



**Tri-County Schools Insurance Group**  
**Summary of Benefits 2021/2022**

	PREMIER PLUS	PREMIER	STANDARD	BASIC	Consumer Driven Health Plan CDHP (HSA Qualified)
ACA Metal Ranking	<i>Platinum</i>	<i>Platinum</i>	<i>Gold</i>	<i>Gold</i>	<i>Silver</i>
<b>Rates</b>					
Composite	\$2,179	\$1,846	\$1,538	\$1,323	\$939
<b>Tiered Rates</b>					
Emp Only	\$990	\$839	\$699	\$602	\$426
Emp + One	\$1,980	\$1,678	\$1,398	\$1,204	\$852
Emp + Family	\$2,673	\$2,265	\$1,887	\$1,625	\$1,150
1 Medicare A&B	\$693	\$587	\$489	\$421	\$298
1 Medicare + 1 Regular	\$1,683	\$1,426	\$1,188	\$1,023	\$724
2 Medicare A&B	\$1,386	\$1,174	\$978	\$842	\$596
<b>Maximum Lifetime</b>	<b>No Limit</b>	<b>No Limit</b>	<b>No Limit</b>	<b>No Limit</b>	<b>No Limit</b>
<b>Deductible</b>					*
Individual	\$75	\$500	\$750	\$1,000	\$1,500
Family Maximum	\$150	\$1,000	\$1,500	\$2,000	\$3,000
<b>Coinsurance (after deductible)</b>	80% / 20%	90% / 10%	80% / 20%	70% / 30%	50% / 50%
<b>Out Of Pocket Max (includes PPO MEDICAL copays, deductible, coinsurance)</b>					
Individual	\$475	\$2,500	\$3,500	\$5,000	\$5,000
Family Maximum	\$950	\$5,000	\$7,000	\$10,000	\$10,000
<b>Preventive Services</b>					
Preventive Physical Exam/Labs	No Copay	No Copay	No Copay	No Copay	No Copay
Preventive Child Care	No Copay	No Copay	No Copay	No Copay	No Copay
Preventive Immunizations	No Copay	No Copay	No Copay	No Copay	No Copay
<b>Wellness Center Services</b>	No Copay	No Copay	No Copay	No Copay	No Copay
<b>Tele-Medicine Visit</b>	No Copay	No Copay	No Copay	No Copay	Subj. to ded./coins.
<b>Office Visit Copay</b>	\$10	\$15	\$20	\$20	Subj. to ded./coins.
<b>Chiropractic Visit Copay</b>	\$20	\$20	\$20	\$20	Subj. to ded./coins.
<b>Hospital Emergency Room (ER)</b>	\$50/visit + Coinsurance	\$50/visit + Coinsurance	\$50/visit + Coinsurance	\$50/visit + Coinsurance	Subj. to ded./coins.
<b>Mental Health Counselor Copay</b>	\$10	\$15	\$20	\$20	Subj. to ded./coins.
<b>Prescription Drugs</b>	<b>Retail (up to 31 day supply)</b>		<b>90 Day Supply (Mail Order or Retail)</b>		Subj. to ded./coins. <i>(pay up front at pharmacy until deductible/coins. met)</i>
Generic (tier 1)	\$5 copay		\$10 copay		
Preferred Brand (tier 2)	25% to max of \$35		\$50 copay		
Non-Preferred (tier 3)	45% to max of \$70		\$90 copay		
<b>Maximum Annual RX Copays: (After your Rx copays reach the following amount, then TCSIG pays 100% of Rx for the rest of year)</b>					
Individual	\$1,000	\$1,000	\$1,000	\$1,000	Subj. to ded./coins.
Family Maximum	\$2,000	\$2,000	\$2,000	\$2,000	Subj. to ded./coins.

\* For CDHP only - per IRS guidelines, when 2 or more persons on plan, the family deductible of \$3,000 must be met prior to any plan payment (except preventive paid at 100%).

This outline does not constitute the group policy and is not a contract of insurance. It explains in simple language the essential features of the group benefits provided. All rights with respect to the benefits of an insured person will be governed solely by the group policy.

**For a complete copy of the Plan Document please go to our website at:**

<http://tcsig.com/plan-documents.html>