



530-822-5299

**BENEFITS AT A GLANCE
Preferred Provider (PPO)**

2024/25

PLAN NAME	PREMIER PLUS	PREMIER	STANDARD	BASIC	CDHP (HSA Qualified)
ACA Metal Equivalent	Platinum	Platinum	Gold	Gold	Silver
Lake Tahoe Community College District Cap: \$21,030	\$12,324 per year employee pretax deduction to pay the cost difference between this plan & the District cap.	\$7,524 per year employee pretax deduction to pay the cost difference between this plan & the District cap.	\$3,084 per year employee pretax deduction to pay the difference between this plan & District cap.	\$0 cost to employee and their family.	\$5,592 per year District contribution into employee's personal HSA, 403(b), or 457 retirement account.
Maximum Lifetime	No Limit	No Limit	No Limit	No Limit	No Limit
DEDUCTIBLE					
Individual	\$75	\$500	\$750	\$1,000	\$1,600
Family	\$150	\$1,000	\$1,500	\$2,000	\$3,200 *
COINSURANCE	20%	10%	20%	30%	50%
OFFICE VISIT COPAY					Subject to Deductible/
Individual	\$10	\$15	\$20	\$20	
CALENDAR YEAR OUT-OF-POCKET	The Out-of-Pocket amount includes deductibles, coinsurances, copays from medical, chiropractic, out-patient mental health visits, and emergency room per occurrence fee.				
MEDICAL	Individual \$475 Family \$950	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)				Subject to Deductible/ Coinsurance
Retail	\$10 / \$50 / \$90				
Retail 90	\$10 / \$50 / \$90				
Mail Order (90)	\$10 / \$50 / \$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	GENERAL BENEFITS	FREE BENEFITS—NO COPAYS!	OTHER BENEFITS
<p>Paid at 100% when obtained from a PPO provider for all Medical Plans including CDHP.</p> <ul style="list-style-type: none"> Routine Physical Exam & Labs Adult/Child Immunizations per CDC Preventive Child Care Breastfeeding Support Routine Colonoscopies Smoking Cessation Services Contraception (with prescription) 	<p>Subject to Deductible and Coinsurance</p> <ul style="list-style-type: none"> In-Patient Hospitalization Ambulance Out-Patient Services Surgery/Anesthesiology X-Rays Skilled Nursing / Home Health Care Hospice Care Chemical Dependency In-Patient Mental Health 	<ul style="list-style-type: none"> Wellness Center & eVisit Patient Advocacy Program On-Site Blood Draws Disease Management Program EAP Benefit (6 Free Visits) Anthem Live Health Online (CDHP subject to Ded/Coins) 	<ul style="list-style-type: none"> Hospital Emergency Room \$50 copay plus coinsurance Chiropractic Office Visit \$20 Copay Mental Health/EAP Services <p>**CDHP PLAN—Copays do not apply. Benefits subject to Deductible and Coinsurance.</p> <p>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.</p> <p>This summary is for comparison purposes only. Please refer to the actual benefit book at www.tcsig.com for complete benefits.</p>

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: <http://tcsig.com/plan-documents.html>

Approved by Executive Committee 4/17/2015

* 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%).