



Tri-County Schools Insurance Group

Serving our members since 1983

Plumas Lake Elementary School District
Certificated

Open Enrollment
April 15, 2019 – May 31, 2019
2019/2020 Plan Year

TCSIG

Your Source For Everything Health And Wellness

At Tri-County Schools Insurance Group (TCSIG), we pride ourselves on the quality health and wellness programs offered to participants. We provide programs that span the full spectrum of health so there is something for everyone. From access to doctors over the phone to biometric screenings that allow you to truly own your health, TCSIG's wellness programs make it easier than ever to maintain your health. Many programs are completely free, so the only thing left to do is get started!

TRI-COUNTY SCHOOLS INSURANCE GROUP



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TRI-COUNTY SCHOOLS INSURANCE GROUP



Medical

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PPO Plan



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	<i>Platinum</i>	<i>Platinum</i>	<i>Gold</i>	<i>Gold</i>	<i>Silver</i>
Rates					
Composite	\$2,179	\$1,846	\$1,538	\$1,323	\$939
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	<u>Retail (up to 31 day supply)</u>		<u>90 Day Supply (Mail Order or Retail)</u>		Subj. to ded./coins.
Generic (tier 1)	\$5 copay		\$10 copay		(pay up front at pharmacy until deductible/coins. met)
Preferred Brand (tier 2)	25% to max of \$35		\$50 copay		
Non-Preferred (tier 3)	45% to max of \$70		\$90 copay		
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%).

TRI-COUNTY SCHOOLS INSURANCE GROUP



Delta Health Systems

Tri-County Schools Insurance Group's TPA (claims administrator) since 1997.

If you have a question concerning your benefits or a claim, call the claims team at (800) 464-7627. Visit Delta Health Systems' website at www.deltahealthsystems.com to request a medical I.D. card.

You may also register online to view plan information, eligibility, medical claims, print an Explanation of Benefits (EOB) form or to participate in Delta TeamCare's Health or Lifestyle programs.

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Online Enrollment Form

New this year employees can enroll with a click of a mouse.

<https://remote.tcsig.com/Forms/Enrollment>

Be prepared to select the employer name and classification.

HR contacts and employees will receive an automated email from TCSIG when the form has been processed. The email will include a completed copy of the enrollment form.



Tri-County Schools Insurance Group
Enrollment / Change Form

1176 Live Oak Boulevard, Suite A • Yuba City, CA 95991
(530) 822-5299 • Toll-Free (866) 822-5299 • Fax (530) 822-5284

Type of Change *	<input type="checkbox"/> New Enrollee	<input type="checkbox"/> New Dependent
	<input checked="" type="checkbox"/> Open Enrollment	<input type="checkbox"/> Change Plan
	<input type="checkbox"/> Change Beneficiary	<input type="checkbox"/> Change Class
	<input type="checkbox"/> Change Address	<input type="checkbox"/> Change Phone Number
Employer Name *	Yuba County Office of Education	
Classification No. *	Classified	
Location No.	58	
Class No.	003	
Employee First Name *	Donald	
Employee Middle Initial		
Employee Last Name *	Duck	
Date of Hire *	8/1/2014	
Effective Date	7/1/2019	
Date of Birth *	10/1/1978	
Social Security Number *	000-00-0000	
Sex *	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Employee Mailing Address *	Street Address 1234 Main Street Address Line 2 City Disneyland Postal / Zip Code 00000	State / Province / Region CA

TRI-COUNTY SCHOOLS INSURANCE GROUP



Kaiser High (\$10 Copay)

600237 TRI-COUNTY SCHOOLS INSURANCE GROUP

**Principal Benefits for
Kaiser Permanente Traditional HMO Plan (7/1/19—6/30/20)**

Accumulation Period

The Accumulation Period for this plan is 1/1/19 through 12/31/19 (calendar year).

Out-of-Pocket Maximum(s) and Deductible(s)

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

Amounts Per Accumulation Period	Self-Only Coverage (a Family of one Member)	Family Coverage Each Member in a Family of two or more Members	Family Coverage Entire Family of two or more Members
Plan Out-of-Pocket Maximum	\$1,500	\$1,500	\$3,000
Plan Deductible	None	None	None
Drug Deductible	None	None	None

Professional Services (Plan Provider office visits)

You Pay

Most Primary Care Visits and most Non-Physician Specialist Visits	\$10 per visit
Most Physician Specialist Visits.....	\$10 per visit
Routine physical maintenance exams, including well-woman exams	No charge
Well-child preventive exams (through age 23 months)	No charge
Family planning counseling and consultations.....	No charge
Scheduled prenatal care exams.....	No charge
Routine eye exams with a Plan Optometrist	No charge
Urgent care consultations, evaluations, and treatment	\$10 per visit
Most physical, occupational, and speech therapy	\$10 per visit

Outpatient Services

You Pay

Outpatient surgery and certain other outpatient procedures	\$10 per procedure
Allergy injections (including allergy serum).....	\$5 per visit
Most immunizations (including the vaccine)	No charge
Most X-rays and laboratory tests.....	No charge
Covered individual health education counseling.....	No charge
Covered health education programs	No charge

Hospitalization Services

You Pay

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs.....	No charge
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Emergency Health Coverage

You Pay

Emergency Department visits	\$50 per visit
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Note: This Cost Share does not apply if you are admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Share).

