

2020 Tompkins County Public Library Retiree and Survivor Health Insurance Rates

Medicare Eligible

BCBS Classic Blue Plan

Coverage	Medicare Premium \$144.60	~Annual deductible \$100 Ind/\$200 Fam ~20% co-insurance ~ Medical Out of Pocket Max \$200 Ind/\$400 Family ~Rx co-pays \$5/\$20/\$35 2x @ mail ~Rx Out of Pocket Max \$2,000 Ind/\$6,000 Family
Individual Medicare Eligible	\$346.96	
Family, 1 Person Medicare Eligible	\$1,093.01	
Family, 2 People Medicare Eligible	\$948.41	
Individual Survivor Medicare Eligible	\$838.51	
Family Survivor Medicare Eligible	\$1,986.28	

BCBS PPO Plan

Coverage	Medicare Premium \$144.60	~No Annual deductible ~\$10 office co-pay ~Rx co-pays \$5/\$20/\$35 2x @ mail ~Medical Out of Pocket Max \$1,000 Ind/\$3,000 Family ~Rx Out of Pocket Max \$2,000 Ind/\$6,000 Family
Individual Medicare Eligible	\$339.14	
Family, 1 Person Medicare Eligible	\$1,071.82	
Family, 2 People Medicare Eligible	\$927.22	
Individual Survivor Medicare Eligible	\$822.87	
Family Survivor Medicare Eligible	\$1,950.08	

BCBS Platinum Plan

Coverage	Medicare Premium \$144.60	~No Annual deductible ~\$15 Primary Care/\$25 Specialist Co-pay ~\$25 Urgent Care/\$150 ER Co-Pay (waived if admitted) ~Rx co-pays \$5/\$35/\$70 2x @ mail ~Medical and Rx Out of Pocket Max \$2,000 Ind/\$6,000 Family
Individual Medicare Eligible	\$185.98	
Family, 1 Person Medicare Eligible	\$873.60	
Family, 2 People Medicare Eligible	\$729.00	
Individual Survivor Medicare Eligible	\$516.56	
Family Survivor Medicare Eligible	\$1,574.44	

- ★ **Premium payments are due in full on the 15th of each month. If payment is not received within 30 days of this due date, coverage may be irrevocably terminated, and efforts made to recover the amounts owed.**
- ★ **Premium adjustments occur the first of the following month that all documentation is received.**
- ★ **The County is unable to retro adjust premium for untimely receipt of documentation.**
- ★ **The County offers an "Automatic Payment" option for your convenience! Please contact us for more information.**
- ★ **If you or a dependent become Medicare eligible in 2020 you must provide Tompkins County Personnel with a copy of the signed Medicare card and Medicare premium letter immediately.**
- ★ **If you enroll in the Platinum Plan, you will not be able to change your enrollment to either Classic Blue or PPO in the future.**

Customer Service Excellus BlueCross BlueShield 1-800-499-1275

Customer Service ProAct 1-877-635-9545

* You can order additional cards by calling one of the numbers above.

* If you have any changes, please notify Human Resources.

*The County reserves the right to cancel your health insurance for non-payment exceeding 30 days.

2020 Tompkins County Public Library Retiree and Survivor Health Insurance Rates

NOT Medicare Eligible

BCBS Classic Blue Plan

Coverage	Monthly Premium
Individual	\$491.56
Family	\$1,237.61
Individual Survivor	\$983.11
Family Survivor	\$2,130.88

~Annual deductible \$100 Ind/\$200 Fam
 ~20% co-insurance
 ~ Medical Out of Pocket Max
 \$200 Ind/\$400 Family
 ~Rx co-pays \$5/\$20/\$35 2x @ mail
 ~Rx Out of Pocket Max
 \$2,000 Ind/\$6,000 Family

BCBS PPO Plan

Coverage	Monthly Premium
Individual	\$483.74
Family	\$1,216.42
Individual Survivor	\$967.47
Family Survivor	\$2,094.68

~No Annual deductible
 ~\$10 office co-pay
 ~Rx co-pays \$5/\$20/\$35 2x @ mail
 ~Medical Out of Pocket Max
 \$1,000 Ind/\$3,000 Family
 ~Rx Out of Pocket Max
 \$2,000 Ind/\$6,000 Family

BCBS Platinum Plan

Coverage	Monthly Premium
Individual	\$330.58
Family	\$1,018.20
Individual Survivor	\$661.16
Family Survivor	\$1,719.04

~No Annual deductible
 ~\$15 Primary Care/\$25 Specialist Co-pay
 ~\$25 Urgent Care/\$150 ER Co-Pay
 ~Rx co-pays \$5/\$35/\$70 2x @ mail
 ~Medical and Rx Out of Pocket Max
 \$2,000 Ind/\$6,000 Family

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