

TRI-COUNTY SCHOOLS INSURANCE GROUP

Medical Plan Rates (Monthly)

Effective: July 1, 2009

	PPO Plans				HSA Qualified HDHP (High Deductible Health Plan)			HMO	
	Premier Plus	Premier	Standard	Basic	Plan 1	Plan 2	Plan 3	Kaiser Hi \$10 OV Copay	Kaiser Low \$20 OV Copay
COMPOSITE:	\$1,115	\$962	\$885	\$726	\$713	\$636	\$618	\$1,193	\$1,121
TIERED:									
Employee Only	\$557	\$481	\$442	\$363	\$356	\$318	\$309	\$555	\$521
Employee + One Dependent	\$1,059	\$914	\$841	\$690	\$677	\$604	\$587	\$1,110	\$1,042
Employee + Family	\$1,394	\$1,203	\$1,106	\$908	\$891	\$795	\$773	\$1,572	\$1,474
MEDICARE RATES:									
Retiree Over 65 with Medicare A & B	\$368	\$317	\$292	\$240	\$237	\$212	\$206	\$390	\$279
Retiree and Dependent (One over 65 with Medicare A & B)	\$925	\$798	\$734	\$603	\$593	\$530	\$515	\$945	\$800
Retiree and Dependent (Both over 65 with Medicare A & B)	\$736	\$634	\$584	\$480	\$474	\$424	\$412	\$780	\$558

Waiver Assessment: Composite \$612

Tiered \$306