

TRI-COUNTY SCHOOLS INSURANCE GROUP

Vision Plan Rates (Monthly)

Effective: July 1, 2009

PLAN A	\$0 Copay	\$5 Copay	\$10 Copay	\$15 Copay
COMPOSITE:	\$18	\$17	\$16	\$15
TIERED:				
Employee Only	\$11	\$10	\$9	\$8
Employee + One Dependent	\$16	\$15	\$14	\$13
Employee + Family	\$29	\$28	\$27	\$26

PLAN B	\$0 Copay	\$5 Copay	\$10 Copay	\$15 Copay
COMPOSITE:	\$21	\$20	\$19	\$18
TIERED:				
Employee Only	\$13	\$12	\$11	\$10
Employee + One Dependent	\$19	\$18	\$17	\$16
Employee + Family	\$33	\$32	\$31	\$30

PLAN C	\$0 Copay	\$5 Copay	\$10 Copay	\$15 Copay
COMPOSITE:	\$27	\$26	\$25	\$24
TIERED:				
Employee Only	\$17	\$16	\$15	\$14
Employee + One Dependent	\$24	\$23	\$22	\$21
Employee + Family	\$43	\$42	\$41	\$40