay	40% After Deductible	\$250 Copay	40% After Deductible	20% After Deductible	40% After Deductible
<b>Inpatient Professional Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Inpatient Hospital Surgery	Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Anesthesia	Covered In Full	Covered In Full	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
In-Hospital Physician Visits and Consults	Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
<b>Outpatient Facility Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Surgical Centers and Free Standing Ambulatory Centers Surgical Care	\$150 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Pre-Admission / Pre-Operative Testing	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Diagnostic and Routine X-Rays	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Advanced Imaging Services	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Diagnostic and Routine Laboratory and Pathology	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Diagnostic Testing	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Radiation Therapy	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Chemotherapy	\$15 Copay	20% After Deductible	\$25 Copay	40% After Deductible	\$30 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Infusion Therapy	\$15 Copay	20% After Deductible	\$25 Copay	40% After Deductible	\$30 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Dialysis	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Injectable Drugs	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Mental Health Care	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Substance Use Care	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Substance Use Family Counseling	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Autism Applied Behavior Analysis	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Pulmonary Rehabilitation	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Cardiac Rehabilitation	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
<b>Home Care and Hospice Care</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Home Care (Limited to 40 Visits Per Year)	Covered In Full	20% After \$50 Deductible	Covered In Full	25% After \$50 Deductible	Covered In Full	25% After \$50 Deductible	20% After \$50 Deductible	25% After \$50 Deductible
Hospice Care Inpatient	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Hospice Care Outpatient	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Family Bereavement (Limited to 5 Visits Per Year)	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
<b>Outpatient and Office Professional Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Outpatient Hospital and Ambulatory Surgery	Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Office Surgery	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Diagnostic X-Ray	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Routine X-Ray	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Advanced Imaging Services	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Diagnostic Laboratory and Pathology	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible

**Greater Tompkins County Municipal Health Insurance Consortium**  
**2015 Standard Platinum, Gold, Silver, and Bronze Plan Benefit Options**

Plan Benefit and Cost Sharing Highlights	Greater Tompkins County Municipal Health Insurance Consortium Standard Platinum Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Gold Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Silver Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Bronze Plan	
Routine Laboratory and Pathology	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Radiation Therapy	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Chemotherapy	\$15 Copay	20% After Deductible	\$25 Copay	40% After Deductible	\$30 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Infusion Therapy	\$15 Copay	20% After Deductible	\$25 Copay	40% After Deductible	\$30 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Dialysis	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Injectable Drugs	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Mental Health Care	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Substance Use Treatment	\$0 PCP / \$25 Spec Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Maternity Care	Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Autism Applied Behavior Analysis	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Additional (Second) Surgical Opinion	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Second Medical Opinion for Cancer	\$25 Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Pulmonary Rehabilitation	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Office Visits - Diagnostic	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Medications Administration in Office	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Eye Exams Diagnostic	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Hearing Evaluation Diagnostic	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Chiropractic Care	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Allergy Testing	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Allergy Treatment including Serum	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	Covered In Full	40% After Deductible
Hearing Evaluation Routine	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	Not Covered	40% After Deductible
Adult Hearing Aids	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Hearing Aid Age Limit	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Pediatric Hearing Aid	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Cochlear Implants	Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
<b>Rehab and Habilitation Services - Outpatient Facility</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Physical Rehabilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Occupational Rehabilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Speech Rehabilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Physical Habilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Occupational Habilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Speech Habilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible

**Greater Tompkins County Municipal Health Insurance Consortium**  
**2015 Standard Platinum, Gold, Silver, and Bronze Plan Benefit Options**

