

Tri-County Schools Insurance Group

Monthly Rates Effective: July 1, 2008

Waiver Assessment: Composite \$612, Tiered \$306

MEDICAL PLAN RATES	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	\$1,086
TIERED:									
Employee Only	\$557	\$481	\$442	\$363	\$356	\$318	\$309	\$505	\$474
Employee + One	\$1,059	\$914	\$841	\$690	\$677	\$604	\$587	\$1,010	\$948
Employee + Family	\$1,394	\$1,203	\$1,106	\$908	\$891	\$795	\$773	\$1,430	\$1,341
MEDICARE RATES:									
Retiree On Medicare	\$368	\$317	\$292	\$240	\$237	\$212	\$206	\$390	\$279
Ret+One (One Medicare)	\$925	\$798	\$734	\$603	\$593	\$530	\$515	\$895	\$753
Ret+One (Both Medicare)	\$736	\$634	\$584	\$480	\$474	\$424	\$412	\$780	\$558

DENTAL PLAN RATES						D-1 \$1,250 No Ortho	D-2 \$1,250 Child Only Ortho	D-3 \$1,250 Adult/Child Ortho	D-4 \$1,250 Child Orth/70% Pros		
Premier PPO Incentive (\$250):											
Composite						\$83	\$86	\$87	\$92		
Employee Only						\$42	\$42	\$44	\$49		
Employee + One						\$78	\$81	\$82	\$87		
Employee + Family						\$113	\$116	\$118	\$124		
Add-on Costs:											
						A \$1,750 D1, D2, D3	B \$2,250 D1, D2, D3	A \$1,750 D4	B \$2,250 D4	Child Ortho to \$1,000	Adult/Ch Orth to \$1,000
Composite						\$10.00	\$15.50	\$11.00	\$17.00	\$2	\$3
Employee Only						\$5.00	\$8.00	\$6.00	\$9.00	\$2	\$3
Employee + One						\$9.50	\$14.50	\$10.50	\$16.00	\$2	\$3
Employee + Family						\$13.50	\$21.00	\$15.00	\$23.00	\$2	\$3

Delta Preferred Provider Option (PPO):						D-1 DPO \$1,000 No Ortho	D-2 DPO \$1,000 Child Only Ortho	D-3 DPO \$1,000 Adult/Child Ortho	
Composite						\$63	\$65	\$66	
Employee Only						\$32	\$32	\$33	
Employee + One						\$59	\$61	\$62	
Employee + Family						\$85	\$87	\$89	
Add-on Costs:									
						A \$1,500 Annual Max	B \$2,000 Annual Max	Child Ortho to \$1,000	Adult/Ch Orth to \$1,000
Composite						\$8	\$12	\$2	\$3
Employee Only						\$4	\$6	\$2	\$3
Employee + One						\$7	\$11	\$2	\$3
Employee + Family						\$10	\$16	\$2	\$3

VISION PLAN RATES				
PLAN A 12/24/24				
Copay				
	\$0	\$5	\$10	\$15
Composite	\$18	\$17	\$16	\$15
Employee Only	\$11	\$10	\$9	\$8
Employee + One Dependent	\$16	\$15	\$14	\$13
Employee + Family	\$29	\$28	\$27	\$26
PLAN B 12/12/24				
Copay				
	\$0	\$5	\$10	\$15
Composite	\$21	\$20	\$19	\$18
Employee Only	\$13	\$12	\$11	\$10
Employee + One Dependent	\$19	\$18	\$17	\$16
Employee + Family	\$33	\$32	\$31	\$30
PLAN C 12/12/12				
Copay				
	\$0	\$5	\$10	\$15
Composite	\$27	\$26	\$25	\$24
Employee Only	\$17	\$16	\$15	\$14
Employee + One Dependent	\$24	\$23	\$22	\$21
Employee + Family	\$43	\$42	\$41	\$40