

Group Name: COUNTY OF ADAMS

Group Number:

385

Contract Period: 01/01/2019 - 12/31/2019

Sub Group	Sub Group Name	Non Medicare Medicare	Plan ID	Plan Name
001	COUNTY OF ADAMS	Non Medicare	A215	\$15 OFFICE VISIT HMO
003	COUNTY OF ADAMS - COBRA	Non Medicare	A215	\$15 OFFICE VISIT HMO
005	COUNTY OF ADAMS EDC	Non Medicare	A215	\$15 OFFICE VISIT HMO

Steps	Total
Employee Only	\$590.01
Spouse Only	\$590.01
Child Only	\$590.01
Employee & Spouse	\$1,239.02
Employee & Child	\$1,239.02
Spouse & Child	\$1,239.02
Children Only (CK)	\$1,239.02
Employee, Spouse & Child/Children	\$1,781.89
Employee & Children (ECK+)	\$1,781.89
Spouse & Children (SCK+)	\$1,781.89
Children Only (CKK+)	\$1,781.89

NOTE: Employees and their spouses age 65 and over who are entitled to Medicare benefits, but who elect this coverage as their primary health coverage pursuant to the applicable provisions of federal law, will be considered for purposes of rates as members under age 65 who are not entitled to Medicare.

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Sub Group	Sub Group Name	Non Medicare Medicare	Plan ID	Plan Name
001	COUNTY OF ADAMS	Medicare	A215	\$15 OFFICE VISIT HMO
003	COUNTY OF ADAMS - COBRA	Medicare	A215	\$15 OFFICE VISIT HMO
005	COUNTY OF ADAMS EDC	Medicare	A215	\$15 OFFICE VISIT HMO

**Plan
/ENTL**

Total

Medicare Risk AB

\$250.76

Medicare Risk B

\$618.49

Medicare Risk BD

\$618.49

Medicare Risk CD

\$250.76

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Sub Group	Sub Group Name	Non Medicare Medicare	Plan ID	Plan Name
002	COUNTY OF ADAMS RETIREES	Non Medicare	A215	\$15 OFFICE VISIT HMO
004	CO OF ADAMS EARLY RETIREES COB	Non Medicare	A215	\$15 OFFICE VISIT HMO

Steps	Total
Employee Only	\$635.42
Spouse Only	\$635.42
Child Only	\$635.42
Employee & Spouse	\$1,334.38
Employee & Child	\$1,334.38
Spouse & Child	\$1,334.38
Children Only (CK)	\$1,334.38
Employee, Spouse & Child/Children	\$1,918.90
Employee & Children (ECK+)	\$1,918.90
Spouse & Children (SCK+)	\$1,918.90
Children Only (CKK+)	\$1,918.90

NOTE: Employees and their spouses age 65 and over who are entitled to Medicare benefits, but who elect this coverage as their primary health coverage pursuant to the applicable provisions of federal law, will be considered for purposes of rates as members under age 65 who are not entitled to Medicare.

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004	CO OF ADAMS EARLY RETIREES COB	Medicare	A215	\$15 OFFICE VISIT HMO

**Plan
/ENTL**

Total

Medicare Risk AB	\$250.76
Medicare Risk B	\$618.49
Medicare Risk BD	\$618.49
Medicare Risk CD	\$250.76
Medicare Risk Employee & Children (ECK+) 2 AB	\$1,136.94
Medicare Risk Employee & Children (ECK+) AB	\$1,490.57
Medicare Risk Employee & Spouse AB	\$501.52
Medicare Risk Employee & Spouse or Employee	\$886.18