# Tri-County Schools Insurance Group
# Serving our members since 1983

# Open Enrollment
# May 4, 2020 – May 29, 2020
# 2020/2021 Plan Year
# Faculty Benefits

TCSIG
Your Source For Everything Health And Wellness

At Tri-County Schools Insurance Group (TCSIG), we pride ourselves on the quality health and wellness programs offered to participants. We provide programs that span the full spectrum of health so there is something for everyone. From access to doctors over the phone to biometric screenings that allow you to truly own your health, TCSIG's wellness programs make it easier than ever to maintain your health. Many programs are completely free, so the only thing left to do is get started!

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# Medical

TRI-COUNTY SCHOOLS INSURANCE GROUP
400 Plumas Blvd., Suite 210 Yuba City, CA 95991 | 530.822.5299 | 530.822.5284 Fax | www.tcsig.com

TCSIG
THE BEST CHOICE
530-822-5299

# BENEFITS AT A GLANCE
## Preferred Provider (PPO)
## 2020-2021

| PLAN NAME | PREMIER PLUS | PREMIER | STANDARD | BASIC | CDHP (HSA Qualified) |
|---|---|---|---|---|---|
| ACA Metal Equivalent | Platinum | Platinum | Gold | Gold | Silver |
| Composite Rate | $2,179 | $1,846 | $1,538 | $1,323 | $939 |
| Payroll Deductions | $477.00 | $310.50 | $156.50 | $49.00 | $0.00 |
| Maximum Lifetime | No Limit | No Limit | No Limit | No Limit | No Limit |
| DEDUCTIBLE | | | | | |
| Individual | $75 | $500 | $750 | $1,000 | $1,500 |
| Family | $150 | $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 $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 | | | | | |
| 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
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
- Hospital Emergency Room $50 copay plus coinsurance
- Chiropractic Office Visit $20 Copay
- Mental Health/EAP Services

****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 (6 Free Visits)**
- **Anthem Live Health Online (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** 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: http://tcsig.com/plan-documents.html

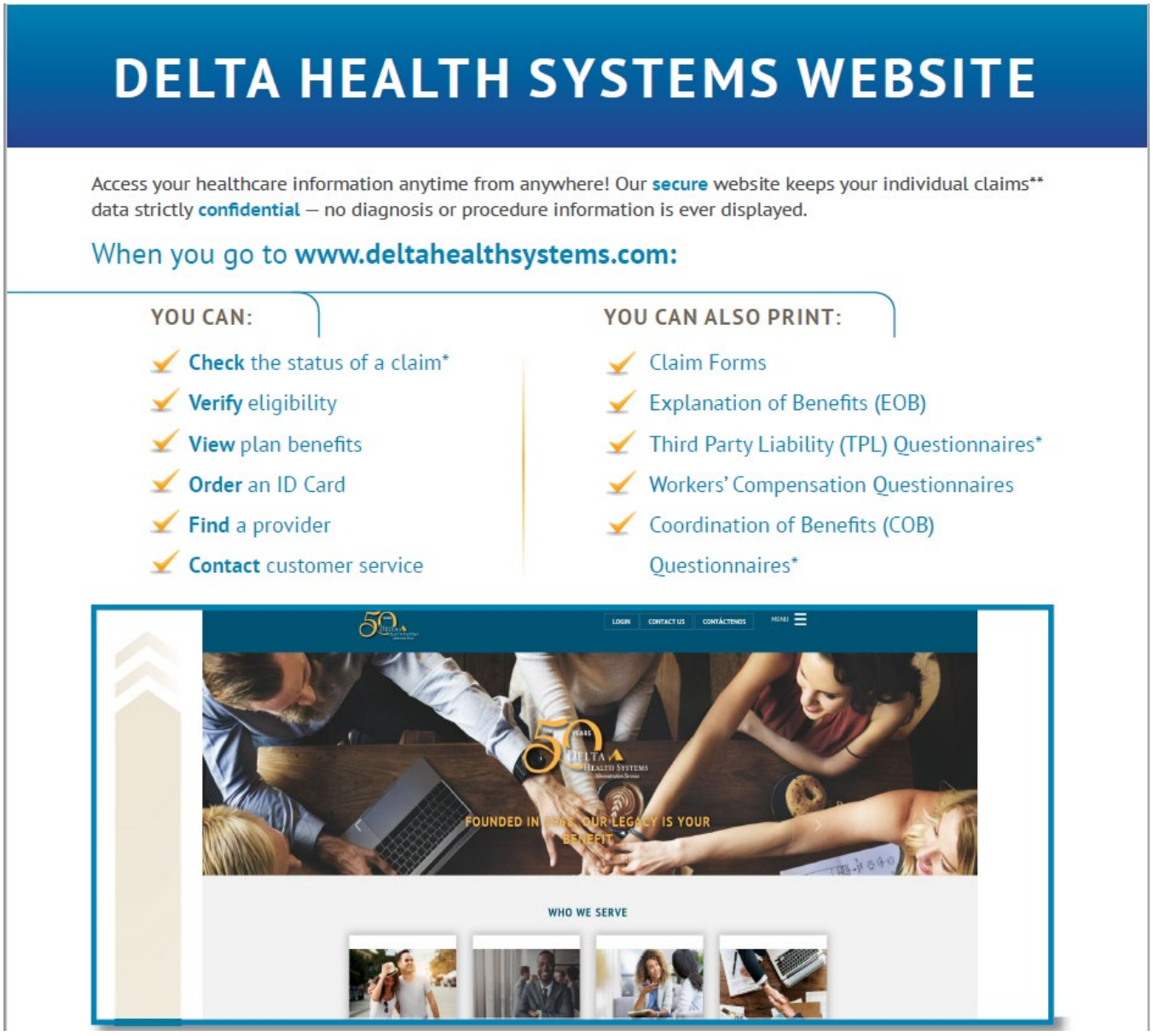
*** CDHP PLAN—If two or more are in the family the whole family deductible must be met prior to any plan payment (except preventive paid at 100%).**

## Delta Health Systems

Tri-County Schools Insurance Group's TPA (claims administrator) since 1997.

If you have a question concerning your benefits or a claim, call the claims team at (800) 464-7627. Visit Delta Health Systems' website at [www.deltahealthsystems.com](http://www.deltahealthsystems.com) to request a medical I.D. card.

You may also register online to view plan information, eligibility, medical claims, print an Explanation of Benefits (EOB) form or to participate in Delta TeamCare's Health or Lifestyle programs.



# DHS WEBSITE CONTINUED...

***E-Sign and Submit Online:** Delta Health Systems may ask you to submit additional forms necessary to complete processing your claim. When you use our e-Signature capability, you can review, complete, and e-sign these required forms including a Third Party Liability (TPL) Questionnaire and/or a Coordination of Benefits (COB) Questionnaire quickly and securely **online.**

***Only claims administered by Delta Health Systems can be viewed on our website.*

## Easy Access Instructions

1. Go to **www.deltahealthsystems.com.**
2. Select **Member** from the **Menu**, **Login**, **Member Registration**, complete the required fields, and **click Submit.**
   - **Covered employees:** register as a "Member."
   - **Covered dependents age 18 or older:** register as a "Dependent."
3. When you return to **www.deltahealthsystems.com**, select **Login** and enter your **User Name** and **Password.**

**Important:** Registration information is case sensitive.

## Forgot your User ID or Password?

Select **Login** on the home page and then click on **Forgot Your Password.** After answering a series of security questions, your password will be reset and sent to the email address you used when you originally registered.

## Access to Covered Dependent Information

Due to privacy laws, online access to your covered dependents' information varies based on their age:

- **Up to Age 18:** Dependents' healthcare information is available only to the covered employee.
- **Age 18 and Over:** To view their claims and eligibility, dependents must register. Once registered, your dependent has the option to e-sign an authorization release form allowing you as the covered employee to view their personal healthcare information.

*Note: The Health Insurance Portability and Accountability Act (HIPAA) regulates privacy for health insurance plans; access requirements may be modified from time to time based on legal requirements.*

# BENEFITS UPDATE:
# ACCESS YOUR EOBs ONLINE

Delta Health Systems is excited to announce our new, online Explanation of Benefits (EOB) capability that allows you to suppress receiving paper copies! This feature is completely free and one of many ways Delta Health Systems is seeking to improve your experience as a member.

## GETTING STARTED: Follow the steps below to start accessing your EOBs online.

Go to **deltahealthsystems.com** and click **Menu,** then **Member.**

1

Select **Member Portal** to login or register.

