

Group Retiree Health Proposal for

Putnam County



LEGISLATURE
PUTNAM COUNTY
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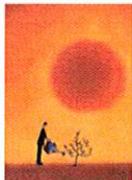
Presented By

Glen Anderson

Proposal Summary

We appreciate the opportunity to propose a group retiree health program that will meet the needs of Putnam County and their Medicare-eligible retiree population. The proposed program is a fully-insured group retiree medical plan and a group Medicare Part D prescription drug plan for the post-65 retirees of Putnam County with coverage effective January 1, 2018.

Highlights of the Group Retiree Medical Plan



The proposed medical plans are group retiree insurance coverage for Medicare-eligible retirees over 65 years of age, underwritten by Transamerica Affinity Services. The plan helps pay for the costs recognized but not covered by Medicare Parts A and B.

Features include:

- No Networks - Proposed plans provide access to all Medicare providers nationwide. Therefore, retirees have the freedom to choose their own doctors. Coverage is not limited to a local area.
- No Referrals – Retirees can see specialists when they choose.
- Guaranteed Issue – There are no pre-existing condition exclusions.
- Coverage for Spouses – Spousal coverage is available when the spouse is over 65 and enrolled in Medicare Parts A & B.
- Portability – Coverage can go with retirees if they move or have multiple residences.
- Affordable – The proposed program offers competitive, fully-insured rates to limit financial risk.
- Electronic Claims – Claims are processed through Medicare’s crossover process. There are virtually no retiree claim forms.

Highlights of the Group Medicare Prescription Drug Plan



The proposed prescription drug plans are Employer Group Waiver Plans (EGWP), provided through Express Scripts Insurance Company. Express Scripts contracts with the Centers for Medicaid and Medicare Services (CMS) to serve as a Medicare Part D Plan Sponsor. As plan sponsor, Express Scripts manages compliance with CMS regulations regarding Part D plans.

Features include:

- Fill the Donut Hole – Plan is designed to fill the Medicare Part D Coverage Gap, commonly referred to as the “donut hole”. The plans will cover brand drugs and generics in the coverage gap, and generics.
- Enhanced Catastrophic Coverage – Full-coverage plans standardly put a maximum on Catastrophic Coverage copays/coinsurance; once in this coverage phase, member copays will never exceed that of their Initial Coverage Stage.
- Covered Drugs – Broadest formulary that includes coverage for all drugs eligible under Medicare Part D, and standardly covers Non-Part D drugs with the exception of Part B drugs (typically covered by medical plan), BEERS drugs (which have been identified as high-risk for seniors), and Lifestyle drugs (which can be covered for an additional fee).
- Mail Order – Retirees can receive a 90-day supply of most medications through Home Delivery, typically with lower co-pays than they would pay at retail.
- Flexibility in Plan Design – Matching plan designs as closely as possible minimizes member disruption. Our strategy allows us to minimize disruption while still showing savings.
- Pharmacy Network – Includes all major pharmacies including Walgreens, CVS, and Rite Aid. There are over 66,000 pharmacies nationwide.
- Government Subsidy – The proposed plan premium rates include Medicare Part D subsidy. There is no additional subsidy filing needed. The average subsidy under their EGWP plans is higher than the average subsidy received by their clients who file for the RDS subsidy.

Administration provided by Benistar



Implementation and ongoing plan servicing will be provided by Benistar Admin Services Inc., a third-party administrator located in Avon, Connecticut. Benistar is specifically focused on the administration of retiree medical and prescription drug plans and has the expertise to administer these plans as a totally integrated and seamless solution for eligible retirees. As third-party administrator, Benistar currently manages benefits for over 1,300 post-65 retiree groups.

Administrative services provided under this retiree program include:

➤ Full Implementation Support

- Communications - Benistar will work with Putnam County to draft retiree communications, including any CMS-required elements.
- Eligibility and Enrollment – Benistar will coordinate all applicable eligibility and enrollment information with the carriers and provide eligibility management services in a manner that complies with HIPAA and all federal, state and local privacy and other applicable laws.
- Welcome Kit – Retirees will receive a welcome kit including a welcome letter from Benistar, ID cards, certificate of insurance and benefits summaries
- Toll Free Call Center Access – Retirees can call the Retiree Customer Service Center with questions about their benefits for both the medical and prescription drug plans, making the program integrated and seamless to the retiree. The retiree customer service team is trained in Medicare products and in working closely with seniors. Representatives will stay on the line with the member and consult with the carrier or CMS to resolve member issues. Retirees are not rushed off of the phone and there are no time limits for a service call.
- Billing – Invoices will be prepared to the needs of Putnam County. We will bill the County directly, and bill the retirees, for their portion of costs. Retirees can also sign up to have their premium amounts automatically withdrawn from their bank account.
- Boutique Service – Employers and retirees will have access to Benistar’s resources and support in the form of a highly-trained retiree service center which is capable of providing an exceptional level of service in the areas of billing, eligibility, and claims questions.

