



Preferred Provider (PPO) Benefits at a Glance 2015-2016

BENEFITS	PREMIER PLUS	PREMIER	STANDARD	BASIC	CDHP
ACA Metal Equivalent	Platinum	Platinum	Gold	Silver	Bronze
Composite Rate	\$2,075	\$1,758	\$1,465	\$1,260	\$894
Retiree/Tiered Rate					
Emp Only	\$943	\$799	\$666	\$573	\$406
Emp + 1	\$1,886	\$1,598	\$1,332	\$1,146	\$812
Emp + Fam	\$2,546	\$2,158	\$1,798	\$1,546	\$1,097
Single Medicare	\$660	\$559	\$466	\$401	\$284
Maximum Lifetime	No Limit	No Limit	No Limit	No Limit	No Limit
Calendar Year Deductible					* if two or more are in the family, the whole family deductible must be met
PPO Individual	\$150	\$500	\$750	\$1,500	\$1,750
Family	\$300	\$1,000	\$1,500	\$3,000	* \$3,500
Calendar Year Coinsurance	The coinsurance also includes copays from medical, chiropractic and out-patient mental health visits, special charges, and emergency room per occurrence fee.				
PPO Individual	20% up to \$800	15% up to \$2,500	20% up to \$3,250	50% up to \$4,100	50% up to \$4,700
Family	20% up to \$1,600	15% up to \$5,000	20% up to \$6,500	50% up to \$8,200	50% up to \$9,400
Calendar Year Deductible + Coinsurance	Individual \$950 Family \$1,900	Individual \$3,000 Family \$6,000	Individual \$4,000 Family \$8,000	Individual \$5,600 Family \$11,200	Individual \$6,450 Family \$12,900
Calendar Year Maximum RX Copays					Subject to Deductible/Coinsurance
Individual	\$1,000	\$1,000	\$1,000	\$1,000	
Family	\$2,000	2,000	\$2,000	\$2,000	
Office Visit Copay					
PPO Individual	\$10	\$15	\$20	\$20	Subj. to ded./coins.

PREVENTIVE BENEFITS

(Routine Physical Exam & Labs per USPSTF A & B Recommendations)

Paid at 100% when obtained from a PPO provider for all Medical Plans including CDHP.

- ◆ Routine Physical Exam & Labs
- ◆ Adult/Child Immunizations per CDC
- ◆ Preventive Child Care
- ◆ Breastfeeding Support
- ◆ Routine Colonoscopies
- ◆ Smoking Cessation Services
- ◆ Contraception (with prescription)

GENERAL BENEFITS

Subject to Deductible and Coinsurance

- ◆ In-Patient Hospitalization
- ◆ Ambulance
- ◆ Out-Patient Services
- ◆ Surgery/Anesthesiology
- ◆ Skilled Nursing
- ◆ Home Health Care
- ◆ Hospice Care
- ◆ Chemical Dependency
- ◆ In-Patient Mental Health

OTHER BENEFITS

- ◆ Bereavement Counseling (Four Sessions/\$25 Maximum)
- ◆ Hospital Emergency Room (\$50 ER copay per Occurrence)
- ◆ Chiropractic Office Visit \$20 Copay
- ◆ Mental Health Out-Patient 50% up to a \$50 maximum

****CDHP PLAN—Copays do not apply. Benefits subject to Deductible and Coinsurance.**

PRESCRIPTION BENEFITS

(For ALL Plans but CDHP)

RETAIL—31 Day Supply

- Generic \$5
- Preferred Brand 25% to a Max of \$35
- Non-Preferred 45% to a Max of \$70

Mail-Order or **90 -Day Retail

- Generic \$10
- Preferred Brand \$50
- Non-Preferred \$90

****90- Day Retail currently available at participating pharmacies. List is available at www.tcsig.com.**

When using Non-PPO & Other Health Care Providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible & percentage Copay.

This summary is for comparison purposes only. Please refer to the actual benefit book at www.tcsig.com for complete benefits.

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 Summary of Benefits or Plan Document please go to our website: www.tcsig.com then click on "Documents."