TCSIG
THE BEST CHOICE

Tri-County Schools Insurance Group

Summary of Benefits 2019/2020

	PREMIER PLUS	PREMIER	STANDARD	BASIC	*Consumer Driven Health Plan* CDHP (HSA Qualified)
ACA Metal Ranking	***Platinum***	***Platinum***	***Gold***	***Gold***	***Silver***
Rates					
Composite	$2,179	$1,846	$1,538	$1,323	$939
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
Maximum Lifetime	**No Limit**	**No Limit**	**No Limit**	**No Limit**	**No Limit**
Deductible					*
Individual	$150	$500	$750	$1,000	$1,500
Family Maximum	$300	$1,000	$1,500	$2,000	$3,000
Coinsurance ***(after deductible)***	80% / 20%	90% / 10%	80% / 20%	70% / 30%	50% / 50%
Out Of Pocket Max ***(includes PPO MEDICAL copays, deductible, coinsurance)***					
Individual	$950	$2,500	$3,500	$5,000	$5,000
Family Maximum	$1,900	$5,000	$7,000	$10,000	$10,000
Preventive Services					
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
Wellness Center Services	No Copay	No Copay	No Copay	No Copay	No Copay
Tele-Medicine Visit (PlushCare)	No Copay	No Copay	No Copay	No Copay	Subj. to ded./coins.
Office Visit Copay	$10	$15	$20	$20	Subj. to ded./coins.
Chiropractic Visit Copay	$20	$20	$20	$20	Subj. to ded./coins.
Hospital Emergency Room (ER)	$50/visit + Coinsurance	$50/visit + Coinsurance	$50/visit + Coinsurance	$50/visit + Coinsurance	Subj. to ded./coins.
Mental Health Counselor Copay	50% to a $50 maximum	50% to a $50 maximum	50% to a $50 maximum	50% to a $50 maximum	Subj. to ded./coins.
Prescription Drugs	**Retail (up to 31 day supply)**		**90 Day Supply (Mail Order or Retail)**		Subj. to ded./coins.
Generic (tier 1)	$5 copay		$10 copay		*(pay up front at*
Preferred Brand (tier 2)	25% to max of $35		$50 copay		*pharmacy until*
Non-Preferred (tier 3)	45% to max of $70		$90 copay		*deductible/coins. met)*
Maximum Annual RX Copays: ***(After your Rx copays reach the following amount, then TCSIG pays 100% of Rx for the rest of year)***					
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%).