

**Tri-County Schools Insurance Group**  
**Summary of Benefits - HSA Qualified High Deductible Health Plan**  
**2011/2012**

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	High Deductible Health Plan (HDHP)
<b>Maximum Lifetime</b>	<b>No Limit</b>
<b>Calendar Year Deductible</b>	
PPO: Individual	\$1,200
PPO: * Family	\$2,400
Non PPO: Individual	Double PPO
Non PPO: * Family	Double PPO
<b>Calendar Year Coinsurance</b>	<b>Plan Pays 50% in-network (PPO) / 40% out-of-network (Non PPO)</b>
PPO: Individual	\$4,750
PPO: Family	\$9,500
Non PPO: Individual	Double PPO
Non PPO: Family	Double PPO
<b>Maximum Out-of-Pocket</b>	<b>Individual \$5,950. Family \$11,900. Out-of-network doubled. Then 100% coverage.</b>
<b>Pre-existing Limitation</b>	None
<b>Physician/Practitioner Office Visit</b>	Subject to Deductible & Coinsurance
<b>Routine Physical Exam</b>	<b>PPO payable 100%</b> ; Non-PPO subject to Deductible and Coinsurance
<b>Immunizations Per CDC</b>	<b>PPO payable 100%</b> ; Non-PPO subject to Deductible and Coinsurance; foreign travel immunizations excluded
<b>Preventive Child Care</b>	<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
<b>Out-patient Services</b>	Subject to Deductible and Coinsurance
<b>Surgery</b>	Subject to Deductible and Coinsurance
<b>Anesthesiologist</b>	Subject to Deductible and Coinsurance. If surgeon is PPO, then anesthesiologist treated as PPO.
<b>Skilled Nursing</b>	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
<b>Hospice Care/Lifetime</b>	Subject to Deductible and Coinsurance.
<b>Bereavement Counseling</b>	Subject to Deductible and Coinsurance. Four Sessions / \$25 Maximum.
<b>Hospital Emergency Room</b>	Subject to Deductible and Coinsurance
<b>Maternity</b>	Subject to Deductible and Coinsurance
<b>Ambulance</b>	Subject to Deductible and Coinsurance
<b>Chiropractic Office Visit</b>	Subject to Deductible and Coinsurance; Pre-Certification after 12 visits and for dependent minors
<b>Durable Medical Equipment</b>	Subject to Deductible and Coinsurance
<b>TMJ/Lifetime Benefit</b>	Subject to Deductible and Coinsurance
<b>Prescription Drugs:</b>	<b>Patient Pays 100% at Point of Sale - Reimbursed After Applying Deductible and Coinsurance.</b>
<b>Up To One Month Supply:</b>	<b>Receive up to a 31 day supply at a retail store:</b>
Generic	Subject to Deductible and Coinsurance, then 100% coverage in-network
Preferred Brand	Subject to Deductible and Coinsurance, then 100% coverage in-network
Non-Preferred	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</b>
	<b>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>
Generic	Subject to Deductible and Coinsurance, then 100% coverage in-network
Preferred Brand	Subject to Deductible and Coinsurance, then 100% coverage in-network
Non-Preferred	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>In-patient Hospitalization</b>	PPO only. Subject to Deductible and Coinsurance, then 100% coverage in-network.
<b>Days Limitation</b>	30 per yr/90 lifetime
<b>PPO Out-patient</b>	Maximum Allowed \$100, Subject to Deductible and Coinsurance
<b>Non PPO Out-patient</b>	Maximum Allowed \$50, Subject to Deductible and Coinsurance
<b>Calendar Year Maximum</b>	Subject to Deductible and Coinsurance. 52 visits, 1 per day
<b>Chemical Dependency</b>	Subject to Deductible and Coinsurance.

\* If 2 or more in the family, the entire family deductible must be met before the Plan begins to pay.