2

OR

Enter your **User ID** and **Password** or click **Register Now** if you do not have a User ID and Password.

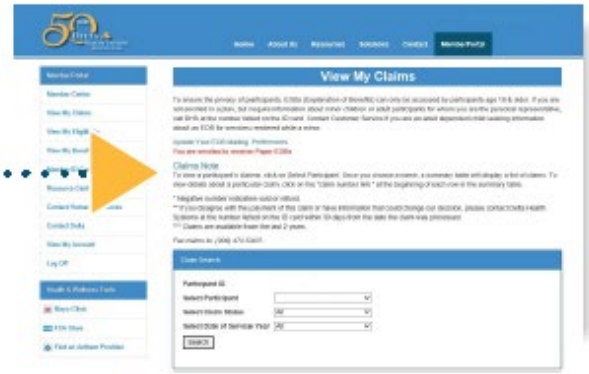
3

DELTA HEALTH SYSTEMS
*Administration Services*

TCSIG
THE BEST CHOICE

4 Once you have logged in, click on **View My Claims.**

5 Next, click on **Update Your EOB Mailing Preferences.**




6 **Select** if you want to suppress the paper copies sent to you through the mail.

7 Accept the paper EOB suppression Terms and Conditions and click **Submit.**

**Note:**

If paper is suppressed, you will receive an email every 21 days if you or a family member have received care, but an electronic EOB is available once a claim is processed (click on "Processed" in the Status column of your Claims Search Result).

At any time, you can change the option to suppress or unsuppress hard copy EOBs.

DELTA HEALTH SYSTEMS
*Administration Services*

**For questions about this new feature,** contact your HR department or the Delta Health Systems team at 800.422.6099.

www.deltahealthsystems.com

**TRI-COUNTY SCHOOLS INSURANCE GROUP**
400 Plumas Blvd., Suite 210 Yuba City, CA 95991 | 530.822.5299 | 530.822.5284 Fax | www.tcsig.com

## Online Enrollment Form

Employees can enroll with a click of a mouse.
https://remote.tcsig.com/Forms/Enrollment

Be prepared to select the employer name and classification.

HR contacts and employees will receive an automated email from TCSIG when the form has been processed. The email will include a completed copy of the enrollment form.

**Tri-County Schools Insurance Group**
**Enrollment / Change Form**
1176 Live Oak Boulevard, Suite A • Yuba City, CA 95991
(530) 822-5299 • Toll-Free (866) 822-5299 • Fax (530) 822-5284

| | | |
|---|---|---|
| Type of Change * | ☐ New Enrollee | ☐ New Dependent |
| | ☑ Open Enrollment | ☐ Change Plan |
| | ☐ Change Beneficiary | ☐ Change Class |
| | ☐ Change Address | ☐ Change Phone Number |
| Employer Name * | Yuba County Office of Education | |
| Classification No. * | Classified | |
| Location No. | 58 | |
| Class No. | 003 | |
| Employee First Name * | Donald | |
| Employee Middle Initial | | |
| Employee Last Name * | Duck | |
| Date of Hire * | 8/1/2014 | |
| Effective Date | 7/1/2019 | |
| Date of Birth * | 10/1/1978 | |
| Social Security Number * | 000-00-0000 | |
| Sex * | ◉ Male | |
| | ○ Female | |
| Employee Mailing Address * | Street Address: 1234 Main Street | |
| | Address Line 2: | |
| | City: Disneyland | State / Province / Region: CA |
| | Postal / Zip Code: 00000 | |

Kaiser High ($10 Copay)

**600237 TRI-COUNTY SCHOOLS INSURANCE GROUP**

## Principal Benefits for Kaiser Permanente Traditional HMO Plan (7/1/20—6/30/21)

### Accumulation Period

The Accumulation Period for this plan is January 1 through December 31.

### Out-of-Pocket Maximum(s) and Deductible(s)

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

| Amounts Per Accumulation Period | Self-Only Coverage (a Family of one Member) | Family Coverage Each Member in a Family of two or more Members | Family Coverage Entire Family of two or more Members |
|---|---|---|---|
| Plan Out-of-Pocket Maximum | $1,500 | $1,500 | $3,000 |
| Plan Deductible | None | None | None |
| Drug Deductible | None | None | None |

| Professional Services (Plan Provider office visits) | You Pay |
|---|---|
| Most Primary Care Visits and most Non-Physician Specialist Visits | $10 per visit |
| Most Physician Specialist Visits | $10 per visit |
| Routine physical maintenance exams, including well-woman exams | No charge |
| Well-child preventive exams (through age 23 months) | No charge |
| Family planning counseling and consultations | No charge |
| Scheduled prenatal care exams | No charge |
| Routine eye exams with a Plan Optometrist | No charge |
| Urgent care consultations, evaluations, and treatment | $10 per visit |
| Most physical, occupational, and speech therapy | $10 per visit |

| Outpatient Services | You Pay |
|---|---|
| Outpatient surgery and certain other outpatient procedures | $10 per procedure |
| Allergy injections (including allergy serum) | $5 per visit |
| Most immunizations (including the vaccine) | No charge |
| Most X-rays and laboratory tests | No charge |

| Hospitalization Services | You Pay |
|---|---|
| Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs | No charge |

| Emergency Health Coverage | You Pay |
|---|---|
| Emergency Department visits | $50 per visit |

Note: This Cost Share does not apply if you are admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Share).

| Ambulance Services | You Pay |
|---|---|
| Ambulance Services | No charge |

| Prescription Drug Coverage | You Pay |
|---|---|
| Covered outpatient items in accord with our drug formulary guidelines: | |
| Most generic items at a Plan Pharmacy or through our mail-order service | $5 for up to a 100-day supply |
| Most brand-name items at a Plan Pharmacy or through our mail-order service | $15 for up to a 100-day supply |
| Most specialty items at a Plan Pharmacy | $15 for up to a 30-day supply |

| Durable Medical Equipment (DME) | You Pay |
|---|---|
| DME items as described in the *EOC* | No charge |

| Mental Health Services | You Pay |
|---|---|
| Inpatient psychiatric hospitalization | No charge |
| Individual outpatient mental health evaluation and treatment | $10 per visit |
| Group outpatient mental health treatment | $5 per visit |

| Substance Use Disorder Treatment | You Pay |
|---|---|
| Inpatient detoxification | No charge |
| Individual outpatient substance use disorder evaluation and treatment | $10 per visit |
| Group outpatient substance use disorder treatment | $5 per visit |
| **Home Health Services** | **You Pay** |
| Home health care (up to 100 visits per Accumulation Period) | No charge |
| **Other** | **You Pay** |
| Eyeglasses or contact lenses every 24 months | Amount in excess of $150 Allowance |
| Hearing aid(s) every 36 months | Amount in excess of $1,000 Allowance per aid |
| Skilled nursing facility care (up to 100 days per benefit period) | No charge |
| Prosthetic and orthotic devices as described in the *EOC* | No charge |
| Diagnosis and treatment of infertility and artificial insemination (such as outpatient procedures and laboratory tests) as described in the EOC | 50% Coinsurance |
| Assisted Reproductive Technology ("ART") Services | Not Covered |
| Hospice care | No charge |

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the EOC. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

Kaiser Low ($20 Copay)

## 600237 TRI-COUNTY SCHOOLS INSURANCE GROUP

# Principal Benefits for Kaiser Permanente Traditional HMO Plan (7/1/20—6/30/21)

### Accumulation Period

The Accumulation Period for this plan is January 1 through December 31.

