

# Tri-County Schools Insurance Group

## Summary of Benefits 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	<u>PREMIER PLUS</u>	<u>PREMIER</u>	<u>STANDARD</u>	<u>BASIC</u>
<b>Maximum Lifetime</b>	<b>No Limit</b>	<b>No Limit</b>	<b>No Limit</b>	<b>No Limit</b>
<b>Calendar Year Deductible</b>				
<b>PPO Individual</b>	\$75	\$250	\$500	\$1,000
Family	\$225	\$750	\$1,500	\$3,000
<b>Non PPO Individual</b>	\$150	\$500	\$1,000	\$2,000
Family	\$300	\$1,500	\$3,000	\$6,000
<b>Calendar Year Coinsurance</b>	Member Pays:			
<b>PPO Individual</b>	20% to \$400	10% to \$1,500	20% to \$3,000	50%to \$5,000
Family	20% to \$800	10% to \$3,000	20% to \$6,000	50% to \$10,000
<b>Non PPO Individual</b>	40% to \$1,200	30% to \$4,500	40% to \$9,000	60% to \$20,000
Family	40% to \$2,400	30% to \$9,000	40% to \$18,000	60% to \$40,000
<b>Maximum Out-Of-Pocket</b>	Maximum Out-Of-Pocket is Deductible plus Coinsurance*. Copays and ER Deductibles are excluded.			
<b>Office Visit Copay</b>				
<b>PPO Individual</b>	\$10	\$15	\$20	Subj. to ded./coins.
<b>Non PPO Individual</b>	\$20	Subj. to ded./coins.	Subj. to ded./coins.	Subj. to ded./coins.
<b>Pre-existing Limitation</b>	None			
<b>Physician/Practitioner Office Visit</b>	See amounts above			
<b>Routine Physical Exam</b>	PPO payable 100%; Non-PPO subject to Deductible and Coinsurance			
<b>Immunizations Per CDC</b>	PPO payable 100%; Non-PPO subject to Deductible and Coinsurance; foreign travel immunizations excluded			
<b>Preventive Child Care</b>	PPO payable 100%; 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>	\$50 ER Deductible then Plan pays appropriate coinsurance percentage, PPO or Non-PPO. ER Deductible applies per occurrence.			
<b>Maternity</b>	Subject to Deductible and Coinsurance. Family Coverage.			
<b>Ambulance</b>	Subject to Deductible and Coinsurance			
<b>Chiropractic Office Visit</b>	\$20 copay; 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>Up To 1 Month Supply:</b>	<b>Receive up to a 31 day supply at a retail store:</b>			
Generic	\$5 copay on all Plans			
Preferred Brand	25% to max of \$35 on all Plans			
Non-Preferred	45% to max of \$70 on all Plans			
<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	\$10 copay on all Plans			
Preferred Brand	\$50 copay on all Plans			
Non-Preferred	\$90 copay on all Plans			
<b>Mental Health:</b>	<b>Pre-certification required for both Inpatient and Outpatient services</b>			
<b>In-patient Hospitalization</b>	<b>PPO Only.</b> Subject to Deductible and Coinsurance.			
Days Limitation	30 per yr/90 lifetime			
<b>PPO Out-patient</b>	50% to a \$50 maximum, Not Subject to Deductible or Coinsurance			
<b>Non PPO Out-patient</b>	50% to a \$25 maximum, Not Subject to Deductible or Coinsurance			
Calendar Year Maximum	52 visits, 1 per day			
<b>Chemical Dependency</b>	Subject to Deductible and Coinsurance.			

\* Copays and ER Deductible do not apply toward annual deductible or coinsurance