Ambulance Services

You Pay

Ambulance Services.....	No charge
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Prescription Drug Coverage

You Pay

Covered outpatient items in accord with our drug formulary guidelines:

Most generic items at a Plan Pharmacy or through our mail-order service.....	\$5 for up to a 100-day supply
Most brand-name items at a Plan Pharmacy or through our mail-order service	\$15 for up to a 100-day supply
Most specialty items at a Plan Pharmacy	\$15 for up to a 30-day supply

Durable Medical Equipment (DME)

You Pay

DME items as described in the EOC.....	No charge
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Mental Health Services

You Pay

Inpatient psychiatric hospitalization	No charge
Individual outpatient mental health evaluation and treatment	\$10 per visit
Group outpatient mental health treatment.....	\$5 per visit

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Substance Use Disorder Treatment

You Pay

Inpatient detoxification.....	No charge
Individual outpatient substance use disorder evaluation and treatment	\$10 per visit
Group outpatient substance use disorder treatment.....	\$5 per visit

Home Health Services

You Pay

Home health care (up to 100 visits per Accumulation Period)	No charge
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Other

You Pay

Eyeglasses or contact lenses every 24 months	Amount in excess of \$150 Allowance
Hearing aid(s) every 36 months.....	Amount in excess of \$1,000 Allowance per aid
Skilled nursing facility care (up to 100 days per benefit period).....	No charge
Prosthetic and orthotic devices as described in the EOC	No charge
Covered Services for diagnosis and treatment of infertility	50% Coinsurance
Hospice care	No charge

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the EOC. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

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Kaiser Low (\$20 Copay)

600237 TRI-COUNTY SCHOOLS INSURANCE GROUP

Principal Benefits for Kaiser Permanente Traditional HMO Plan (7/1/19—6/30/20)

Accumulation Period

The Accumulation Period for this plan is 1/1/19 through 12/31/19 (calendar year).

Out-of-Pocket Maximum(s) and Deductible(s)

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

Amounts Per Accumulation Period	Self-Only Coverage (a Family of one Member)	Family Coverage Each Member in a Family of two or more Members	Family Coverage Entire Family of two or more Members
Plan Out-of-Pocket Maximum	\$1,500	\$1,500	\$3,000
Plan Deductible	None	None	None
Drug Deductible	None	None	None

Professional Services (Plan Provider office visits)

You Pay

Most Primary Care Visits and most Non-Physician Specialist Visits	\$20 per visit
Most Physician Specialist Visits	\$20 per visit
Routine physical maintenance exams, including well-woman exams	No charge
Well-child preventive exams (through age 23 months)	No charge
Family planning counseling and consultations	No charge
Scheduled prenatal care exams	No charge
Routine eye exams with a Plan Optometrist	No charge
Urgent care consultations, evaluations, and treatment	\$20 per visit
Most physical, occupational, and speech therapy	\$20 per visit

Outpatient Services

You Pay

Outpatient surgery and certain other outpatient procedures	\$20 per procedure
Allergy injections (including allergy serum)	\$3 per visit
Most immunizations (including the vaccine)	No charge
Most X-rays and laboratory tests	No charge
Covered individual health education counseling	No charge
Covered health education programs	No charge

Hospitalization Services

You Pay

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	\$500 per admission
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Emergency Health Coverage

You Pay

Emergency Department visits	\$50 per visit
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Note: This Cost Share does not apply if you are admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Share).

Ambulance Services

You Pay

Ambulance Services	\$50 per trip
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TRI-COUNTY SCHOOLS INSURANCE GROUP



Prescription Drug Coverage	You Pay
Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items at a Plan Pharmacy or through our mail-order service	\$10 for up to a 100-day supply
Most brand-name items at a Plan Pharmacy or through our mail-order service	\$35 for up to a 100-day supply
Most specialty items at a Plan Pharmacy	\$35 for up to a 30-day supply
Durable Medical Equipment (DME)	You Pay
DME items as described in the EOC	20% Coinsurance
Mental Health Services	You Pay
Inpatient psychiatric hospitalization	\$500 per admission
Individual outpatient mental health evaluation and treatment	\$20 per visit
Group outpatient mental health treatment	\$10 per visit
Substance Use Disorder Treatment	You Pay
Inpatient detoxification	\$500 per admission
Individual outpatient substance use disorder evaluation and treatment	\$20 per visit
Group outpatient substance use disorder treatment	\$5 per visit
Home Health Services	You Pay
Home health care (up to 100 visits per Accumulation Period)	No charge
Other	You Pay
Eyeglasses or contact lenses every 24 months	Amount in excess of \$150 Allowance
Skilled nursing facility care (up to 100 days per benefit period)	No charge
Prosthetic and orthotic devices as described in the EOC	No charge
Covered Services for diagnosis and treatment of infertility	50% Coinsurance
Hospice care	No charge

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the EOC. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

TRI-COUNTY SCHOOLS INSURANCE GROUP



Chiropractor Benefits

When you need services, follow these simple steps:

1. Select a contracted provider of your choice:
 - Click <http://tcsigchiro.com/#providerpanel> to search for a contracted provider, or
 - Call Customer Service at (877) 519-8839 from 8:00 AM to 5:00 PM, Monday through Friday, Pacific Time.
 - No referral required
 - You may change providers at any time
2. Call the PhysMetrics Provider directly to schedule an appointment.
3. Your provider will verify your eligibility status.
4. Consumer Driven Health Plan participants will pay the chiropractor for each date of service and will be responsible for the remainder of the charges after receiving their explanation of benefits.

