



**Tri-County Schools Insurance Group**  
**Summary of Benefits 2025/2026**

	PREMIER PLUS	PREMIER	STANDARD	BASIC	Low PPO	Consumer Driven Health Plan CDHP (HSA Qualified) (\$2,320)	Consumer Driven Health Plan CDHP Low (HSA Qualified) (\$4,024)
LTCC Benefitted Employee Annual Cost or (Contribution)	\$16,664	\$11,024	\$5,828	\$2,228	(\$3,364)		
ACA Metal Ranking	<i>Platinum</i>	<i>Platinum</i>	<i>Gold</i>	<i>Gold</i>	<i>Silver</i>	<i>Silver</i>	<i>Silver</i>
Maximum Lifetime	No Limit	No Limit	No Limit	No Limit	No Limit	No Limit	No Limit
<b>Deductible</b>						*	*
Individual	\$75	\$500	\$750	\$1,000	\$3,000	\$1,650	\$3,300
Family Maximum	\$150	\$1,000	\$1,500	\$2,000	\$6,000	\$3,300	\$6,600
<b>Coinsurance (after deductible)</b>	80% / 20%	90% / 10%	80% / 20%	70% / 30%	50% / 50%	50% / 50%	50% / 50%
<b>Out Of Pocket Max (includes PPO MEDICAL copays, deductible, coinsurance)</b>							
Individual	\$475	\$2,500	\$3,500	\$5,000	\$9,000	\$5,000	\$8,000
Family Maximum	\$950	\$5,000	\$7,000	\$10,000	\$18,000	\$10,000	\$16,000
<b>Preventive Services</b>							
Preventive Physical Exam/Labs	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay
Preventive Child Care	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay
Preventive Immunizations	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay
<b>Wellness Center Services</b>	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay
<b>Tele-Medicine Visit</b>	No Copay	No Copay	No Copay	No Copay	No Copay	Subj. to ded./coins.	Subj. to ded./coins.
<b>Office Visit Copay</b>	\$10	\$15	\$20	\$20	Subj. to ded./coins.	Subj. to ded./coins.	Subj. to ded./coins.
<b>Chiropractic Visit Copay</b>	\$20	\$20	\$20	\$20	Subj. to ded./coins.	Subj. to ded./coins.	Subj. to ded./coins.
<b>Mental Health Counselor Copay</b>	\$10	\$15	\$20	\$20	Subj. to ded./coins.	Subj. to ded./coins.	Subj. to ded./coins.
<b>Hospital Emergency Room (ER)</b>	\$50/visit + Coinsurance	\$50/visit + Coinsurance	\$50/visit + Coinsurance	\$50/visit + Coinsurance	Subj. to ded./coins.	Subj. to ded./coins.	Subj. to ded./coins.
<b>Prescription Drugs</b>	<u>Retail (up to 31 day supply)</u>				<u>90 Day Supply (Mail Order or Retail)</u>		
Generic (tier 1)	\$5 copay				\$10 copay		Subj. to ded./coins.
Preferred Brand (tier 2)	25% to max of \$35				\$50 copay		(pay up front at
Non-Preferred (tier 3)	45% to max of \$70				\$90 copay		pharmacy until
							deductible/coins. met)
<b>Maximum Annual RX Copays: (After your Rx copays reach the following amount, then TCSIG pays 100% of Rx for the rest of year)</b>							
Individual	\$1,000	\$1,000	\$1,000	\$1,000	Subj. to ded./coins.	Subj. to ded./coins.	Subj. to ded./coins.
Family Maximum	\$2,000	\$2,000	\$2,000	\$2,000	Subj. to ded./coins.	Subj. to ded./coins.	Subj. to ded./coins.

\* For CDHP only - per IRS guidelines, when 2 or more persons on plan, the family deductible must be met prior to any plan payment (except preventive paid at 100%).

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: <https://www.tcsig.com/plan-documents>