

## Tri-County Schools Insurance Group

### Summary of Benefits 2011/2012 (Medical Only)\*

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: [www.tcsig.com](http://www.tcsig.com); then click on "Documents."

Benefits	PREMIER PLUS	PREMIER	STANDARD	BASIC	HDHP--Emp Only	HDHP +1 & Fam
Composite	\$1,451	\$1,254	\$1,132	\$927	\$618	\$618
Retiree/Tiered:						
Emp Only	\$725	\$627	\$566	\$463	\$309	NA
Emp + 1	\$1,378	\$1,191	\$1,075	\$881	NA	\$587
Emp + Fam	\$1,814	\$1,568	\$1,415	\$1,159	NA	\$773
Single Medicare	\$479	\$414	\$374	\$306		
<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>No Limit</b>
<b>Calendar Year Deductible</b>						
PPO Individual	\$75	\$250	\$500	\$1,000	\$1,200	\$2,400
Family	\$225	\$750	\$1,500	\$3,000		
Non PPO Individual	\$150	\$500	\$1,000	\$2,000	Double PPO	Double PPO
Family	\$300	\$1,500	\$3,000	\$6,000		
<b>Calendar Year Coinsurance</b>	<b>Member Pays:</b>				<b>Plan Pays 50% in-network (PPO) / 40% out-of-network (Non PPO)</b>	
PPO Individual	20% to \$400	10% to \$1,500	20% to \$3,000	50%to \$5,000	\$4,750	50% up to \$5,950 Max Out-of-Pocket
Family	20% to \$800	10% to \$3,000	20% to \$6,000	50%to \$10,000	NA	\$9,500
Non PPO Individual	40% to \$1,200	30% to \$4,500	40% to \$9,000	60% to \$20,000	Double PPO	Double PPO
Family	40% to \$2,400	30% to \$9,000	40% to \$18,000	60% to 40,000	NA	Double PPO
<b>Maximum Out-Of-Pocket</b>	<b>Maximum Out-Of-Pocket is Deductible plus Coinsurance. Copays and ER Deductibles do not apply toward annual deductible or coinsurance.</b>				<b>Individual \$5,950. Family \$11,900. Out-of-network doubled. Then 100% coverage.</b>	
<b>Office Visit Copay</b>						
PPO Individual	\$10	\$15	\$20	Subj. to ded./coins.		
Non PPO Individual	\$20	Subj. to ded./coins.	Subj. to ded./coins.	Subj. to ded./coins.		
<b>Pre-existing Limitation</b>	None				None	
<b>Physician/Pract. Office Visit</b>	See amounts above				Subject to Deductible & Coinsurance	
<b>Routine Physical Exam</b>	PPO payable 100%; Non-PPO subject to Deductible and Coinsurance				<b>PPO payable 100%</b> ; Non-PPO subject to Deductible and Coinsurance	
<b>Immunizations Per CDC</b>	PPO payable 100%; Non-PPO subject to Ded and Coinsurance; foreign travel immunizations excluded				<b>PPO payable 100%</b> ; Non-PPO subject to Ded and Coins; foreign travel immunizations excluded	
<b>Preventive Child Care</b>	PPO payable 100%; Non-PPO subject to Deductible and Coinsurance				<b>PPO payable 100%</b> ; Non-PPO subject to Deductible and Coinsurance	
<b>In-patient Hospitalization</b>	Subject to Deductible and Coinsurance; Pre-Certification required				Subject to Deductible and Coinsurance	
<b>Out-patient Services</b>	Subject to Deductible and Coinsurance				Subject to Deductible and Coinsurance	
<b>Surgery</b>	Subject to Deductible and Coinsurance				Subject to Deductible and Coinsurance	
<b>Anesthesiologist</b>	Subject to Deductible and Coinsurance. If surgeon is PPO, then anesthesiologist treated as PPO.				Subject to Ded and Coins. If surgeon is PPO, then anesthes treated as PPO.	
<b>Skilled Nursing</b>	Subject to Deductible and Coinsurance. 100 days per calendar year				Subject to Deductible and Coinsurance. 100 Days Per Calendar Year	
<b>Home Health Care</b>	Subject to Deductible and Coinsurance. 100 visits per calendar year				Subject to Deductible and Coinsurance. 100 Visits Per Calendar Year	
<b>Hospice Care/Lifetime</b>	Subject to Deductible and Coinsurance.				Subject to Deductible and Coinsurance. \$10,000 Maximum.	