Supplemental Coverage Outline Summary of Chiropractic Services

Premier Plus, Premier, Standard and Basic Plans

- **PPO:** \$20 Patient Copayment
- **Non PPO:** Plan Pays \$10 Daily Maximum Per Visit, Patient is responsible for the balance.

Consumer Driven Health Plan (CDHP)

- **PPO:** Patient is responsible for 100% of charges at the point of services, subject to deductible and co-insurance and according to the PhysMetrics fee schedule.
- **Non PPO:** No Patient Copayment. Patient is responsible for 100% of charges at the point of services, subject to deductible and co-insurance.

Limitations:

- Chiropractic Diagnostic X-ray Benefit is limited to a \$100 per year maximum.
- Unlimited Chiropractic Visits per year, no more than one visit per day, subject to precertification requirements after the twelfth (12) visit.

Exclusions and Limitations

The following are specifically excluded from this agreement:

- Services not documented as necessary and appropriate or classified as experimental or investigational chiropractic care
- Diagnostic scanning, including Magnetic Resonance Imaging (MRI), CAT scan and/or other types of diagnostic scanning
- Thermography

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- Treatment or services for pre-employment physicals or vocational rehabilitation
- Any treatment or service caused by or arising out of the course of employment or covered under any public liability insurance
- Hypnotherapy, behavioral training, sleep therapy, weight programs, education programs, non-medical self-care or self-help, or any other self-help physical exercise training, or any other related diagnostic testing
- Air conditioners, humidifiers, air purifiers, therapeutic mattress supplies, or any other similar devices and appliances
- Vitamins, minerals, nutritional supplements or other similar products
- Anesthesia, manipulation under anesthesia, hospitalization, or any related service
- Orthotics
- Minors require Precertification by PhysMetrics prior to treatment
- Massage Therapy requires Precertification by PhysMetrics prior to treatment
- Any treatment exceeding 12 visits requires Precertification by PhysMetrics for additional visits
- Additional CPT Codes may require precertification as set forth in the fee schedule
- Any exceptions provided for in the Group Plan Document

www.tcsigchiro.com

info@physmetrics.com

TRI-COUNTY SCHOOLS INSURANCE GROUP



Pharmacy


Tri-County Schools Insurance Group's pharmaceutical benefits manager is ProAct, Inc.

Prescriptions are processed through ProAct's system based upon the copay structure of TCSIG's Plans. Members should utilize a ProAct pharmacy in order to receive the maximum benefit of the Plan.

To locate a network pharmacy call (877) 635-9545 or visit the website at www.proactrx.com

The ProAct Prescription Drug List <http://www.tcsig.com/assets/2019-01-select-standard-formulary.pdf> references the most commonly prescribed medications available to treat a variety of conditions. The medications are placed into levels known as "tiers" that will determine what the cost share will be for the member (see below).

- Tier 1 = generic medications
- Tier 2 = preferred or formulary brand medications
- Tier 3 = non-preferred or non-formulary medications

		<i>Tri-County Schools Insurance Group</i>				<i>Consumer Driven Health Plan CDHP (HSA Qualified)</i>
		<i>Summary of Rx Benefits 2019/2020</i>				
	PREMIER PLUS	PREMIER	STANDARD	BASIC		
Prescription Drugs	<u>Retail (up to 31 day supply)</u>		<u>90 Day Supply (Mail Order or Retail)</u>		Subj. to ded./coins.	
Generic (tier 1)	\$5 copay		\$10 copay		<i>(pay up front at pharmacy until deductible/coins. met)</i>	
Preferred Brand (tier 2)	25% to max of \$35		\$50 copay			
Non-Preferred (tier 3)	45% to max of \$70		\$90 copay			
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 medication-specific questions contact the ProAct helpdesk at (877) 635-9545.

Coscto Pharmacy Mail Order

Tri-County Schools Insurance Group's mail-order pharmacy for prescriptions for long-term, maintenance medications.

Automated refill ordering is available. Call (800) 607-6861.

Refills can also be ordered through Costco Pharmacy website at www.pharmacy.costco.com

Mail Order form available online at <http://www.tcsig.com/assets/webpatientbrochure2.pdf>

Specialty Pharmacy: Noble Health Services

Noble Health Services offers the ability to receive specialty medications shipped directly to your home.

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Noble Health Services offers pharmacists and patient service representatives who are experienced with specialty care and can answer any questions or concerns you may have. The Noble Health team provides personalized, hands-on support for your complex condition. The team:

- Provides information about your medication
- Explains how to self-administer your injectable medication
- Works directly with your health care provider
- Calls each month to coordinate refill shipments
- Helps connect you with financial assistance, if needed

A Patient Care Coordinator from Noble Health Services will call approximately one week before the next refill is due to make sure up-to-date information is on file to fill your prescription.

If you have any questions on using Noble Health Services for your specialty medications, call (888) 843-2040.