### Out-of-Pocket Maximum(s) and Deductible(s)

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

| Amounts Per Accumulation Period | Self-Only Coverage (a Family of one Member) | Family Coverage Each Member in a Family of two or more Members | Family Coverage Entire Family of two or more Members |
|---|---|---|---|
| Plan Out-of-Pocket Maximum | $1,500 | $1,500 | $3,000 |
| Plan Deductible | None | None | None |
| Drug Deductible | None | None | None |

| Professional Services (Plan Provider office visits) | You Pay |
|---|---|
| Most Primary Care Visits and most Non-Physician Specialist Visits | $20 per visit |
| Most Physician Specialist Visits | $20 per visit |
| Routine physical maintenance exams, including well-woman exams | No charge |
| Well-child preventive exams (through age 23 months) | No charge |
| Family planning counseling and consultations | No charge |
| Scheduled prenatal care exams | No charge |
| Routine eye exams with a Plan Optometrist | No charge |
| Urgent care consultations, evaluations, and treatment | $20 per visit |
| Most physical, occupational, and speech therapy | $20 per visit |

| Outpatient Services | You Pay |
|---|---|
| Outpatient surgery and certain other outpatient procedures | $20 per procedure |
| Allergy injections (including allergy serum) | $3 per visit |
| Most immunizations (including the vaccine) | No charge |
| Most X-rays and laboratory tests | No charge |

| Hospitalization Services | You Pay |
|---|---|
| Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs | $500 per admission |

| Emergency Health Coverage | You Pay |
|---|---|
| Emergency Department visits | $50 per visit |

Note: This Cost Share does not apply if you are admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Share).

| Ambulance Services | You Pay |
|---|---|
| Ambulance Services | $50 per trip |

| Prescription Drug Coverage | You Pay |
|---|---|
| Covered outpatient items in accord with our drug formulary guidelines: | |
| Most generic items at a Plan Pharmacy or through our mail-order service | $10 for up to a 100-day supply |
| Most brand-name items at a Plan Pharmacy or through our mail-order service | $35 for up to a 100-day supply |
| Most specialty items at a Plan Pharmacy | $35 for up to a 30-day supply |

| Durable Medical Equipment (DME) | You Pay |
|---|---|
| DME items as described in the *EOC* | 20% Coinsurance |

| Mental Health Services | You Pay |
|---|---|
| Inpatient psychiatric hospitalization | $500 per admission |
| Individual outpatient mental health evaluation and treatment | $20 per visit |
| Group outpatient mental health treatment | $10 per visit |

| Substance Use Disorder Treatment | You Pay |
|---|---|
| Inpatient detoxification | $500 per admission |
| Individual outpatient substance use disorder evaluation and treatment | $20 per visit |
| Group outpatient substance use disorder treatment | $5 per visit |

| Home Health Services | You Pay |
|---|---|
| Home health care (up to 100 visits per Accumulation Period) | No charge |

| Other | You Pay |
|---|---|
| Eyeglasses or contact lenses every 24 months | Amount in excess of $150 Allowance |
| Skilled nursing facility care (up to 100 days per benefit period) | No charge |
| Prosthetic and orthotic devices as described in the *EOC* | No charge |
| Diagnosis and treatment of infertility and artificial insemination (such as outpatient procedures or laboratory tests) as described in the EOC | 50% Coinsurance |
| Assisted reproductive technology ("ART") Services | Not Covered |
| Hospice care | No charge |

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the EOC. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

## Chiropractor Benefits

When you need services, follow these simple steps:

1. Select a contracted provider of your choice:
    - Click http://tcsigchiro.com/#providerpanel to search for a contracted provider, or
    - Call Customer Service at (877) 519-8839 from 8:00 AM to 5:00 PM, Monday through Friday, Pacific Time.
        - No referral required
        - You may change providers at any time

2. Call the PhysMetrics Provider directly to schedule an appointment.

3. Your provider will verify your eligibility status.

4. Consumer Driven Health Plan participants will pay the chiropractor for each date of service and will be responsible for the remainder of the charges after receiving their explanation of benefits.

## Supplemental Coverage Outline

Summary of Chiropractic Services

### Premier Plus, Premier, Standard and Basic Plans

- **PPO:** $20 Patient Copayment
- **Non PPO:** Plan Pays $10 Daily Maximum Per Visit, Patient is responsible for the balance.

### Consumer Driven Health Plan (CDHP)

- **PPO:** Patient is responsible for 100% of charges at the point of services, subject to deductible and co-insurance and according to the PhysMetrics fee schedule.
- **Non PPO:** No Patient Copayment. Patient is responsible for 100% of charges at the point of services, subject to deductible and co-insurance.

Limitations:

- Chiropractic Diagnostic X-ray Benefit is limited to a $100 per year maximum.
- Unlimited Chiropractic Visits per year, no more than one visit per day, subject to precertification requirements after the twelfth (12) visit.

Exclusions and Limitations

The following are specifically excluded from this agreement:

- Services not documented as necessary and appropriate or classified as experimental or investigational chiropractic care

- Diagnostic scanning, including Magnetic Resonance Imaging (MRI), CAT scan and/or other types of diagnostic scanning
- Thermography
- Treatment or services for pre-employment physicals or vocational rehabilitation
- Any treatment or service caused by or arising out of the course of employment or covered under any public liability insurance
- Hypnotherapy, behavioral training, sleep therapy, weight programs, education programs, non-medical self-care or self-help, or any other self-help physical exercise training, or any other related diagnostic testing
- Air conditioners, humidifiers, air purifiers, therapeutic mattress supplies, or any other similar devices and appliances
- Vitamins, minerals, nutritional supplements or other similar products
- Anesthesia, manipulation under anesthesia, hospitalization, or any related service
- Orthotics
- Minors require Precertification by PhysMetrics prior to treatment
- Massage Therapy requires Precertification by PhysMetrics prior to treatment
- Any treatment exceeding 12 visits requires Precertification by PhysMetrics for additional visits
- Additional CPT Codes may require precertification as set forth in the fee schedule
- Any exceptions provided for in the Group Plan Document

www.tcsigchiro.com
info@physmetrics.com

## Pharmacy

Tri-County Schools Insurance Group's pharmaceutical benefits manager is ProAct, Inc.

Prescriptions are processed through ProAct's system based upon the copay structure of TCSIG's Plans. Members should utilize a ProAct pharmacy in order to receive the maximum benefit of the Plan.

To locate a network pharmacy call (877) 635-9545 or visit the website at www.proactrx.com

The ProAct Prescription Drug List http://www.tcsig.com/assets/2019-01-select-standard-formulary.pdf references the most commonly prescribed medications available to treat a variety of conditions. The medications are placed into levels known as "tiers" that will determine what the cost share will be for the member (see below).

- Tier 1 = generic medications
- Tier 2 = preferred or formulary brand medications
- Tier 3 = non-preferred or non-formulary medications

***Tri-County Schools Insurance Group***

***Summary of Benefits***

| | PREMIER PLUS | PREMIER | STANDARD | BASIC | *Consumer Driven Health Plan* CDHP (HSA Qualified) |
|---|---|---|---|---|---|
| **Prescription Drugs** | **Retail (up to 31 day supply)** | | **90 Day Supply (Mail Order or Retail)** | | Subj. to ded./coins. |
| **Generic (tier 1)** | $5 copay | | $10 copay | | *(pay up front at* |
| **Preferred Brand (tier 2)** | 25% to max of $35 | | $50 copay | | *pharmacy until* |
| **Non-Preferred (tier 3)** | 45% to max of $70 | | $90 copay | | *deductible/coins. met)* |
| **Maximum Annual RX Copays:** ***(After your Rx copays reach the following amount, then TCSIG pays 100% of Rx for the rest of year)*** | | | | | |
| **Individual** | $1,000 | $1,000 | $1,000 | $1,000 | Subj. to ded./coins. |
| **Family Maximum** | $2,000 | $2,000 | $2,000 | $2,000 | Subj. to ded./coins. |

For medication-specific questions contact the ProAct helpdesk at (877) 635-9545.

## Coscto Pharmacy Mail Order

Tri-County Schools Insurance Group's mail-order pharmacy for prescriptions for long-term, maintenance medications.
Automated refill ordering is available. Call (800) 607-6861.
Refills can also be ordered through Costco Pharmacy website at www.pharmacy.costco.com
Mail Order form available online at http://www.tcsig.com/assets/webpatientbrochure2.pdf

## Specialty Pharmacy: Noble Health Services

Noble Health Services offers the ability to receive specialty medications shipped directly to your home.

Noble Health Services offers pharmacists and patient service representatives who are experienced with specialty care and can answer any questions or concerns you may have. The Noble Health team provides personalized, hands-on support for your complex condition. The team:

- Provides information about your medication
- Explains how to self-administer your injectable medication
- Works directly with your health care provider
- Calls each month to coordinate refill shipments
- Helps connect you with financial assistance, if needed

A Patient Care Coordinator from Noble Health Services will call approximately one week before the next refill is due to make sure up-to-date information is on file to fill your prescription.

If you have any questions on using Noble Health Services for your specialty medications, call (888) 843-2040.