Assumptions of the Program

1. Program Sponsorship – No other competing group retiree plans will be sponsored alongside this plan including Medicare Advantage or individual plans.
2. Contribution – Putnam County will contribute to the cost of premiums as indicated by resolution or collective bargaining agreement.
3. Participation - If the enrollment were to change by more than +/- 10% of what was assumed in the quote, we reserve the right to adjust the premium.
4. Implementation timeline – Due to CMS-required procedures, 60 days are required to implement the coverage, starting with when the proposal is officially accepted by Putnam County. The effective date proposed may need to be adjusted accordingly.
5. Expiration – Premiums may be adjusted if the effective date is changed from the date in this proposal.

Maximize Medicare and Pharma Subsidies with an EGWP Plan

Employers need plan options that can limit their risk and allow for a more stable budget picture. The federal government offers substantial subsidies for retiree prescription drug costs. The question facing employers is how best to maximize those subsidies. Many employers have historically filed for the Retiree Drug Subsidy (RDS). The RDS is no longer the best way to maximize subsidy and minimize the cost and effort required to obtain the subsidy.

Enter the Employer Group Waiver Plan (EGWP). Our EGWP sponsor contracts with CMS to manage the plan and compliance, making it easy for the employer. The subsidy amounts are used to reduce the plan premium. There is no filing work to do and no delay to receive your money. The subsidized and fully-insured premium allows the employer to budget for prescription drug costs effectively and affordably.

	RDS	Fully Insured EGWP
Reimbursement	<ul style="list-style-type: none"> • Varying based on ~28% of total gross drug spend within spend thresholds • Monthly, quarterly, or annually 	<ul style="list-style-type: none"> • Premium reduced upfront by projected reimbursements • Direct subsidy PMPM adjusted by risk score • 50% Pharma discount on applicable drugs in Gap • 80% federal reinsurance after \$5,000 in TrOOP • Low income premium and cost-share assistance
Contribution Strategy	<ul style="list-style-type: none"> • Minimum plan sponsor premium contribution requirement. AE net test. 	<ul style="list-style-type: none"> • Defined contribution or voluntary plans permitted
Liabilities	<ul style="list-style-type: none"> • Subsidy cannot be utilized to offset OPEB liabilities 	<ul style="list-style-type: none"> • Subsidy utilized to offset OPEB liabilities
Risk	<ul style="list-style-type: none"> • Plan sponsor assumes risk 	<ul style="list-style-type: none"> • Shift risk to EGWP

Putnam County High Option			
Medicare Part A Services			
Provided by Transamerica Affinity Services Inc.			
Benefit Period: January 1, 2018 through December 31, 2018			
Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,316	\$1,316 (Part A Deductible)	\$0
61st thru 90th day	All but \$329 a day	\$329 a day	\$0
91st day and after:			
While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
Beyond the Additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital:			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$164.50 a day	Up to \$164.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	Co-insurance charges for inpatient respite care, drugs and biologicals approved by Medicare	\$0

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Putnam County High Option

Medicare Part B Services

Provided by Transamerica Affinity Services Inc.

Benefit Period: January 1, 2018 through December 31, 2018

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES - In or Out of the Hospital and Outpatient Hospital Treatment, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: Medicare Part B Deductible (2017- \$183) First \$183 of Medicare Approved Amounts Remainder of Medicare Approved Amounts—After payment of the Part B Deductible by each Covered Person plan pays 20% of the Medicare Eligible Part B expenses subject to the following copayment for each Physician Office Visit: Physician Office Visit—\$20 Part B Excess Charges (Above Medicare Approved Amounts)	\$0 generally 80% \$0	Part B Deductible generally 20% \$0	\$0 generally \$0 except a \$20 copay for each physician office visit 100%
BLOOD First 3 pints Next \$183 of Medicare Approved Amounts Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs Part B Deductible 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES Blood tests for Diagnostic Services	100%	\$0	\$0