		<h2>Estimate your Payroll Deduction</h2>
Medical Plan: _____	<input type="text"/>	Enter the monthly medical premium amount.
Dental Plan: _____	<input type="text"/>	Enter the monthly dental premium amount.
Vision Plan: _____	<input type="text"/>	Enter the monthly vision premium amount.
Group Life Insurance: _____	<input type="text"/>	Enter the monthly group life insurance premium amount.
Voluntary Life Insurance: _____	<input type="text"/>	Enter the monthly voluntary life insurance premium amount.
Total Monthly Premium	<input type="text"/>	Total monthly premium for medical, dental, vision and life.
Monthly Employer Cap	<input type="text"/>	Enter the monthly amount the employer pays for your medical coverage.
Monthly Employee Share for Coverage	<input type="text"/>	

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Dental

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Plan: D3BO	Rate per month
Composite:	\$ 133

D3BO	Annual Maximum
Any Dentist:	\$ 2,000
PPO Incentive:	250
Adjusted Maximum	\$ 2,250

D3BO	Lifetime Maximum
Orthodontic: Adult & Child	\$1,000

Plan	Co-Payment Schedule Year 1	Co-Payment Schedule Year 2	Co-Payment Schedule Year 3	Co-Payment Schedule Year 4
Diagnostic & Preventative	70%	80%	90%	100%
Basic	70%	80%	90%	100%
Crown/Restorations	70%	80%	90%	100%
Prosthetic: Bridges/Partials	50%	50%	50%	50%

Using your Dental benefit is easy.

- Find a provider who's right for you. To find a provider, visit <https://www.deltadentalins.com/> or call (866) 499-3001.
- At your appointment, tell them you have Delta Dental of California. There's no ID card necessary.

Deductible:

- None

Dental Accident Calendar Year Maximum: Co-payment schedule

- 100%
- Subject to a separate \$1,000 annual maximum

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PPO Incentive: Additional \$250 for use at a Delta Dental Preferred Provider Option dentist.

All dental plans are elected by bargaining groups only. Coverage is not available as an individual option.

The plan pays 70% of the approved fee and will increase 10% each year to a maximum of 100% for each eligible patient that is seen by the dentist at least once during the year. The benefit percentage for Prosthodontic benefits does not change.

All benefits are calendar year (January 1 through December 31).

Children are covered until the child's 26th birthday.

If you transfer or move from one Delta Dental plan to another, you do not receive a new calendar year Maximum. The Maximum amount for Benefits paid by Delta Dental in a calendar year under both plans will not exceed the Maximum allowed under your current plan.

For example: If Delta Dental paid \$500 in Benefits while you were enrolled in a previous plan and the Maximum amount of your current plan is \$1000, the total amount Delta Dental will pay for your Benefits under the current plan is \$500

To find a Delta Dental of California Dentist: <http://www.deltadentalins.com>

For claims, eligibility and benefits inquiries, or additional information, call Delta Dental's Customer Service department toll-free at: 866-499-3001 or contact us on our website: deltadentalins.com.

TRI-COUNTY SCHOOLS INSURANCE GROUP



Vision

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VSP® Vision Care

Keep your eyes healthy with Tri-County Schools Insurance Group and VSP® Vision Care.

Using your VSP benefit is easy.

- Find an eyecare provider who’s right for you. With open access to see any eyecare provider, you can see the one who’s right for you. Choose a VSP doctor or any other provider. To find a VSP doctor, visit **vsp.com** or call **(800) 877-7195**.
- Review your benefit information. Visit **vsp.com** to review your plan coverage before your appointment.
- At your appointment, tell them you have VSP. There’s no ID card necessary.

That’s it! We’ll handle the rest—there are no claim forms to complete when you see a VSP doctor.

PLAN C (12/12/12)	\$15 Copay
COMPOSITE:	\$27

TRI-COUNTY SCHOOLS INSURANCE GROUP



C\$15

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$15 for exam and glasses	Every 12 months
Prescription Glasses			
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance 	Combined with exam	Every 12 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Combined with exam	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Tints/Photochromic adaptive lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements 	\$0 \$0 \$80 - \$90 \$120 - \$160	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$140 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		
Your Coverage with Out-of-Network Providers			
Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit vsp.com for plan details.			
Exam	up to \$50	Lined Bifocal Lenses	up to \$75
Frame	up to \$70	Lined Trifocal Lenses	up to \$100
Single Vision Lenses	up to \$50	Progressive Lenses	up to \$75
		Contacts	up to \$105
		Tints	up to \$5
<small>VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.</small>			

TRI-COUNTY SCHOOLS INSURANCE GROUP



Hearing Aid Discount Program:
TruHearing

TruHearing is making hearing aids affordable for all VSP® Vision Care members by providing free enrollment in the TruHearing MemberPlus® Program.

Members can add their covered dependents and other family members to the plan in order to enjoy the same great savings.

TruHearing™ Choice

The Program

All VSP members and their families have access to the TruHearing Choice program. TruHearing offers you an average savings of \$980 per aid on a wide variety of the latest digital hearing aids as well as access to a professional network of over 5,000 provider locations nationwide.

In addition, each TruHearing purchase includes:

- 3 follow-up visits with a provider for fitting and adjustments
- 45-day risk-free trial
- 3-year manufacturer warranty for repairs and one-time loss and damage replacement
- 48 free batteries per aid

Call (877) 372-4040 to get started

<https://www.truhearing.com/vsp/>

TRI-COUNTY SCHOOLS INSURANCE GROUP



Optional Voluntary Life Insurance

TRI-COUNTY SCHOOLS INSURANCE GROUP

1176 Live Oak Blvd., Suite A Yuba City, CA 95991 | 530.822.5299 | 530.822.5284



Voluntary Life Insurance
Group #706574

What is Voluntary Term Life Insurance?

- Offered through your employer
- Pays a benefit to your beneficiary if you pass away during a specific period of time (“term”)
- Term is generally one year, renewing annually with other employer-offered benefits
- You have the option to elect Voluntary Term Life Insurance.

