



530-822-5299

BENEFITS AT A GLANCE
Preferred Provider (PPO)
2018-2019

PLAN NAME	PREMIER PLUS	PREMIER	STANDARD	BASIC	CDHP (HSA Qualified)
ACA Metal Equivalent	Platinum	Platinum	Gold	Gold	Silver
DEDUCTIBLE					
Individual	\$150	\$500	\$750	\$1,000	\$1,500
Family	\$300	\$1,000	\$1,500	\$2,000	\$3,000 *
COINSURANCE	20%	10%	20%	30%	50%
OFFICE VISIT COPAY					Subject to Deductible/ Coinsurance
Individual	\$10	\$15	\$20	\$20	
CALENDAR YEAR OUT-OF-POCKET MEDICAL	The Out-of-Pocket amount includes deductibles, coinsurances, copays from medical, chiropractic, out-patient mental health visits, and emergency room per occurrence fee.				
	Individual \$950 Family \$1,900	Individual \$2,500 Family \$5,000	Individual \$3,500 Family \$7,000	Individual \$5,000 Family \$10,000	Individual \$5,000 Family \$10,000
PRESCRIPTION BENEFITS	\$5 / 25% / 45% (max= \$5 / \$35 / \$70) \$10 / \$50 / \$90 \$10 / \$50 / \$90				Subject to Deductible/Coinsurance
Retail					
Retail 90 Mail Order (90)					
Rx CALENDAR YEAR OOP					Subject to Deductible/Coinsurance
Individual	\$1,000	\$1,000	\$1,000	\$1,000	
Family	\$2,000	\$2,000	\$2,000	\$2,000	

PREVENTIVE BENEFITS

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)

OTHER BENEFITS

- ◆ Bereavement Counseling (Four Sessions/\$25 Maximum)
- ◆ Hospital Emergency Room \$50 copay plus coinsurance
- ◆ 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.**

FREE BENEFITS—NO COPAYS!

- ◆ **Wellness Center & eVisit**
- ◆ **Wellness Program**
- ◆ **Health Coaching**
- ◆ **On-Site Blood Draws**
- ◆ **Disease Management Program**
- ◆ **EAP Benefit (3 Free Visits)**
- ◆ **PlushCare (CDHP subject to Deductible. & Coinsurance)**

GENERAL BENEFITS

Subject to Deductible and Coinsurance

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

When using Non-PPO Providers, members are responsible for any difference between the allowed 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

* CDHP PLAN—If two or more are in the family the whole family deductible must be met prior to any plan payment (except preventive paid at 100%).