



Tri-County Schools Insurance Group
Summary of Benefits 2024/2025

	PREMIER PLUS	PREMIER	STANDARD	BASIC	Consumer Driven Health Plan CDHP (HSA Qualified) Effective 1/1/2024
ACA Metal Ranking	<i>Platinum</i>	<i>Platinum</i>	<i>Gold</i>	<i>Gold</i>	<i>Silver</i>
Tiered Rates					
Emp Only	\$1,192	\$1,010	\$842	\$725	\$513
Emp + One	\$2,384	\$2,020	\$1,684	\$1,450	\$1,026
Emp + Family	\$3,218	\$2,727	\$2,273	\$1,958	\$1,385
1 MediCare A&B	\$834	\$707	\$589	\$508	\$359
1 MediCare + 1 Regular	\$2,026	\$1,717	\$1,431	\$1,233	\$872
2 MediCare A&B	\$1,668	\$1,414	\$1,178	\$1,016	\$718
Maximum Lifetime	No Limit	No Limit	No Limit	No Limit	No Limit
Deductible					*
Individual	\$75	\$500	\$750	\$1,000	\$1,600
Family Maximum	\$150	\$1,000	\$1,500	\$2,000	\$3,200
Coinsurance (after deductible)	80% / 20%	90% / 10%	80% / 20%	70% / 30%	50% / 50%
Out Of Pocket Max (includes PPO MEDICAL copays, deductible, coinsurance)					
Individual	\$475	\$2,500	\$3,500	\$5,000	\$5,000
Family Maximum	\$950	\$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	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	\$10	\$15	\$20	\$20	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%).

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: <https://www.tcsig.com/plan-documents>