Eligibility and coverage options

For you:

- All active employees working 20+ hours per week and enrolled in TCSIG medical plans.
- Voluntary Term Life Insurance coverage Options: Eligible employees may elect Voluntary Term Life Insurance of \$50,000, \$100,000, \$150,000 or \$200,000.
- Age reductions: Benefit amount reduces to 65% of original coverage at age 65 and to 50% of original coverage at age 70.

For your spouse*:

- If your spouse is covered under the policy as an employee, then your spouse is not eligible for coverage under the spouse benefit. Coverage is available only if employee Voluntary Term Life Insurance is elected.
- Eligible employees may elect spouse Voluntary Term Life Insurance of \$10,000, \$15,000 or \$25,000. Coverage cannot exceed 100% of your approved employee Voluntary Term Life Insurance amount.
- Age reductions: Benefit amount reduces to 65% of original coverage at spouse age 65 and to 50% of original coverage at spouse age 70 and after.

For your children:

- To age 19, to age 26 if a full-time student.
- Coverage is available only if Employee Voluntary Term Life Insurance is elected. If both parents are covered as employees, only one but not both may cover the same children. If the parent who is covering the children stops being insured as an employee, the other parent may apply for children's coverage.
- Eligible employees may elect Children Voluntary Term Life Insurance of \$10,000.
- Age reductions: Not applicable

*The use of “spouse” in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.

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What does my life insurance include?

The benefits listed below are included with your life insurance coverage.

Accelerated Death Benefit: If you are diagnosed with a terminal illness with a limited life expectancy, you may receive a portion of your death benefit while still living.

Conversion*: You may convert life insurance coverage to an individual whole life insurance policy when you leave your employer or due to loss of eligibility under the employer’s group policy.

Waiver of Premium: If you become unable to work due to total disability, your Voluntary Term Life Insurance can be continued without premium payment.

Convenient Payroll Deductions: Premium deductions for Voluntary Term Life coverages are taken directly from your paycheck, so you never have to worry about late payments or lapse notices.

A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders.

*Coverage on your spouse and children is available if they are enrolled for Voluntary Term Life Insurance.

How much does my life insurance cost?

Employee and Spouse Voluntary Term Life Insurance Rates

Age	Monthly Rate per \$1,000 of Coverage
Under 25	\$0.06
25-29	\$0.06
30-34	\$0.09
35-39	\$0.10
40-44	\$0.13
45-49	\$0.19
50-54	\$0.33
55-59	\$0.54
60-64	\$0.83
65-69	\$1.60
70 +	\$2.59

The rates are per individual.

Children Voluntary Term Life Insurance Rate

Monthly cost for all eligible children

Coverage Level	Monthly Cost
\$10,000	\$2.00

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Use the steps below to calculate your premium for you and your spouse based on the amount of insurance you elected:

Step 1: Enter the rate per \$1,000 based on age:

Step 2: Take the amount of insurance and divide it by 1,000:

(Example: For \$150,000 of coverage, enter "150")

Step 3: Multiply lines 1 and 2 (this is your monthly cost):

Monthly cost for your children: (covers all eligible children)

Enter the monthly cost for the amount of coverage from the table above:

Exclusions and limitations

Voluntary Term Life Insurance coverages have a two-year suicide exclusion from the effective date of coverage or an increase in coverage.

Exclusions and limitations

Voluntary Term Life Insurance coverages have a two-year suicide exclusion from the effective date of coverage or an increase in coverage.

Additional non-insurance services:

Funeral Planning and Concierge Services

Employee Assistance Program

Voya Travel Assistance

For more information or to access the certificate of insurance, please call the Voya Employee Benefits Customer Service Team at (800) 955-7736.

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Employee Assistance Program

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Employee Assistance Program: (Counseling, Legal, Financial or Other personal or family concerns) EAP Services

The Employee Assistance Program provides a wide variety of services for employees, spouses, domestic partners, and family dependents. The services are oriented toward helping individuals and families cope with the day-to-day "problems of living."

Services include:

- Outpatient Counseling with Licensed Psychotherapists
- Legal Assistance from Licensed Attorneys
- Financial Consultation and Planning
- Income Tax Consultation and Preparation
- Credit Debt Services
- Debt Counseling
- Work/Life Referral Services
- Referral Services to hospitals, treatment centers, self-help organizations, educational programs and social service agencies for personal and family problems
- Follow-up to insure that services meet your needs

Mental Health/Substance Abuse Counseling

Assessment counseling is available face-to-face in or near the employee's residence or workplace. The HBA counseling panel consists of several thousand licensed counselors, psychologists and clinical social workers who are located throughout the United States and in Guam, Puerto Rico, and the American Virgin Islands. HBA maintains an "open panel" and will add qualified counselors to that panel at the request of employees, dependents, or employer representatives.

When providing services to the employee or dependent, the primary role of the counselor is to provide assessment services. All counselors are state-licensed professionals with master's or doctoral degrees and four or more years counseling experience. The average HBA counselor has 13.5 years experience. Counselors are selected based on their skill as diagnosticians, their knowledge of local treatment resources, and their EAP experience. The objective of assessment counseling is to clearly identify the problem(s) and arrange for appropriate treatment.

Qualified intake counselors are always available to provide referral assistance and respond to crisis calls. Multi-lingual counselors and others with specialized training are available in most locations.

An HBA intake counselor follows up on every case. Clients are re-contacted within seven days of the referral to ensure the client was able to contact the assessment counselor or treatment resource.