Affordability Calculator

| TCSIG THE BEST CHOICE | Estimate your Payroll Deduction | |
|---|---|---|
| **Medical Plan: _____** | | Enter the monthly medical premium amount. |
| **Dental Plan: _____** | | Enter the monthly dental premium amount. |
| **Vision Plan: _____** | | Enter the monthly vision premium amount. |
| **Group Life Insurance: _____** | | Enter the monthly group life insurance premium amount. |
| **Voluntary Life Insurance: _____** | | Enter the monthly voluntary life insurance premium amount. |
| **Total Monthly Premium** | | Total monthly premium for medical, dental, vision and life. |
| **Monthly Employer Cap** | | Enter the monthly amount the employer pays for your medical coverage. |
| **Monthly Employee Share for Coverage** | | |

## Section 125 – Premium Only Plans

### What is a Premium Reduction Plan?

Section 125 of the Internal Revenue Code allows employers to set up a Premium Reduction Plan as a benefit for employees enrolled on certain plans. With the implementation of a PRP, employees may pay for their portion of premiums (or costs on such plans) on a pretax basis. When you pay for premiums on a pretax basis, you are lowering your taxable income; therefore reducing your income taxes.

### How does a Premium Reduction Plan work?

You shall be notified of the premium costs (or your contributions) under each of the eligible health/insurance plans prior to the beginning of a Plan Year. Upon completing an Enrollment Form and Salary Reduction Agreement, the company will reduce the enrolling employee's income in equal amounts (every pay period) and place the funds in a personalized administrative account (known as a "Benefit Account"). Since the company has reduced your income (and not payroll deducted the premiums), your federal taxes should be less. As premiums become due for the group, we will utilize the funds from your Benefit Account to pay for your premiums. If there are not enough funds available in your Benefit Account, funds may be obtained through payroll deduction or receiving payment directly from the participating individual.

A savings illustration on an employee that makes $45,500 per year, claims 2 withholding allowances and elects to reduce their salary by $95 per pay period to pay for insurance premiums. The following example is based upon the 2014 Wage Withholding Tables for a married employee, claiming 2 withholding allowances.

| Explanation | Enrolled in PRP | Not Enrolled in PRP |
|---|---|---|
| Salary per Pay Period | $1,750.00 | $1,750.00 |
| Salary Reduction Amount | **95.00** | 0.00 |
| Taxable Base | $1,655.00 | $1,750.00 |
| | | |
| Less: Taxes | | |
| Federal | $ 118.00 | $ 133.00 |
| FICA | 126.61 | 133.88 |
| State (Varies among States) | 29.50 | 33.25 |
| Income After Taxes | $1,380.89 | $1,449.87 |
| | | |
| Less: Insurance Premiums | $ 0.00 | **$ 95.00** |
| | | |
| Take Home Pay | $1,380.89 | $1,354.87 |
| | | |
| **Savings Under the PRP** | **$ 26.02** (or 27.4% of the cost of premiums) | |

*(This is for example purpose only. Your savings under the Plan may vary.)*

# Dental

TRI-COUNTY SCHOOLS INSURANCE GROUP
400 Plumas Blvd., Suite 210 Yuba City, CA 95991 | 530.822.5299 | 530.822.5284 Fax | www.tcsig.com

TCSIG
THE BEST CHOICE

# Dental Premier PPO

## Incentive Plan of California

## YUBA COMMUNITY COLLEGE DISTRICT

Certificated

## PPO D4B SCHOOL INCENTIVE PLAN

**Basic Services, Crowns and Cast Restorations:**

**Co-Payment Schedule:** 70/30 First Year
80/20 Second Year
90/10 Third Year
100% Fourth Year

**Prosthodontics Co-Payment: 70/30**
**Orthodontic Lifetime Maximum: Child only**
**50% to $500**

- **2 CLEANINGS (4 Cleanings if Medically Necessary)**
- **$2,250 ANNUAL MAXIMUM PER PATIENT PER CALENDAR YEAR FOR PPO DENTIST**
  **($2,000 if using a non-preferred Provider Option (PPO) Dentist)**

100% payment for dental services rendered in case of an accident, subject to a *SEPARATE* $1,000 Annual Maximum

DELTA DENTAL **To find a Delta Dental of California Dentist: http://www.deltadentalins.com**


**TCSIG**

400 Plumas Blvd., Suite 210
Yuba City, CA 95991
**www.tcsig.com**

Phone: 530-822-5299
Fax: 530-822-5284


*The Best Choice*

## Dental Premier PPO Incentive Plan of California

| Plan | Co-Payment Schedule Year 1 | Co-Payment Schedule Year 2 | Co-Payment Schedule Year 3 | Co-Payment Schedule Year 4 |
|---|---|---|---|---|
| Diagnostic & Preventative | 70% | 80% | 90% | 100% |
| Basic | 70% | 80% | 90% | 100% |
| Crown/Restorations | 70% | 80% | 90% | 100% |
| Prosthodontic: Bridges/Partials | 50% | 50% | 50% | 50% |

Using your Dental benefit is easy.

- Find a provider who's right for you. To find a provider, visit **https://www.deltadentalins.com/** or call (866) 499-3001.
- At your appointment, tell them you have Delta Dental of California. There's no ID card necessary.

**Deductible:**
- None

**Annual Maximum Per Patient Per Year:**
- $1,250-$2,250 depending on which plan you enroll in

**Dental Accident Calendar Year Maximum:** Co-payment schedule
- 100%
- Subject to a separate $1,000 annual maximum

PPO Incentive: Additional $250 for use at a Delta Dental Preferred Provider Option dentist.

All dental plans are elected by bargaining groups only. Coverage is not available as an individual option.

The plan pays 70% of the approved fee and will increase 10% each year to a maximum of 100% for each eligible patient that is seen by the dentist at least once during the year. The benefit percentage for Prosthodontic benefits does not change.

All benefits are calendar year (January 1 through December 31).

Children are covered until the child's 26th birthday.

If you transfer or move from one Delta Dental plan to another, you do not receive a new calendar year Maximum. The Maximum amount for Benefits paid by Delta Dental in a calendar year under both plans will not exceed the Maximum allowed under your current plan.

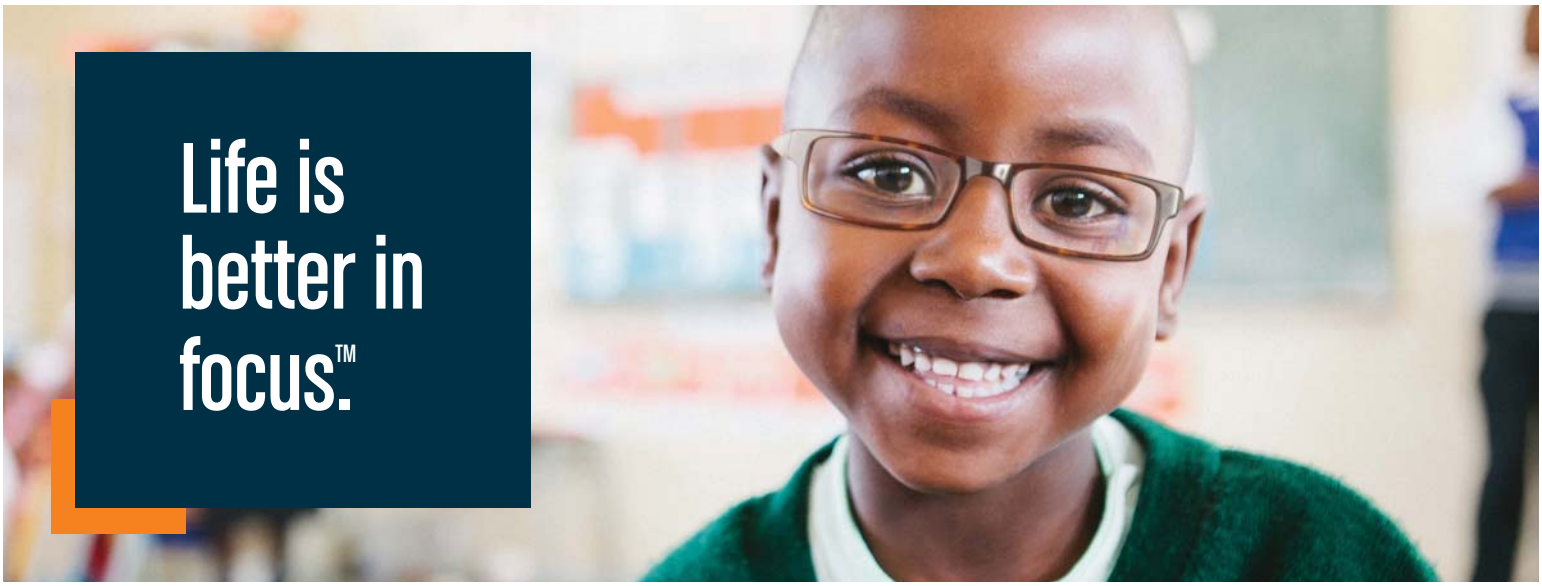
For example: If Delta Dental paid $500 in Benefits while you were enrolled in a previous plan and the Maximum amount of your current plan is $1000, the total amount Delta Dental will pay for your Benefits under the current plan is $500

To find a Delta Dental of California Dentist: http://www.deltadentalins.com

For claims, eligibility and benefits inquiries, or additional information, call Delta Dental's Customer Service department toll-free at: 866-499-3001 or contact us on our website: deltadentalins.com.