MEDICARE PARTS A & B

HOME HEALTH CARE Medicare Approved Services: Medically necessary skilled care services and medical supplies Durable medical equipment: First \$183 of Medicare Approved Amounts Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 Part B Deductible 20%	\$0 \$0 \$0
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OTHER BENEFITS - NOT COVERED BY MEDICARE

FOREIGN TRAVEL Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA: First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum of \$50,000	\$250 20% and amounts over the \$50,000 lifetime max
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Putnam County Low Option			
Medicare Part A Services			
Provided by Transamerica Affinity Services Inc.			
Benefit Period: January 1, 2018 through December 31, 2018			
Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,316	\$1,316 (Part A Deductible)	\$0
61st thru 90th day	All but \$329 a day	\$329 a day	\$0
91st day and after:			
While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
Beyond the Additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital:			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$164.50 a day	Up to \$164.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	Co-insurance charges for inpatient respite care, drugs and biologicals approved by Medicare	\$0

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Putnam County Low Option			
Medicare Part B Services			
Provided by Transamerica Affinity Services Inc.			
Benefit Period: January 1, 2018 through December 31, 2018			
Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES - In or Out of the Hospital and Outpatient Hospital Treatment, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: Medicare Part B Deductible (2017- \$183) First \$183 of Medicare Approved Amounts Remainder of Medicare Approved Amounts—After payment of the Part B Deductible by each Covered Person plan pays 20% of the Medicare Eligible Part B expenses subject to the following copayment for each Physician Office Visit: Physician Office Visit—\$20 Part B Excess Charges (Above Medicare Approved Amounts)	\$0 generally 80% \$0	\$0 generally 20% 100%	Part B Deductible generally \$0 except a \$20 copay for each physician office visit \$0
BLOOD First 3 pints Next \$183 of Medicare Approved Amounts Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs Part B Deductible 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES Blood tests for Diagnostic Services	100%	\$0	\$0
MEDICARE PARTS A & B			
HOME HEALTH CARE Medicare Approved Services: Medically necessary skilled care services and medical supplies Durable medical equipment: First \$183 of Medicare Approved Amounts Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 Part B Deductible 20%	\$0 \$0 \$0
OTHER BENEFITS - NOT COVERED BY MEDICARE			
FOREIGN TRAVEL Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA: First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum of \$50,000	\$250 20% and amounts over the \$50,000 lifetime max

* Once you have been billed \$183 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Medicare Part B Deductible will have been met for the calendar year.

Benefit Overview

Express Scripts Medicare[®] (PDP)

YOUR 2018 PRESCRIPTION DRUG PLAN BENEFIT FOR PUTNAM COUNTY

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

Deductible stage	You do not pay a yearly deductible			
Initial Coverage stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$3,700:			
	Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Home Delivery Three-Month (90-day) Supply
	Tier 1: Generic Drugs	\$5 copayment	\$10 copayment	\$5 copayment
	Tier 2: Preferred Brand Drugs	\$25 copayment	\$50 copayment	\$50 copayment
	Tier 3: Non-Preferred Drugs	\$45 copayment	\$90 copayment	\$90 copayment
	Tier 4: Specialty Tier Drugs	\$45 copayment	\$90 copayment	\$90 copayment
	<p>If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.</p> <p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through the Express Scripts PharmacySM. There is no charge for standard shipping. Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply.</p>			
Coverage Gap stage	After your total yearly drug costs reach \$3,750, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage, until you qualify for the Catastrophic Coverage stage.			
Non-part D Drugs	Covered; Excluding lifestyle			
Compound Solution	Compound Management Solution applies. Compound Management Solution is in place to mitigate compound drug abuse by means of inclusion and exclusion lists			
Catastrophic Coverage stage	<p>After your yearly out-of-pocket drug costs reach \$5,000, you will pay the greater of 5% coinsurance or:</p> <ul style="list-style-type: none"> • a \$3.35 copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage. • an \$8.35 copayment for all other covered drugs, with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage. 			

IMPORTANT PLAN INFORMATION

Long-Term Care (LTC) Pharmacy

If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand-name drugs in amounts of 14 days or less at a time. They may also dispense less than a one month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.

Out-of-Network Coverage

You must use Express Scripts Medicare network pharmacies to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. Please contact the plan or the Retiree Customer Service Center for more details.

Additional Information About This Coverage

- The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- To find a network pharmacy near you, visit our website at **www.Express-Scripts.com**.
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts will notify you before the change is made.
- To access your plan's list of covered drugs, visit our website at **www.Express-Scripts.com**.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs.
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- Each month, you may need to pay a monthly premium amount to continue your participation in this plan. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if your Medicare Part D plan premium is \$0.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.