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Legal Assistance

Each Member is entitled to one free consultation each, for up to three separate legal matters per year. In the event you decide to retain the attorney after the consultation, you will be provided with a preferred rate reduction of 25% from the attorney's normal hourly rate.

Examples of the type of legal matters for which you may use this program include:

- Civil/Consumer Issues
- Personal/Family Law Services
- Criminal Law, Misdemeanor and Felony
- Business Legal Services
- Wills and Trusts
- Real Estate Law

The only ineligible issue is employment law.

Credit Debt Services

Lawyers uniquely skilled in the areas of re-negotiating debt perform these services with creditors in order to assist members with overdue bills. This is an excellent alternative to bankruptcy and has led to the restoration of credit worthiness for many of our members. These lawyers are also proficient at assisting members to repair derogatory credit information, which may exist on their credit reports. These services are provided in strict compliance with the Federal Fair Credit Reporting Act as well as any and all related state laws.

Debt Counseling

The National Association of Consumer Credit Counseling Agencies is composed of Consumer Credit Counseling Agencies with offices throughout the country. These agencies provide the following services for Employee Assistance Program referrals:

- Debt Counseling for employees, their dependents, and family members
- Budget Preparation based on the individual's current financial position and income
- Credit Negotiation to develop agreements between the debtor and creditors based on the budget developed for that debtor
- Monitoring of the debtor's ability to meet the agreements

If a client enters into a repayment agreement negotiated by Consumer Credit Counseling, he or she will be expected to write one or two monthly checks to the agency. Those funds will be used by the agency to repay creditors. Most creditors will accept these agreements and will suspend or reduce interest added to the credit balance as long as they receive monthly payments. There is a small administrative fee charged to the client each month for this service.

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All of the above services may be accessed by calling Human Behavior Associates, Inc. at (800) 937-7770. The phone is answered 24 hours per day, 7 days per week. All contact with HBA and its service providers is strictly confidential. In the event of an emergency, call: 911

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Wellness

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TCSIG Health and Wellness Center

1174 Live Oak Boulevard
Yuba City, CA 95991

(530) 822-5500

Mon-Fri 8:00 AM to 7:00 PM
Sat 8:00 AM to 3:00 PM

Acute Care – getting back to healthy

- Treating illnesses, minor injuries, and skin conditions
- Cold/flu
- Conjunctivitis
- Cuts
- Headache/ migraine
- Infections
- Muscle and joint pains
- Nausea/vomiting
- Rashes
- Sinus infections
- Sore and strep throat
- Wound care

Preventive Care – staying healthy

- Administering vaccines, health education, wellness services, and onsite prescription dispensing
- Screenings
- Wellness coaching
- Vaccinations
- Physicals
- In-house Labs

Disease Management – helping you stay healthy. Developing treatment plans and follow-up for chronic conditions

- Allergies
- Asthma
- Depression
- Diabetes

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- Emphysema
- High blood pressure
- High cholesterol
- Thyroid conditions
- Weight management
- Post-Surgery Care

THE PATIENT PORTAL

Through the Patient Portal via the Healow app, you will be able to

- ask questions of providers, nurses, and staff members
- request prescription refills and referrals
- request appointments via message

... all from the comfort of your home, whenever it is convenient for you!

By using the Patient Portal you no longer have to call the office, leave a message, and wait for a response to get the results of your lab work; those results will be available to you on the Portal. You no longer have to call with a question or concern; you can send a message to the office through the Portal.

Download the Healow app today to take an active role in managing your health care.

THE PATIENT PORTAL



https://mycw119.ecwcloud.com/portal16498/jsp/100mp/login_otp.jsp

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TCSIG Wellness Center FAQ's

WHAT ARE THE BENEFITS OF USING THE TCSIG WELLNESS CENTER?

Cost savings to you – Use of the Wellness Center is FREE to TCSIG members and their covered dependents. This means you do not have to pay a copay, deductible, or coinsurance.

Cost savings to everyone – Our Wellness Center is projected to reduce costs of the TCSIG Medical plans, which means lower premium increase over time.

Convenience – The Center is open Monday through Friday, 8:00 AM to 7:00 PM and Saturday 8:00 AM to 3:00 PM. Occasional walk-ins for acute care can be accommodated, but if you are not well, please call the office at (530) 822-5500 to schedule your appointment. It will minimize your discomfort and the spread of germs by making an appointment and waiting for your scheduled time.

WHAT IF I NEED A REFERRAL TO A SPECIALIST?

We will work closely with you in selecting the highest quality specialist available to meet your unique needs.

DO YOU ACCEPT WALK-IN PATIENTS?

Yes, however we prefer to have you call (530) 822-5500 to set an appointment.

WHO CAN BE SEEN AT THE TCSIG WELLNESS CENTER?

Any TCSIG member or covered family member may receive care from the Wellness Center.

WHAT DO I NEED TO PROVIDE AT THE TIME OF SERVICE?

Center staff will determine your eligibility at the time of your visit. They will need to see your medical identification card and a photo ID for verification purposes.

WHAT SERVICES ARE PROVIDED BY THE WELLNESS CENTER?

- Preventative Care – Health risk assessments and follow-up visits, wellness coaching, vaccinations, routine annual physicals, well-woman exams, birth control, in-house lab screening (anemia, diabetes, thyroid, and cholesterol).
- Acute Care – Colds, flus, infections, sore throats, cuts, sprains, muscle and joint pain.
- Disease Management – Diabetes, high cholesterol, high blood pressure, asthma, and allergies.
- Weight Loss
- Wound Care Management

WHAT SERVICES DO YOU NOT PROVIDE?