<b>Bereavement Counseling</b>	Subject to Deductible and Coinsurance. Four Sessions / \$25 Maximum.				Subject to Deductible and Coinsurance. Four Sessions / \$25 Maximum.	
<b>Hospital Emergency Room</b>	\$50 ER Deductible then Plan pays appropriate coinsurance percentage, PPO or Non-PPO. ER Deductible applies per occurrence.				Subject to Deductible and Coinsurance	
<b>Maternity</b>	Subject to Deductible and Coinsurance. Family Coverage.				Subject to Deductible and Coinsurance	
<b>Ambulance</b>	Subject to Deductible and Coinsurance				Subject to Deductible and Coinsurance	
<b>Chiropractic Office Visit</b>	\$20 copay; Pre-Certification after 12 visits and for dependent minors				Subject to Deductible and Coinsurance with 26 visits per Calendar Year	
<b>Durable Medical Equipment</b>	Subject to Deductible and Coinsurance				Subject to Deductible and Coinsurance	
<b>TMJ/Lifetime Benefit</b>	Subject to Deductible and Coinsurance. \$1,000 Lifetime Maximum Benefit.				Subject to Deductible and Coinsurance with \$1,000 Lifetime Maximum Benefit	
<b>Prescription Drugs:</b>					<b>Patient Pays 100% at Point of Sale - Reimbursed After Applying Deductible and Coinsurance.</b>	
<b>Up To 1 Month Supply:</b>	<b>Receive up to a 31 day supply at a retail store:</b>				<b>Receive up to a 31 day supply at a retail store:</b>	
Generic	\$5 copay on all Plans				Subject to Deductible and Coinsurance, then 100% coverage in-network	
Preferred Brand	25% to max of \$35 on all Plans				Subject to Deductible and Coinsurance, then 100% coverage in-network	
Non-Preferred	45% to max of \$70 on all Plans				Subject to Deductible and Coinsurance, then 100% coverage in-network	
<b>3 Month Supply:</b>	<b>Receive up to a 90 day supply through TCSIG's Mail Order OR by the "90-day at Retail Program" at these pharmacies: Bel-Air, CVS, Kmart, Longs, Marysville Medicine Shoppe, P.J's, Peach Tree Pharmacy, Raley's, Rite-Aid, Safeway, Target, Walgreens, Walmart</b>				<b>Receive up to a 90 day supply through TCSIG's Mail Order or buy the "90-day at Retail Program" at the pharmacies shown at left.</b>	
Generic	\$10 copay on all Plans				Subject to Deductible and Coinsurance, then 100% coverage in-network	
Preferred Brand	\$50 copay on all Plans				Subject to Deductible and Coinsurance, then 100% coverage in-network	
Non-Preferred	\$90 copay on all Plans				Subject to Deductible and Coinsurance, then 100% coverage in-network	
<b>Mental Health:</b>	<b>Pre-certification required for both Inpatient and Outpatient services</b>				<b>Pre-cert required for both Inpatient and Outpatient services</b>	
<b>In-patient Hospitalization</b>	<b>PPO Only.</b> Subject to Deductible and Coinsurance.				PPO only. Subject to Ded and Coins, then 100% coverage in-network.	
<b>Days Limitation</b>	30 per yr/90 lifetime				30 per yr/90 lifetime	
<b>PPO Out-patient</b>	50% to a \$50 maximum, Not Subject to Deductible or Coinsurance				Maximum Allowed \$100, Subject to Deductible and Coinsurance	
<b>Non PPO Out-patient</b>	50% to a \$25 maximum, Not Subject to Deductible or Coinsurance				Maximum Allowed \$50, Subject to Deductible and Coinsurance	
<b>Calendar Year Maximum</b>	52 visits, 1 per day				Subject to Deductible and Coinsurance. 52 visits, 1 per day	
<b>Chemical Dependency</b>	Subject to Deductible and Coinsurance.				Subject to Ded and Coins.	

\* These costs are for the medical portion of the plan only. Please see rate sheets for costs including dental and vision.