# Vision

TRI-COUNTY SCHOOLS INSURANCE GROUP
400 Plumas Blvd., Suite 210 Yuba City, CA 95991 | 530.822.5299 | 530.822.5284 Fax | www.tcsig.com




# Get access to the best in eye care and eyewear with TRI-COUNTY SCHOOLS INSURANCE GROUP and VSP® Vision Care.

VSP® Vision care for life

As a VSP member, you have access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at low out-of-pocket costs.

## You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and low out-of-pocket costs.
- **High Quality Vision Care.** You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP network doctor, your satisfaction is guaranteed.
- **Choice of Providers.** The decision is yours to make—with the largest national network of private-practice doctors, it's easy to find the in-network doctor who's right for you.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

## Using your VSP benefit is easy.

- **Create an account at vsp.com**. Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit **vsp.com** or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on **vsp.com**.

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP provider.

## Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.[1] Visit **vsp.com** to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.[2] Prefer to shop online? Check out all of the brands at **eyeconic.com®**, VSP's preferred online eyewear store.

See why we're consumers' #1 choice in vision care[3].

Contact us. **800.877.7195**
**vsp.com**

# Your VSP Vision Benefits Summary

TRI-COUNTY SCHOOLS INSURANCE GROUP and VSP provide you with an affordable eyecare plan.

VSP Vision care for life

**VSP Provider Network:** VSP Signature

| Benefit | Description | Copay | Frequency |
|---|---|---|---|
| **Your Coverage with a VSP Provider** | | | |
| **WellVision Exam** | • Focuses on your eyes and overall wellness | $5 for exam and glasses | Every 12 months |
| **Prescription Glasses** | | | |
| **Frame** | • $150 allowance for a wide selection of frames<br>• $170 allowance for featured frame brands<br>• 20% savings on the amount over your allowance | Combined with exam | Every 12 months |
| **Lenses** | • Single vision, lined bifocal, and lined trifocal lenses<br>• Polycarbonate lenses for dependent children | Combined with exam | Every 12 months |
| **Lens Enhancements** | • Standard progressive lenses<br>• Tints/Photochromic adaptive lenses<br>• Premium progressive lenses<br>• Custom progressive lenses<br>• Average savings of 35-40% on other lens enhancements | $0<br>$0<br>$80 - $90<br>$120 - $160 | Every 12 months |
| **Contacts (instead of glasses)** | • $140 allowance for contacts; copay does not apply<br>• Contact lens exam (fitting and evaluation) | Up to $60 | Every 12 months |
| **Diabetic Eyecare Plus Program** | • Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. | $20 | As needed |
| **Extra Savings** | **Glasses and Sunglasses**<br>• Extra $20 to spend on featured frame brands. Go to vsp.com/offers for details.<br>• 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. | | |
| | **Retinal Screening**<br>• No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam | | |
| | **Laser Vision Correction**<br>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities<br>• After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor | | |

**Your Coverage with Out-of-Network Providers**

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Contact us. **800.877.7195** | **vsp.com**

**1.** Brands/Promotion subject to change.
**2.** Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.
**3.** 2017 National Vision Plan Member Research.

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VSP, VSP Vision care for life, eyeconic.com, and WellVision Exam are registered trademarks, and "Life is better in focus." is a trademark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other company names and brands are trademarks or registered trademarks of their respective owners.

## VSP® Vision Care

Keep your eyes healthy with Tri-County Schools Insurance Group and VSP® Vision Care.

Using your VSP benefit is easy.

- Find an eyecare provider who's right for you. With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider. To find a VSP doctor, visit **vsp.com** or call (**800) 877-7195**.
- Review your benefit information. Visit vsp.com to review your plan coverage before your appointment.
- At your appointment, tell them you have VSP. There's no ID card necessary.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor.

Copay and frequency depends on which plan you are enrolled in.

Plan A & Plan B:

| Benefit | Description |
|---|---|
| | **Your Coverage with a VSP Provider** |
| **WellVision Exam** | • Focuses on your eyes and overall wellness |
| **Prescription Glasses** | |
| **Frame** | • $150 allowance for a wide selection of frames<br>• $170 allowance for featured frame brands<br>• 20% savings on the amount over your allowance |
| **Lenses** | • Single vision, lined bifocal, and lined trifocal lenses<br>• Polycarbonate lenses for dependent children |
| **Lens Enhancements** | • Standard progressive lenses<br>• Premium progressive lenses<br>• Custom progressive lenses<br>• Average savings of 35-40% on other lens enhancements |
| **Contacts (instead of glasses)** | • $140 allowance for contacts; copay does not apply<br>• Contact lens exam (fitting and evaluation) |
| **Diabetic Eyecare Plus Program** | • Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. |

| | |
|---|---|
| **Extra Savings** | **Glasses and Sunglasses**<br>• Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.<br>• 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. |
| | **Retinal Screening**<br>• No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam |
| | **Laser Vision Correction**<br>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities<br>• After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor |

| Your Coverage with Out-of-Network Providers |
|---|
| Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details. |

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Plan C:

| Benefit | Description |
|---|---|
| | **Your Coverage with a VSP Provider** |
| **WellVision Exam** | • Focuses on your eyes and overall wellness |
| **Prescription Glasses** | |
| **Frame** | • $150 allowance for a wide selection of frames<br>• $170 allowance for featured frame brands<br>• 20% savings on the amount over your allowance |
| **Lenses** | • Single vision, lined bifocal, and lined trifocal lenses<br>• Polycarbonate lenses for dependent children |
| **Lens Enhancements** | • Standard progressive lenses<br>• Tints/Photochromic adaptive lenses<br>• Premium progressive lenses<br>• Custom progressive lenses<br>• Average savings of 35-40% on other lens enhancements |
| **Contacts (instead of glasses)** | • $140 allowance for contacts; copay does not apply<br>• Contact lens exam (fitting and evaluation) |
| **Diabetic Eyecare Plus Program** | • Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. |

| | |
|---|---|
| **Extra Savings** | **Glasses and Sunglasses**<br>• Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.<br>• 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. |
| | **Retinal Screening**<br>• No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam |
| | **Laser Vision Correction**<br>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities<br>• After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor |

**Your Coverage with Out-of-Network Providers**

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Hearing Aid Discount Program:
TruHearing

TruHearing is making hearing aids affordable for all VSP® Vision Care members by providing free enrollment in the TruHearing MemberPlus® Program.

Members can add their covered dependents and other family members to the plan in order to enjoy the same great savings.

The TruHearing™ Choice Program

All VSP members and their families have access to the TruHearing Choice program. TruHearing offers you an average savings of $980 per aid on a wide variety of the latest digital hearing aids as well as access to a professional network of over 5,000 provider locations nationwide.

In addition, each TruHearing purchase includes:

- 3 follow-up visits with a provider for fitting and adjustments
- 45-day risk-free trial
- 3-year manufacturer warranty for repairs and one-time loss and damage replacement
- 48 free batteries per aid

Call (877) 372-4040 to get started

https://www.truhearing.com/vsp/

# Group Term Life Insurance

TRI-COUNTY SCHOOLS INSURANCE GROUP
400 Plumas Blvd., Suite 210 Yuba City, CA 95991 | 530.822.5299 | 530.822.5284 Fax | www.tcsig.com

# Group Term Life Insurance through ReliaStar

Convenient, employer-provided life insurance offering financial protection for your loved ones. TCSIG through ReliaStar Life Insurance Company, a member of the Voya Financial Family of Companies, offers six levels of life insurance and AD&D coverage.

What is Group Term Life Insurance?
Group Term Life Insurance is offered through your employer and pays a benefit to your beneficiary if you pass away during a specific period of time (known as a "term"). The term of this coverage is generally one year, renewing on an annual basis with your other employer-offered benefits.

