

Group Name: COUNTY OF ADAMS

Group Number: 385

Contract Period: 01/01/2021 - 12/31/2021

Sub Group	Sub Group Name	Non Medicare Medicare	Plan ID	Plan Name
012	COUNTY OF ADAMS	Non Medicare	EMBC	\$15 OVC HMO M NGF
014	COUNTY OF ADAMS - COBRA	Non Medicare	EMBC	\$15 OVC HMO M NGF

Steps	Total
Employee Only	\$682.91
Spouse Only	\$682.91
Child Only	\$682.91
Employee & Spouse	\$1,434.10
Employee & Child	\$1,434.10
Spouse & Child	\$1,434.10
Children Only (CK)	\$1,434.10
Employee, Spouse & Child/Children	\$2,062.45
Employee & Children (ECK+)	\$2,062.45
Spouse & Children (SCK+)	\$2,062.45
Children Only (CKK+)	\$2,062.45

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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012	COUNTY OF ADAMS	Medicare	EMBC	\$15 OVC HMO M NGF
014	COUNTY OF ADAMS - COBRA	Medicare	EMBC	\$15 OVC HMO M NGF

**Plan
/ENTL**

Total

Medicare Risk AB

\$221.26

Medicare Risk B

\$618.13

Medicare Risk BD

\$618.13

Medicare Risk CD

\$221.26

Group Name: COUNTY OF ADAMS

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Contract Period: 01/01/2021 - 12/31/2021

Sub Group	Sub Group Name	Non Medicare Medicare	Plan ID	Plan Name
013	COUNTY OF ADAMS RETIREES	Non Medicare	EMBC	\$15 OVC HMO M NGF

Steps	Total
Employee Only	\$735.17
Spouse Only	\$735.17
Child Only	\$735.17
Employee & Spouse	\$1,543.85
Employee & Child	\$1,543.85
Spouse & Child	\$1,543.85
Children Only (CK)	\$1,543.85
Employee, Spouse & Child/Children	\$2,220.13
Employee & Children (ECK+)	\$2,220.13
Spouse & Children (SCK+)	\$2,220.13
Children Only (CKK+)	\$2,220.13

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
/ENTL**

Total

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