

# Tri-County Schools Insurance Group

Monthly Rates Effective: **July 1, 2011**

Waiver Assessment: Composite \$612, Tiered \$306

MEDICAL PLAN RATES	PPO Plans				HSA Qualified	HMO	
	Premier Plus	Premier	Standard	Basic	HDHP	Kaiser Hi \$10 OV Copay	Kaiser Low \$20 OV Copay
	COMPOSITE:	\$1,451	\$1,254	\$1,132	\$927	\$618	\$1,337
TIERED:							
Employee Only	\$725	\$627	\$566	\$463	\$309	\$622	\$585
Employee + One	\$1,378	\$1,191	\$1,075	\$881	\$587	\$1,244	\$1,170
Employee + Family	\$1,814	\$1,568	\$1,415	\$1,159	\$773	\$1,760	\$1,655
MEDICARE RATES:							
Retiree On Medicare	\$479	\$414	\$374	\$306	\$206	\$424	\$304
Ret+One (One Medicare)	\$1,204	\$1,041	\$940	\$769	\$515	\$1,046	\$889
Ret+One (Both Medicare)	\$958	\$828	\$748	\$612	\$412	\$848	\$608

DENTAL PLAN RATES				
	D-1 \$1,250 No Ortho	D-2 \$1,250 Child Only Ortho	D-3 \$1,250 Adult/Child Ortho	D-4 \$1,250 Child Orth/70% Pros
<b><u>Premier PPO Incentive (\$250):</u></b>				
Composite	\$83	\$86	\$87	\$92
Employee Only	\$42	\$42	\$44	\$49
Employee + One	\$78	\$81	\$82	\$87
Employee + Family	\$113	\$116	\$118	\$124
<b>Add-on Costs:</b>				
	A \$1,750 D1, D2, D3	B \$2,250 D1, D2, D3	A \$1,750 D4	B \$2,250 D4
Composite	\$10.00	\$15.50	\$11.00	\$17.00
Employee Only	\$5.00	\$8.00	\$6.00	\$9.00
Employee + One	\$9.50	\$14.50	\$10.50	\$16.00
Employee + Family	\$13.50	\$21.00	\$15.00	\$23.00

Delta Preferred Provider Option (PPO):				
	D-1 PPO \$1,250 No Ortho	D-2 PPO \$1,250 Child Only Ortho	D-3 PPO \$1,250 Adult/Child Ortho	
Composite	\$63	\$65	\$66	
Employee Only	\$32	\$32	\$33	
Employee + One	\$59	\$61	\$62	
Employee + Family	\$85	\$87	\$89	
<b>Add-on Costs:</b>				
	A \$1,750 Annual Max	B \$2,250 Annual Max	Child Ortho to \$1,000	Adult/Ch Orth to \$1,000
Composite	\$8	\$12	\$2	\$3
Employee Only	\$4	\$6	\$2	\$3
Employee + One	\$7	\$11	\$2	\$3
Employee + Family	\$10	\$16	\$2	\$3

VISION PLAN RATES	Copay			
	\$0	\$5	\$10	\$15
<b>PLAN A 12/24/24</b>				
Composite	\$18	\$17	\$16	\$15
Employee Only	\$11	\$10	\$9	\$8
Employee + One Dependent	\$16	\$15	\$14	\$13
Employee + Family	\$29	\$28	\$27	\$26
<b>PLAN B 12/12/24</b>				
Composite	\$21	\$20	\$19	\$18
Employee Only	\$13	\$12	\$11	\$10
Employee + One Dependent	\$19	\$18	\$17	\$16
Employee + Family	\$33	\$32	\$31	\$30
<b>PLAN C 12/12/12</b>				
Composite	\$27	\$26	\$25	\$24
Employee Only	\$17	\$16	\$15	\$14
Employee + One Dependent	\$24	\$23	\$22	\$21
Employee + Family	\$43	\$42	\$41	\$40