

Group Name: COUNTY OF ADAMS

Group Number: 385

Contract Period: 01/01/2020 - 12/31/2020

Sub Group	Sub Group Name	Non Medicare Medicare	Plan ID	Plan Name
001	COUNTY OF ADAMS	Non Medicare	EMBC	\$15 OVC HMO M NGF
003	COUNTY OF ADAMS - COBRA	Non Medicare	EMBC	\$15 OVC HMO M NGF
005	COUNTY OF ADAMS EDC	Non Medicare	EMBC	\$15 OVC HMO M NGF
007	COUNTY OF ADAMS ACTIVES NC	Non Medicare	EMBC	\$15 OVC HMO M NGF
009	COUNTY OF ADAMS- COBRA NC	Non Medicare	EMBC	\$15 OVC HMO M NGF
011	COUNTY OF ADAMS EDC NC	Non Medicare	EMBC	\$15 OVC HMO M NGF

Steps	Total
Employee Only	\$667.04
Spouse Only	\$667.04
Child Only	\$667.04
Employee & Spouse	\$1,400.78
Employee & Child	\$1,400.78
Spouse & Child	\$1,400.78
Children Only (CK)	\$1,400.78
Employee, Spouse & Child/Children	\$2,014.53
Employee & Children (ECK+)	\$2,014.53
Spouse & Children (SCK+)	\$2,014.53
Children Only (CKK+)	\$2,014.53

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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001	COUNTY OF ADAMS	Medicare	EMBC	\$15 OVC HMO M NGF
003	COUNTY OF ADAMS - COBRA	Medicare	EMBC	\$15 OVC HMO M NGF
005	COUNTY OF ADAMS EDC	Medicare	EMBC	\$15 OVC HMO M NGF
007	COUNTY OF ADAMS ACTIVES NC	Medicare	EMBC	\$15 OVC HMO M NGF
009	COUNTY OF ADAMS- COBRA NC	Medicare	EMBC	\$15 OVC HMO M NGF
011	COUNTY OF ADAMS EDC NC	Medicare	EMBC	\$15 OVC HMO M NGF

**Plan
/ENTL**

Total

Medicare Risk AB

\$237.33

Medicare Risk B

\$628.59

Medicare Risk BD

\$628.59

Medicare Risk CD

\$237.33

Group Name: COUNTY OF ADAMS

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Sub Group	Sub Group Name	Non Medicare Medicare	Plan ID	Plan Name
002	COUNTY OF ADAMS RETIREES	Non Medicare	EMBC	\$15 OVC HMO M NGF
004	CO OF ADAMS EARLY RETIREES COB	Non Medicare	EMBC	\$15 OVC HMO M NGF
008	COUNTY OF ADAMS RETIREE NC	Non Medicare	EMBC	\$15 OVC HMO M NGF
010	COUNTY OF ADAMS EARLY RT NC	Non Medicare	EMBC	\$15 OVC HMO M NGF

Steps	Total
Employee Only	\$718.14
Spouse Only	\$718.14
Child Only	\$718.14
Employee & Spouse	\$1,508.08
Employee & Child	\$1,508.08
Spouse & Child	\$1,508.08
Children Only (CK)	\$1,508.08
Employee, Spouse & Child/Children	\$2,168.70
Employee & Children (ECK+)	\$2,168.70
Spouse & Children (SCK+)	\$2,168.70
Children Only (CKK+)	\$2,168.70

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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**Plan
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Total

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