

# Tri-County Schools Insurance Group

Monthly Rates Effective: July 1, 2009

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

MEDICAL PLAN RATES	PPO Plans				HSA Qualified	HMO	
	Premier Plus	Premier	Standard	Basic	HDHP	Kaiser Hi \$10 OV Copay	Kaiser Low \$20 OV Copay
	<b>COMPOSITE:</b>	\$1,115	\$962	\$885	\$726	\$618	\$1,193
<b>TIERED:</b>							
Employee Only	\$557	\$481	\$442	\$363	\$309	\$555	\$521
Employee + One	\$1,059	\$914	\$841	\$690	\$587	\$1,110	\$1,042
Employee + Family	\$1,394	\$1,203	\$1,106	\$908	\$773	\$1,572	\$1,474
<b>MEDICARE RATES:</b>							
Retiree On Medicare	\$368	\$317	\$292	\$240	\$206	\$390	\$279
Ret+One (One Medicare)	\$925	\$798	\$734	\$603	\$515	\$945	\$800
Ret+One (Both Medicare)	\$736	\$634	\$584	\$480	\$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
<b>Premier PPO Incentive (\$250):</b>					
Composite		\$83	\$86	\$87	\$92
Employee Only		\$42	\$42	\$44	\$49
Employee + One		\$78	\$81	\$82	\$87
Employee + Family		\$113	\$116	\$118	\$124
<b>Add-on Costs:</b>					
		<b>A \$1,750 D1, D2, D3</b>	<b>B \$2,250 D1, D2, D3</b>	<b>A \$1,750 D4</b>	<b>B \$2,250 D4</b>
Composite		\$10.00	\$15.50	\$11.00	\$17.00
Employee Only		\$5.00	\$8.00	\$6.00	\$9.00
Employee + One		\$9.50	\$14.50	\$10.50	\$16.00
Employee + Family		\$13.50	\$21.00	\$15.00	\$23.00
				<b>Child Ortho to \$1,000</b>	<b>Adult/Ch Orth to \$1,000</b>
Composite				\$2	\$3
Employee Only				\$2	\$3
Employee + One				\$2	\$3
Employee + Family				\$2	\$3

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

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