What is Accidental Death and Dismemberment (AD&D) Insurance?
AD&D Insurance pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. This coverage is part of the Group Term Life Insurance offered through your employer.

Who is eligible for life insurance?

You—all active employees regularly working 20+ hours per week in a public entity employer group electing benefits of

- $10,000
- $25,000
- $50,000
- $100,000
- $150,000
- $200,000

Your spouse*— If your spouse is covered under the policy as an employee, then your spouse is not eligible for coverage under the spouse rider/benefit.

Your children—birth to age 26. If both you and your spouse are covered under the policy as employees, then only one, but not both, may cover the same children under the children's rider/benefit. If the parent who is covering the children stops being insured as an employee, then the other parent may apply for children's coverage.

*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.

What amount of coverage am I eligible for?

For you -
Your employer provides you with Basic Life Insurance of $10,000, $25,000, $50,000, $100,000, $150,000, $200,000

For your spouse*
Your employer provides you with $5,000 of Basic Life Insurance on your spouse.

For your children
Your employer provides you with $5,000 of Basic Life Insurance on your children.

What does my life insurance include?
The benefits listed below are included with your life insurance coverage.

- Accelerated Death Benefit: If you are diagnosed with a terminal illness with a limited life expectancy, you may receive a portion of your death benefit while still living.
- Accidental Death and Dismemberment (AD&D) Insurance: Pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. The proceeds can be used however you or your beneficiary would like.
- Continuation: If on an approved absence from work, you may continue your life insurance coverage under the employer's group policy for a set amount of time. Premiums must be paid during this time.
- Conversion: You, your spouse and/or your children may convert life insurance coverage to an individual whole life insurance policy when you leave your employer or due to loss of eligibility under the employer's group policy.
- Waiver of Premium: If you become unable to work due to total disability, your Basic Life Insurance can be continued without premium payment.

Will my benefits decrease as I get older?

- For you - Benefit amount(s) reduce to 65% of original coverage at age 65, to 45% of original coverage at age 70, to 30% of original coverage at age 75 and to 20% of original coverage at age 80 after.

Exclusions and Limitations

- There are no exclusions for Basic Life Insurance.
- AD&D Insurance has exclusions that are described in the certificate of insurance or rider.

Are there additional non-insurance services available?

- Employee Assistance Program: You have access to ComPsych GuidanceResources®, which provides support, resources and information for personal and work-life issues.

- Travel Assistance: When traveling more than 100 miles from home, Voya Travel Assistance offers enhanced security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

For more information, please call the Voya Employee Benefits Customer Service Team at (800) 955-7736

The Spouse's amount of insurance will reduce in the same manner as the Insured's amount of insurance upon spouse's attainment of reducing ages and terminates at the Insured's retirement.

Employees terminating coverage and retirees can convert their group life to a private life insurance plan. Employees should read their Voya Life Insurance Booklet for directions and then contact TCSIG for the Life Conversion form.

Please note employer contributions for group term life insurance are tax-free for the participants up to a $50,000 limit. Group term life insurance premiums over $50,000 of coverage are taxable to the employee.

The amount that is reportable as income is determined under IRC Section 79 and under a table prepared by the IRS. For more detailed information on the plans described above, visit www.tcsig.com

| Plan | Life | AD&D | Spouse | Child (Day 1 - Age 26) |
|---|---|---|---|---|
| Option I | $ 10,000 | $ 10,000 | $5,000 | $ 5,000 |
| Option II | $ 25,000 | $ 25,000 | $5,000 | $ 5,000 |
| Option III | $ 50,000 | $ 50,000 | $5,000 | $ 5,000 |
| Option IV | $100,000 | $100,000 | $5,000 | $ 5,000 |
| Option V | $150,000 | $150,000 | $5,000 | $ 5,000 |
| Option VI | $200,000 | $200,000 | $5,000 | $ 5,000 |

TCSIG's Value-Added Service

## Emergency Travel Assistance

The Emergency Travel Assistance program is available to all employees and dependents insured by the Life & AD&D policy at no additional cost.

Some examples of the many benefits are:
Immediate access to doctors, hospitals, pharmacies and certain other services when faced with a medical-related emergency while traveling more than 100 miles away from home.

- A global network of pre-qualified medical providers
- A state-of-the-art Operation Center with worldwide capabilities
- Air and ground ambulance providers
- Payment for all of the assistance services it arranges.

## Voya Travel Assistance Program

The Voya Travel Assistance program offers you enhanced security for your leisure and business trips.

Effective immediately, you and your dependents will have toll-free or collect call access to the Voya Travel Assistance customer service center, or access to the services provided on the Voya Travel Assistance website, 24 hours a day, 365 days a year – from anywhere in the world!

When traveling more than 100 miles from home, Voya Travel Assistance offers you and your dependents four types of services: Pre-Trip Information, Emergency Personal Services, Medical Assistance Services and Emergency Transportation Services.

The Voya Travel Assistance website provides additional sources of travel-related information. We encourage you to visit the website to access a detailed program description and convenient wallet cards. These documents provide important contact information for Voya Travel Assistance.

Access the Voya Travel Assistance website at: www.europassistance-usa.com

**User Name**: Voya
**Password**: assistance

# Optional Voluntary Life Insurance

TRI-COUNTY SCHOOLS INSURANCE GROUP
400 Plumas Blvd., Suite 210 Yuba City, CA 95991 | 530.822.5299 | 530.822.5284 Fax | www.tcsig.com

## Voluntary Life Insurance

Group #706574

What is Voluntary Term Life Insurance?

- Offered through your employer
- Pays a benefit to your beneficiary if you pass away during a specific period of time ("term")
- Term is generally one year, renewing annually with other employer-offered benefits
- You have the option to elect Voluntary Term Life Insurance.

Eligibility and coverage options

For you:

- All active employees working 20+ hours per week and enrolled in TCSIG medical plans.
- Voluntary Term Life Insurance coverage Options: Eligible employees may elect Voluntary Term Life Insurance of $50,000, $100,000, $150,000 or $200,000.
- Age reductions: Benefit amount reduces to 65% of original coverage at age 65 and to 50% of original coverage at age 70.

For your spouse*:

- If your spouse is covered under the policy as an employee, then your spouse is not eligible for coverage under the spouse benefit. Coverage is available only if employee Voluntary Term Life Insurance is elected.
- Eligible employees may elect spouse Voluntary Term Life Insurance of $10,000, $15,000 or $25,000. Coverage cannot exceed 100% of your approved employee Voluntary Term Life Insurance amount.
- Age reductions: Benefit amount reduces to 65% of original coverage at spouse age 65 and to 50% of original coverage at spouse age 70 and after.

For your children:

- To age 19, to age 26 if a full-time student.
- Coverage is available only if Employee Voluntary Term Life Insurance is elected. If both parents are covered as employees, only one but not both may cover the same children. If the parent who is covering the children stops being insured as an employee, the other parent may apply for children's coverage.
- Eligible employees may elect Children Voluntary Term Life Insurance of $10,000.
- Age reductions: Not applicable

*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.

What does my life insurance include?
The benefits listed below are included with your life insurance coverage.

**Accelerated Death Benefit**: If you are diagnosed with a terminal illness with a limited life expectancy, you may receive a portion of your death benefit while still living.

**Conversion*:** You may convert life insurance coverage to an individual whole life insurance policy when you leave your employer or due to loss of eligibility under the employer's group policy.

**Waiver of Premium:** If you become unable to work due to total disability, your Voluntary Term Life Insurance can be continued without premium payment.

**Convenient Payroll Deductions:** Premium deductions for Voluntary Term Life coverages are taken directly from your paycheck, so you never have to worry about late payments or lapse notices.

A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders.

*Coverage on your spouse and children is available if they are enrolled for Voluntary Term Life Insurance.

## How much does my life insurance cost?

**Employee and Spouse Voluntary Term Life Insurance Rates**

| Age | Monthly Rate per $1,000 of Coverage |
|---|---|
| Under 25 | $0.06 |
| 25-29 | $0.06 |
| 30-34 | $0.09 |
| 35-39 | $0.10 |
| 40-44 | $0.13 |
| 45-49 | $0.19 |
| 50-54 | $0.33 |
| 55-59 | $0.54 |
| 60-64 | $0.83 |
| 65-69 | $1.60 |
| 70 + | $2.59 |

The rates are per individual.