Enrollment in Express Scripts Medicare depends on contract renewal.

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	Tier 1: Generic Drugs	\$15 copayment	\$45 copayment	\$30 copayment
	Tier 2: Preferred Brand Drugs	\$30 copayment	\$90 copayment	\$60 copayment
	Tier 3: Non-Preferred Drugs	\$50 copayment	\$150 copayment	\$100 copayment
	Tier 4: Specialty Tier Drugs	33% coinsurance	33% coinsurance	33% coinsurance
	<p>If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.</p> <p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through the Express Scripts PharmacySM. There is no charge for standard shipping. Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply.</p>			
Coverage Gap stage	<p>After your total yearly drug costs reach \$3,750, you will pay the following until you qualify for the Catastrophic Coverage stage:</p> <ul style="list-style-type: none"> • Brand-name drugs: You pay 35% of the total cost, plus a portion of the dispensing fee. (The manufacturer provides a 50% discount and the plan pays the difference.) <p><i>Generic drugs:</i> You will continue to pay the same cost-sharing amount as in the Initial Coverage stage.</p>			
Non-part D Drugs	Covered; Excluding lifestyle			
Compound Solution	Compound Management Solution applies. Compound Management Solution is in place to mitigate compound drug abuse by means of inclusion and exclusion lists			
Catastrophic Coverage stage	<p>After your yearly out-of-pocket drug costs reach \$5,000, you will pay the greater of 5% coinsurance or:</p> <ul style="list-style-type: none"> • a \$3.35 copayment for covered generic drugs (including brand drugs treated as generics). • an \$8.35 copayment for all other covered drugs. 			

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- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- Each month, you may need to pay a monthly premium amount to continue your participation in this plan. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if your Medicare Part D plan premium is \$0.

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Enrollment in Express Scripts Medicare depends on contract renewal.
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NYSHIP - BENISTAR MEDICARE COMPARISON

CARRIER	NYSHIP	BENISTAR-TransAmerica/ Express Scripts "HIGH-OPT"
	<i>IN NETWORK ONLY*</i>	<i>NO NETWORKS REQUIRED</i>
PCP OFFICE COPAY	\$20	\$20
SPECIALIST COPAY	\$20	\$20
HOSPITAL COPAY	\$0	\$0
ER COPAY	\$70	\$0
DEDUCTIBLE	N/A	N/A
COINSURANCE	N/A	N/A
OUT OF POCKET MAXIMUM	N/A	N/A
LIFETIME MAXIMUM	<i>Unlimited</i>	<i>Unlimited</i>
CALENDAR YR. DEDUCTIBLE	\$0	\$0
PRESCRIPTION DRUG CARD	-	-
PREFERRED GENERIC COPAY	\$5	\$5
PREFERRED BRAND COPAY	\$25	\$25
NON PREFERRED COPAY	\$45	\$45

*NYSHIP members incur a \$1,000 non-network deductible

PUTNAM COUNTY 2018 RETIREE HEALTH CARE ANALYSIS

Total Census	336
Single	210
2 Party	126

National Census	284
Single	188
2 Party	96

Florida Census	52
Single	22
2 Party	30

		Benistar*			NYSHIP**
		High Option	Low Option	50/50 High/Low	
	Medical	\$226.01	\$199.90	\$113.01	
	RX	\$231.81	\$132.19	\$182.00	
	-				
Total	Single	\$457.82	\$332.09	\$295.01	\$444.46
	Double	\$915.64	\$664.18	\$590.02	\$1,213.46
Monthly	Single	\$96,142	\$69,738	\$61,952	\$93,337
	Double	\$115,371	\$83,686	\$74,343	\$152,896
	Total	\$211,513	\$153,425	\$136,295	\$246,233
Total Cost	Single	\$1,153,706	\$836,862	\$743,425	\$1,120,039
	Double	\$1,384,448	\$1,004,234	\$892,110	\$1,834,752
	Total	\$2,538,154	\$1,841,096	\$2,127,873	\$2,954,791
ASSUMES 1/1/2018 EFFECTIVE DATE					
<i>1/1/2018 to 12/31/18</i>	<i>\$ total</i>	<i>\$416,637</i>	<i>\$1,113,695</i>	<i>\$826,918</i>	
<i>Total Savings</i>	<i>% total</i>	<i>14.1%</i>	<i>37.7%</i>	<i>28.0%</i>	

*Florida numbers are based on overall averages of individual rates.

**NYSHIP rates reflect the actual 2018 renewal.