Chronic pain management or psychiatric services is not provided.

DO YOU PROVIDE ANY LAB SERVICES OR DIAGNOSTIC SERVICES?

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Outside of the in-house labs mentioned above, we refer out to diagnostic centers in the area as needed. Any lab service where blood is drawn in the Wellness Center but sent out to a diagnostic center is provided at no cost to the patient.

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Telemedicine

Telemedicine: Wellness Center E-Visit

We are excited to introduce you to the TCSIG Wellness Center tele-visit capabilities! Using this online application will allow you to visit face to face with one of our Nurse Practitioners via video-chat from your desktop or mobile device.

To use this service just follow these three simple steps:

1. Go to URL: <http://app.evisit.com/#/enroll/tcsigwellnesscenter> and set up a telehealth account. Be prepared to answer a few short questions about your current health status. You are then ready to schedule a virtual visit.
2. To schedule a virtual office visit call the TCSIG Wellness Center at (530) 822-5500.
3. When it is time for your visit return to <http://app.evisit.com/#/enroll/tcsigwellnesscenter> and log in. Then wait in the virtual waiting room for the Nurse Practitioner to arrive.

For Future Visits Repeat Steps 2 & 3 Only

A few helpful pointers:



Save these links under your "favorites" for future visits from your computer.



For use on a mobile device go to the app store and download the "eVisit" app to your phone or tablet.



Be sure the device you want to use for your telehealth visit has a camera and strong internet/wifi connectivity.

Call **(530) 822-5500** for questions on evisit.

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Telemedicine: Plushcare



THE CARE YOU NEED, WHEN YOU NEED IT

Telemedicine offers quality health care through a national network of board-certified doctors, who are available by phone or video consults. The doctors can provide you with advice, recommendations and referrals, for whatever's on your mind.

PlushCare gives you remote access to a network of top board certified doctors, so you get quality medical care without the unnecessary hassle of visiting a physician's office. And, it is free to use when you sign up for your employers plan!

The Best Doctors:

PlushCare's doctors are Board Certified and trained at the top 25 medical schools to ensure you get quality care every time.

Easy Access:

Access our physicians through our secure online video or telephone services.

Treatment:

Our doctors take the time to listen to your issues and give you the right treatment the first time. Prescriptions are sent right to your local pharmacy!

Get The Care You Need, When You Need It

PlushCare's network of doctors is available online or over the phone and provides treatments for hundreds of conditions. If appropriate, the doctor can write a prescription and have it sent immediately to the pharmacy of your choice. You and your family no longer have to wait to get the care you need!

PlushCare Treats:

- Bronchitis
- Chickenpox
- Ear Infections
- Impetigo
- Kidney Infections
- Lice
- Pink Eye-
- Pneumonia
- Pre-travel Questions and Prescriptions
- Rashes / Dermatitis
- Sinus Infection (Sinusitis)
- Sore Throat
- STD Testing and Treatment
- The Common Cold and Stomach Flu
- Urinary Tract Infection
- And More!**

Ready to get started? Call for Free * Today! (866) 460-6205, or visit www.plushcare.com for more information or to book an appointment.

*** Due to IRS Rules, Members on CDHP will Pay \$49.**

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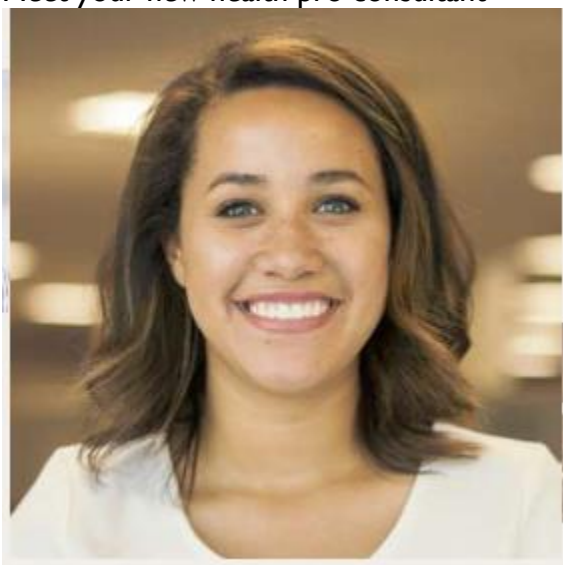
Compass

Tri-County Schools Insurance Group is committed to providing you the resources you need to help you better manage your benefits, your health and the health of your family. Navigating the complex healthcare system sometimes results in difficult experiences, valuable time spent away from other priorities and a higher cost of service. In partnership with **Compass Professional Health Services** beginning in **2019**, TCSIG is excited to offer a **FREE BENEFIT** to those enrolled in the Anthem plans to help navigate the health care system and spend less on medical care.

Compass gives our members access to a dedicated and highly trained **Health Pro** who is well versed in the TCSIG benefits plans and the overall healthcare system. Compass provides services to help with the following:

- Finding you highly-rated, cost-effective, in-network healthcare providers
- Making calls to schedule your appointments
- Reviewing your prescriptions to lower your monthly expenses
- Comparing costs with different providers before you seek services
- Explaining details of the Medical, Prescription, Dental, Vision, and HSA plans

Meet your new health pro consultant



Michelle Kuharski
Michelle.Kuharski@compassphs.com
800.513.1667 x 717

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Healthcare Bluebook

Healthcare Bluebook is a FREE added healthcare benefit to help you shop for care, compare facilities, save money on healthcare services, and earn rewards. The web and mobile applications make it easy to save money on hundreds of the most common medical services and procedures by showing you the cost ranges in your area and providing you with a selection of FAIR PRICE facilities.