**Children Voluntary Term Life Insurance Rate**

Monthly cost for all eligible children

| Coverage Level | Monthly Cost |
|---|---|
| $10,000 | $2.00 |

Use the steps below to calculate your premium for you and your spouse based on the amount of insurance you elected:

Step 1: Enter the rate per $1,000 based on age: _____

Step 2: Take the amount of insurance and divide it by 1,000: _____
(Example: For $150,000 of coverage, enter "150")

Step 3: Multiply lines 1 and 2 (this is your monthly cost): _____

Monthly cost for your children: (covers all eligible children)
Enter the monthly cost for the amount of coverage from the table above: _____

### Exclusions and limitations

Voluntary Term Life Insurance coverages have a two-year suicide exclusion from the effective date of coverage or an increase in coverage.


### Exclusions and limitations

Voluntary Term Life Insurance coverages have a two-year suicide exclusion from the effective date of coverage or an increase in coverage.


### Additional non-insurance services:

Funeral Planning and Concierge Services

Employee Assistance Program

Voya Travel Assistance

For more information or to access the certificate of insurance, please call the Voya Employee Benefits Customer Service Team at (800) 955-7736.

# Employee Assistance Program

TRI-COUNTY SCHOOLS INSURANCE GROUP
400 Plumas Blvd., Suite 210 Yuba City, CA 95991 | 530.822.5299 | 530.822.5284 Fax | www.tcsig.com

## Available 24/7, 365 days a year.  Everything you share is confidential.

When you need help meeting life's challenges, the Anthem Blue Cross Employee Assistance Program (EAP) is here for you and your household members. Check out some of the services we offer — at no cost to you:

Counseling
- Up to 6 visits per issue
- Face-to-face counseling or online visits via LiveHealth Online
- Can call EAP or use the online Member Center to initiate services

Legal consultation
- 30-minute phone or in-person meeting
- Discounted fees to retain a lawyer
- Online resources, including free legal forms, seminars and a library of articles

Financial consultation
- Phone meeting with financial professionals
- Consultation available during regular business hours — no time limits or appointments needed
- Online resources, including articles, calculators and budgeting tools

ID recovery
- Identity theft risk level checked by specialists
- Help with reporting to consumer credit agencies
- Assistance filling out paperwork and negotiating with creditors

myStrength
- Online "health club for your mind"
- E-learning modules and mood trackers
- Library of videos, articles and inspirational quotes
- Supports development of personal action plans

Dependent care and daily living resources
- Information available on child care, adoption, summer camps, college placement, elder care and assisted living through the EAP website
- Phone consultation with a work-life specialist
- For help with everyday needs, like pet sitting, relocation resources and more

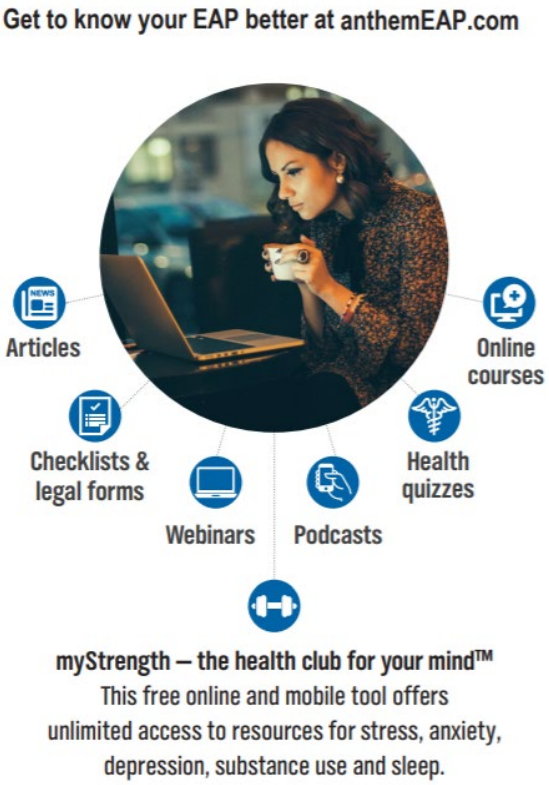
Other anthemEAP.com resources
- Well-being articles, podcasts and monthly webinars
- Self-assessment tools for depression, anxiety, relationships, alcohol use, eating habits and more

Crisis consultation

- Toll-free number for emergencies
- Round-the-clock help available

Need help? Give EAP a try today. Call us at (800) 999-7222. Or go to anthemEAP.com and enter your company code: TCSIG.

You can also find us here: @AnthemEAP on Twitter The Wellpost Blog@anthemEAP.com



# Wellness

TRI-COUNTY SCHOOLS INSURANCE GROUP
400 Plumas Blvd., Suite 210 Yuba City, CA 95991 | 530.822.5299 | 530.822.5284 Fax | www.tcsig.com

# TCSIG Health and Wellness Center

1174 Live Oak Boulevard
Yuba City, CA 95991

(530) 822-5500

Mon-Fri 8:00 AM to 7:00 PM
Sat 8:00 AM to 3:00 PM

Acute Care – getting back to healthy

- Treating illnesses, minor injuries, and skin conditions
- Cold/flu
- Conjunctivitis
- Cuts
- Headache/ migraine
- Infections
- Muscle and joint pains
- Nausea/vomiting
- Rashes
- Sinus infections
- Sore and strep throat
- Wound care

Preventive Care – staying healthy

- Administering vaccines, health education, wellness services, and onsite prescription dispensing
- Screenings
- Wellness coaching
- Vaccinations
- Physicals
- In-house Labs

Disease Management – helping you stay healthy. Developing treatment plans and follow-up for chronic conditions

- Allergies
- Asthma
- Depression
- Diabetes

- Emphysema
- High blood pressure
- High cholesterol
- Thyroid conditions
- Weight management
- Post-Surgery Care

## THE PATIENT PORTAL

Through the Patient Portal via the Healow app, you will be able to

- ask questions of providers, nurses, and staff members
- request prescription refills and referrals
- request appointments via message

… all from the comfort of your home, whenever it is convenient for you!

By using the Patient Portal you no longer have to call the office, leave a message, and wait for a response to get the results of your lab work; those results will be available to you on the Portal. You no longer have to call with a question or concern; you can send a message to the office through the Portal.

**Download the Healow app today to take an active role in managing your health care.**

THE PATIENT PORTAL

healow
Health and Online Wellness

https://mycw119.ecwcloud.com/portal16498/jsp/100mp/login_otp.jsp

TCSIG Wellness Center FAQ's

## WHAT ARE THE BENEFITS OF USING THE TCSIG WELLNESS CENTER?

Cost savings to you – Use of the Wellness Center is FREE to TCSIG members and their covered dependents. This means you do not have to pay a copay, deductible, or coinsurance.

Cost savings to everyone – Our Wellness Center is projected to reduce costs of the TCSIG Medical plans, which means lower premium increase over time.

Convenience – The Center is open Monday through Friday, 8:00 AM to 7:00 PM and Saturday 8:00 AM to 3:00 PM. Occasional walk-ins for acute care can be accommodated, but if you are not well, please call the office at (530) 822-5500 to schedule your appointment. It will minimize your discomfort and the spread of germs by making an appointment and waiting for your scheduled time.

## WHAT IF I NEED A REFERRAL TO A SPECIALIST?

We will work closely with you in selecting the highest quality specialist available to meet your unique needs.

## DO YOU ACCEPT WALK-IN PATIENTS?

Yes, however we prefer to have you call (530) 822-5500 to set an appointment.

## WHO CAN BE SEEN AT THE TCSIG WELLNESS CENTER?

Any TCSIG member or covered family member may receive care from the Wellness Center.

## WHAT DO I NEED TO PROVIDE AT THE TIME OF SERVICE?

Center staff will determine your eligibility at the time of your visit. They will need to see your medical identification card and a photo ID for verification purposes.

## WHAT SERVICES ARE PROVIDED BY THE WELLNESS CENTER?

- Preventative Care – Health risk assessments and follow-up visits, wellness coaching, vaccinations, routine annual physicals, well-woman exams, birth control, in-house lab screening (anemia, diabetes, thyroid, and cholesterol).
- Acute Care – Colds, flus, infections, sore throats, cuts, sprains, muscle and joint pain.
- Disease Management – Diabetes, high cholesterol, high blood pressure, asthma, and allergies.
- Weight Loss
- Wound Care Management

## WHAT SERVICES DO YOU NOT PROVIDE?

Chronic pain management or psychiatric services is not provided.