Plan Benefit and Cost Sharing Highlights	Greater Tompkins County Municipal Health Insurance Consortium Standard Platinum Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Gold Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Silver Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Bronze Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Rehab and Habilitation Services - Professional Services</b>								
Physical Rehabilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Occupational Rehabilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Speech Rehabilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Physical Habilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Occupational Habilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Speech Habilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
<b>Other Benefits</b>								
Treatment of Diabetes Insulin and Supplies	\$15 Copay	20% After Deductible	\$25 Copay	40% After Deductible	\$30 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Diabetic Education	\$15 Copay	20% After Deductible	\$25 Copay	40% After Deductible	\$30 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Diabetic Equipment	\$15 Copay	20% After Deductible	\$25 Copay	40% After Deductible	\$30 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Autism Assistive Communication Device	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Autologous Blood Banking	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Durable Medical Equipment (DME)	20% Coinsurance	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Mastectomy Prosthesis	Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Orthotics	20% Coinsurance	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Foot Orthotics	20% Coinsurance	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Prosthetic - External Benefit	20% Coinsurance	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Prosthetic - Wigs External Benefit	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Medical Supplies	20% Coinsurance	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Acupuncture	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Private Duty Nursing	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Emergency Services</b>								
Emergency Room Care - Facility (waived if admitted to hospital)	\$150 Copayment	\$150 Copayment	\$250 Copayment	\$250 Copayment	\$350 Copayment	\$350 Copayment	20% After Deductible	20% After Deductible
Emergency Room Care - Professional	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full
Ambulance - Pre-Hospital Emergency Services Transportation (Ground)	\$150 Copayment	\$150 Copayment	\$250 Copayment	\$250 Copayment	\$350 Copayment	\$350 Copayment	20% After Deductible	20% After Deductible
Air Ambulance	\$150 Copayment	\$150 Copayment	\$250 Copayment	\$250 Copayment	\$350 Copayment	\$350 Copayment	20% After Deductible	20% After Deductible
Water Ambulance	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Urgent Care Center - Facility	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Urgent Care Center - Professional Services	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Urgent Care Office Visit	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
<b>Vision Benefits</b>								
Adult Routine Vision Exam (1 Per Year)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	Not Covered	Not Covered
Adult Eyewear	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Routine Vision Exam (1 Per Year Children Less Than 19 Years Old)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	Not Covered	Not Covered
Pediatric Eyewear	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

**Greater Tompkins County Municipal Health Insurance Consortium**  
**2015 Standard Platinum, Gold, Silver, and Bronze Plan Benefit Options**

Plan Benefit and Cost Sharing Highlights	Greater Tompkins County Municipal Health Insurance Consortium Standard Platinum Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Gold Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Silver Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Bronze Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Dental Benefits</b>								
Adult Dental Care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental: Preventive and Routine	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental - Emergency Care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental - Preventive	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental - Routine	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental - Endodontic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental - Prosthodontics	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental - Orthodontics	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Prescription Drug Benefits</b>								
Retail Pharmacy (limited to a 30-day supply)	Tier 1 \$10	Not Covered	Tier 1 \$5	Not Covered	Tier 1 \$5	Not Covered	Tier 1 \$5	Not Covered
	Tier 2 \$30	Not Covered	Tier 2 \$35	Not Covered	Tier 2 \$45	Not Covered	Tier 2 \$35	Not Covered
	Tier 3 \$50	Not Covered	Tier 3 \$70	Not Covered	Tier 3 \$90	Not Covered	Tier 3 \$70	Not Covered
Mail-Order Pharmacy (limited to a 90-day supply)	Tier 1 \$30	Not Covered	Tier 1 \$10	Not Covered	Tier 1 \$10	Not Covered	Tier 1 \$10	Not Covered
	Tier 2 \$90	Not Covered	Tier 2 \$70	Not Covered	Tier 2 \$90	Not Covered	Tier 2 \$70	Not Covered
	Tier 3 \$150	Not Covered	Tier 3 \$140	Not Covered	Tier 3 \$180	Not Covered	Tier 3 \$140	Not Covered
\$0 Generics for Children Less Than 19 Years of Age	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered
MAC Penalty (Mandatory Generic Substitution)	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered
Step Therapy	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered
Prior Authorization	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered
Generic Oral Contraceptives - Covered In Full	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered
Mandatory Mail-Order for Maintenance Medications	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Monthly Premium Rates</b>	<b>Individual</b>	<b>Subscriber and Spouse</b>	<b>Individual</b>	<b>Subscriber and Spouse</b>	<b>Individual</b>	<b>Subscriber and Spouse</b>	<b>Individual</b>	<b>Subscriber and Spouse</b>
2015 Fiscal Year	\$540.75	Not Applicable		Not Applicable		Not Applicable		Not Applicable
	<b>Subscriber and Children</b>	<b>Family</b>	<b>Subscriber and Children</b>	<b>Family</b>	<b>Subscriber and Children</b>	<b>Family</b>	<b>Subscriber and Children</b>	<b>Family</b>
	Not Applicable	\$1,405.95	Not Applicable		Not Applicable		Not Applicable	
Wellness Plan Included	YES		YES		YES		YES	
Health Savings Account Eligible	NO		NO		NO		YES	

\* The benefits outlined above are a summary of the benefits for the 2015 Fiscal Year and are subject to change to keep the overall benefit equal to an ACA Platinum, Gold, Silver, or Bronze Level each year.

\* Please refer to the actual insurance certificate or plan document for a detailed description of what is covered under this health insurance plan.