Bluebook’s web and mobile application make it easy to save money on hundreds of common medical services and procedures by showing you the cost ranges in your area and providing you with a selection of Fair Price™ (green) facilities.

Detailed information is also provided on the quality of common inpatient procedures (those that require a hospital stay). Healthcare Bluebook will help you to easily identify and select a facility that has a high-quality rating.

What is the “FAIR PRICE?”

The Fair Price™ is the amount you should reasonably expect to pay for a service or procedure and is based on the actual amount paid on the claim, not the billed amount, reflecting the discounts that the health plan has negotiated with the facility.

Here’s an example of dramatic price differences between one facility and another.



QUALITY

Aren’t all hospitals good at everything?

No, very few hospitals are good at all procedures. For example, a hospital can be among the highest performing facilities in the US for heart surgery, yet the same hospital can also be among the lowest performing facilities for joint replacement.

Can cheaper mean better quality? YES! Absolutely!

Providers with lower costs can have higher quality; there is no correlation between high cost and high quality. Healthcare Bluebook provides cost and quality ratings side-by-side for inpatient procedures, which is where quality matters most. By using Bluebook, it’s easy to see which facilities offer the highest quality at the lowest costs.



REWARDS

How do I earn Go Green to Get Green Rewards?

You can earn rewards by simply visiting green providers for rewards-eligible procedures. Bluebook does all of the processing; there are no additional forms to submit.

Always check in-network status before scheduling.

EASY SETUP

How do I access Healthcare Bluebook?

ON YOUR PC, LAPTOP, AND/OR TABLET:

Log in to Healthcare Bluebook and bookmark the search page for quick access.

ON YOUR MOBILE PHONE:

Download the app and log in so you'll have Bluebook with you anytime you need to schedule a procedure.

Company Code: TCSIG

Bluebook's convenient color codes make it easy for you to identify those providers by cost and quality.

COST RATINGS			
	At or Below Fair Price	Slightly Above Fair Price	Highest Price
QUALITY RATINGS			
	Highest Quality	Average Quality	Lowest Quality

Check It Out:

healthcarebluebook.com/cc/TCSIG

800-341-0504

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Lifestyle Management Program: TeamCare

All enrolled TCSIG members have access to a TeamCare Personal Health Coach in our lifestyle management program. Coaches collaborate with each participant to make lasting changes that lead to a healthier life. Focus areas include:

- Weight Management
- Physical Activity
- Nutrition
- Stress Management
- Heart Health
- Pre & Post Natal Health
- Nicotine Cessation

Enrolling in the program is easy! Simply call (866) 724-0032 and you will be on your way towards a healthier you!

Individuals with chronic health conditions, such as asthma, COPD, diabetes and heart disease, are eligible to participate in this program. Individuals will work 1-on-1 with a health educator to gain a better understanding of their condition and how it affects their lifestyle. This program is free to all enrolled TCSIG members. Please call (866) 440-4429.

Biometrics Screening

ARE YOU READY TO OWN YOUR HEALTH?

Your biochemistry is the most accurate way to understand how nutrition, exercise, and lifestyle affect your long-term health. Tri-County Schools Insurance Group is proud to offer biometric screening to our TCSIG medically covered members, **at no cost to you.**

Your blood test includes the following biomarkers:

- Cardiovascular Health
- Liver Health
- Kidney Health
- Nutrition & Electrolytes
- Blood Health
- Metabolic Health
- For High-Risk Groups

It's convenient. It's in-depth. It's 100% confidential.

TRI-COUNTY SCHOOLS INSURANCE GROUP



Helpful Phone Numbers

TCSIG Administration Office

(530) 822-5299

(866) 822-5299

tcsig.com

TCSIG Wellness Center

**(Office Visits, Disease Mgmt,
eVisits)**

(530) 822-5500

tcsig.com

Delta Health Systems

**(Eligibility and Claims
Information)**

(800) 464-7627

deltahealthsystems.com

Disease/Health Management

(866) 440-4429

Lifestyle Mgmt/Health

Coaching

(866) 724-0032

teamcare@delapro.com

PlushCare (24/7 Telemedicine)

(866) 460-6205

plushcare.com

PhysMetrics

(877) 519-8839

tcsigchiro.com

HBA - Mental Health/Employee Assistance Program (EAP)

(800) 937-7770

callhba.com

ProAct Rx

(877) 635-9545

ProActRx.com

Costco Mail Order Pharmacy

(800) 607-6861

pharmacy.costco.com

Noble Specialty Pharmacy

(888) 843-2040

noblehealthservices.com

Delta Dental of California

(866) 499-3001

deltadentalins.com

Vision Service Plan (VSP)

(800) 877-7195

vsp.com

Hearing Aid Discount Program

(877) 396-7194

vsp.truhearing.com

HealthCare Bluebook

(800) 341-0504

healthcarebluebook.com/cc/tcsig

Compass

(800) 513-1667 x 717

Michelle.Kuharski@compassphs.com

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Attachments

[Enrollment Form – Medical/Dental/Vision/Group Life](#)

Enrollment Form – Voluntary Life

[Plan Document-Medical](#)

[Plan Document-CDHP](#)

[Plan Document-Dental](#)

[Plan Document-Voluntary Life](#)

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