

530-822-5299

Last Year's Enhancements

2019-2020

PLAN NAME	PREMIER PLUS	PREMIER	STANDARD	BASIC	CDHP (HSA Qualified)
ACA Metal Equivalent	Platinum	Platinum	Gold	Gold	Silver
Lake Tahoe Community College District Cap: \$18,456/year	\$9,777/year employee pretax deduction to pay the cost difference between this plan and District cap.	\$5,781/year employee pretax deduction to pay the cost difference between this plan and District cap.	\$2,085/year employee pretax deduction to pay the cost difference between this plan & District cap.	\$495/year District contribution into employee's personal 403(b) or 457 retirement account.	\$5,103/year District contribution into employee's personal HSA, 403(b) or 457 retirement account.
<b>Total Cost:</b>	<b>\$28,233</b>	<b>\$24,237</b>	<b>\$20,541</b>	<b>\$17,961</b>	<b>\$13,353</b>
<b>DEDUCTIBLE</b>					
Individual	\$150	\$500	\$750	\$1,000	\$1,500
Family	\$300	\$1,000	\$1,500	\$2,000	\$3,000 *
<b>COINSURANCE</b>	20%	10%	20%	30%	50%
<b>OFFICE VISIT COPAY</b>					Subject to Deductible/Coinsurance
Individual	\$10	\$15	\$20	\$20	
<b>CALENDAR YEAR OUT-OF-POCKET MEDICAL</b>	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
<b>PRESCRIPTION BENEFITS</b>	<b>\$5 / 25% / 45% (max= \$5 / \$35 / \$70)</b>				Subject to Deductible/Coinsurance
Retail	\$10 / \$50 / \$90				
Retail 90	\$10 / \$50 / \$90				
Mail Order (90)	\$10 / \$50 / \$90				
<b>Rx CALENDAR YEAR OOP</b>					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 Ded/Coins)

**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](http://www.tcsig.com) for complete benefits.

\* 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%).