

Tri-County Schools Insurance Group

Summary of Benefits 2009/2010

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 ; then click on "Documents."

Benefits	<u>PREMIER PLUS</u>	<u>PREMIER</u>	<u>STANDARD</u>	<u>BASIC</u>
Composite Retiree/Tiered:	\$1,115	\$962	\$885	\$726
Emp Only	\$557	\$481	\$442	\$363
Emp + 1	\$1,059	\$914	\$841	\$690
Emp + Fam	\$1,394	\$1,203	\$1,106	\$908
Single Medicare	\$368	\$317	\$292	\$240
Maximum Lifetime	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000
Calendar Year Deductible				
PPO Individual	\$75	\$250	\$500	\$1,000
Family	\$225	\$750	\$1,500	\$3,000
Non PPO Individual	\$150	\$500	\$1,000	\$2,000
Family	\$300	\$1,500	\$3,000	\$6,000
Calendar Year Coinsurance	Member Pays:			
PPO Individual	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
Non PPO Individual	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
Maximum Out-Of-Pocket	Maximum Out-Of-Pocket is Deductible plus Coinsurance*. Copays and ER Deductibles are excluded.			
Office Visit Copay				
PPO Individual	\$10	\$15	\$20	Subj. to ded./coins.
Non PPO Individual	\$20	Subj. to ded./coins.	Subj. to ded./coins.	Subj. to ded./coins.
Pre-existing Limitation	None			
Physician/Practitioner Office Visit	See amounts above			
Routine Physical Exam	PPO payable 100%; Non-PPO subject to Deductible and Coinsurance			
Immunizations Per CDC	PPO payable 100%; Non-PPO subject to Deductible and Coinsurance; foreign travel immunizations excluded			
Preventive Child Care	PPO payable 100%; Non-PPO subject to Deductible and Coinsurance			
In-patient Hospitalization	Subject to Deductible and Coinsurance			
Out-patient Services	Subject to Deductible and Coinsurance			
Surgery	Subject to Deductible and Coinsurance			
Anesthesiologist	Subject to Deductible and Coinsurance. If surgeon is PPO, then anesthesiologist treated as PPO.			
Skilled Nursing	Subject to Deductible and Coinsurance. 100 days per calendar year			
Home Health Care	Subject to Deductible and Coinsurance. 100 visits per calendar year			
Hospice Care/Lifetime	Subject to Deductible and Coinsurance. \$10,000 Maximum.			
Bereavement Counseling	Subject to Deductible and Coinsurance. Four Sessions / \$25 Maximum.			
Hospital Emergency Room	\$50 ER Deductible then Plan pays appropriate coinsurance percentage, PPO or Non-PPO. ER Deductible applies per occurrence.			
Maternity	Subject to Deductible and Coinsurance. Family Coverage.			
Ambulance	Subject to Deductible and Coinsurance			
Chiropractic Office Visit	PPO \$20 copay; Non-PPO \$40 copay; 26 visits per Calendar Year			
Durable Medical Equipment	Subject to Deductible and Coinsurance			
TMJ/Lifetime Benefit	Subject to Deductible and Coinsurance. \$1,000 Lifetime Maximum Benefit.			
Prescription Drugs:				
Retail:	Receive up to a 31 day supply at a retail store:			
Generic	\$7 copay on all Plans			
Preferred Brand	25% to max of \$35 on all Plans			
Non-Preferred	45% to max of \$70 on all Plans			
Mail Order:	Receive up to a 90 day supply through TCSIG's mail Order:			
Generic	\$14 copay on all Plans			
Preferred Brand	\$50 copay on all Plans			
Non-Preferred	\$90 copay on all Plans			
Mental Health:	Pre-certification required for both Inpatient and Outpatient services			
In-patient Hospitalization	PPO Only. Subject to Deductible and Coinsurance.			
Days Limitation	30 per yr/90 lifetime			
PPO Out-patient	50% to a \$50 maximum, Not Subject to Deductible or Coinsurance			
Non PPO Out-patient	50% to a \$25 maximum, Not Subject to Deductible or Coinsurance			
Calendar Year Maximum	52 visits, 1 per day			
Chemical Dependency	Calendar Year Max \$10,000; Lifetime Max \$20,000			

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

Effective: 07/01/09