**DO YOU PROVIDE ANY LAB SERVICES OR DIAGNOSTIC SERVICES?**

Outside of the in-house labs mentioned above, we refer out to diagnostic centers in the area as needed. Any lab service where blood is drawn in the Wellness Center but sent out to a diagnostic center is provided at no cost to the patient.

Telemedicine

Telemedicine: Wellness Center E-Visit

We are excited to introduce you to the TCSIG Wellness Center tele-visit capabilities! Using this online application will allow you to visit face to face with one of our Nurse Practitioners via video-chat from your desktop or mobile device.

## To use this service just follow these three simple steps:

1. Go to URL: http://app.evisit.com/#/enroll/tcsigwellnesscenter and set up a telehealth account. Be prepared to answer a few short questions about your current health status. You are then ready to schedule a virtual visit.

2. To schedule a virtual office visit call the TCSIG Wellness Center at (530) 822-5500.

3. When it is time for your visit return to http://app.evisit.com/#/enroll/tcsigwellnesscenter and log in. Then wait in the virtual waiting room for the Nurse Practitioner to arrive.

## For Future Visits Repeat Steps 2 & 3 Only

A few helpful pointers:

☆ Save these links under your "favorites" for future visits from your computer.

For use on a mobile device go to the app store and download the “eVisit” app to your phone or tablet.

Be sure the device you want to use for your telehealth visit has a camera and strong internet/wifi connectivity.

Call **(530) 822-5500** for questions on evisit.

Telemedicine: Plushcare

THE CARE YOU NEED, WHEN YOU NEED IT

Telemedicine offers quality health care through a national network of board-certified doctors, who are available by phone or video consults. The doctors can provide you with advice, recommendations and referrals, for whatever's on your mind.

PlushCare gives you remote access to a network of top board certified doctors, so you get quality medical care without the unnecessary hassle of visiting a physician's office. And, it is free to use when you sign up for your employers plan!

The Best Doctors:
PlushCare's doctors are Board Certified and trained at the top 25 medical schools to ensure you get quality care every time.

Easy Access:
Access our physicians through our secure online video or telephone services.

Treatment:
Our doctors take the time to listen to your issues and give you the right treatment the first time. Prescriptions are sent right to your local pharmacy!

Get The Care You Need, When You Need It
PlushCare's network of doctors is available online or over the phone and provides treatments for hundreds of conditions. If appropriate, the doctor can write a prescription and have it sent immediately to the pharmacy of your choice. You and your family no longer have to wait to get the care you need!

**PlushCare Treats:**

- Bronchitis
- Chickenpox
- Ear Infections
- Impetigo
- Kidney Infections
- Lice
- Pink Eye-
- Pneumonia
- Pre-travel Questions and Prescriptions
- Rashes / Dermatitis
- Sinus Infection (Sinusitis)
- Sore Throat
- STD Testing and Treatment
- The Common Cold and Stomach Flu
- Urinary Tract Infection

**And More!**

Ready to get started? Call for Free * Today! (866) 460-6205,
or visit www.plushcare.com for more information or to book an appointment.
*** Due to IRS Rules, Members on CDHP will Pay $49.**

Telemedicine: Live Health Online

# Have a video visit with a doctor or therapist at home

## Using LiveHealth Online, you can have a private video visit on your smartphone, tablet, or computer.

If you need care for a health issue, or support if you're feeling anxious or having trouble coping on your own, LiveHealth Online is reaedy to help. You can stay home and have a video visit with board-certified doctor or licensed therapist on your smartphone, tablet or computer.

By using LiveHealth Online, you can

- **See a board-certified doctor in a few minutes with no appointment.** Doctors are available 24/7 to assess your condition and, if it's needed, they can send a prescription to your local pharmacy. I When your own doctor isn't available, use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, allergies, a sinus infection or another common health condition.
- **Make an appointment with a licensed therapist in four days or less.** You can have a video visit with a therapist from home, at work or on the go — evenings and weekend appointments are available too. Appointments can be scheduled online or over the phone at **1-888-548-3432** from 7 a.m. to 7 p.m., seven days a week. You can get help for anxiety, depression, grief, panic attacks and more.

**What will a visit cost?**
Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs — usually $59 or less for medical doctor visits, and a 45minute therapy session usually costs the same as an office therapy visit.

**Sign up for LiveHealth Online today – it's quick and easy**

Go to **livehealthonline.com** or download the app and register on your phone or tablet.

Download on the App Store | ANDROID APP ON Google play

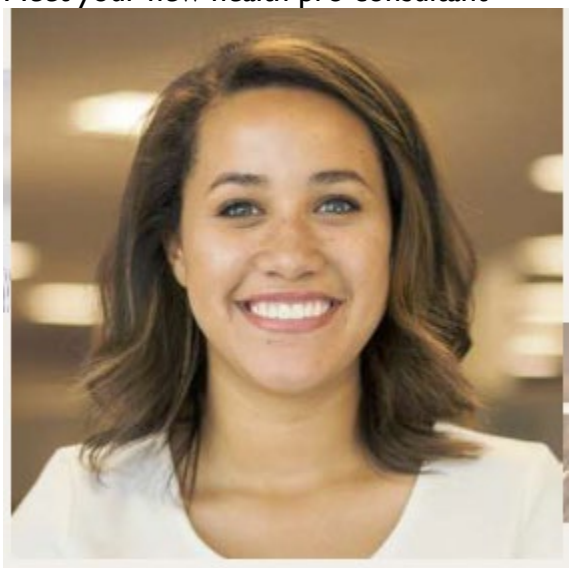
## Alright (previously known as Compass)

Tri-County Schools Insurance Group is committed to providing you the resources you need to help you better manage your benefits, your health and the health of your family. Navigating the complex healthcare system sometimes results in difficult experiences, valuable time spent away from other priorities and a higher cost of service. In partnership with **Alight Professional Health Services**, TCSIG is excited to offer a **FREE BENEFIT** to those enrolled in the Anthem plans to help navigate the health care system and spend less on medical care.

**Alight** gives our members access to a dedicated and highly trained **Health Pro** who is well versed in the TCSIG benefits plans and the overall healthcare system. Alight provides services to help with the following:

- Finding you highly-rated, cost-effective, in-network healthcare providers
- Making calls to schedule your appointments
- Reviewing your prescriptions to lower your monthly expenses
- Comparing costs with different providers before you seek services
- Explaining details of the Medical, Prescription, Dental, Vision, and HSA plans

Meet your new health pro consultant



Michelle Kuharski
Michelle.Kuharski@compassphs.com
800.513.1667 x 717

## Healthcare Bluebook

Healthcare Bluebook is a FREE added healthcare benefit to help you shop for care, compare facilities, save money on healthcare services, and earn rewards. The web and mobile applications make it easy to save money on hundreds of the most common medical services and procedures by showing you the cost ranges in your area and providing you with a selection of FAIR PRICE facilities.

Bluebook's web and mobile application make it easy to save money on hundreds of common medical services and procedures by showing you the cost ranges in your area and providing you with a selection of Fair Price™ (green) facilities.

Detailed information is also provided on the quality of common inpatient procedures (those that require a hospital stay). Healthcare Bluebook will help you to easily identify and select a facility that has a high-quality rating.

What is the "FAIR PRICE?"
The Fair Price™ is the amount you should reasonably expect to pay for a service or procedure and is based on the actual amount paid on the claim, not the billed amount, reflecting the discounts that the health plan has negotiated with the facility.

Here's an example of dramatic price differences between one facility and another.

QUALITY

Aren't all hospitals good at everything?
No, very few hospitals are good at all procedures. For example, a hospital can be among the highest performing facilities in the US for heart surgery, yet the same hospital can also be among the lowest performing facilities for joint replacement.

Can cheaper mean better quality? YES! Absolutely!

Providers with lower costs can have higher quality; there is no correlation between high cost and high quality. Healthcare Bluebook provides cost and quality ratings side-by-side for inpatient procedures, which is where quality matters most. By using Bluebook, it's easy to see which facilities offer the highest quality at the lowest costs.

REWARDS
How do I earn Go Green to Get Green Rewards?
You can earn rewards by simply visiting green providers for rewards-eligible procedures. Bluebook does all of the processing; there are no additional forms to submit.

Always check in-network status before scheduling.

EASY SETUP
How do I access Healthcare Bluebook?

ON YOUR PC, LAPTOP, AND/OR TABLET:
Log in to Healthcare Bluebook and bookmark the search page for quick access.

ON YOUR MOBILE PHONE:
Download the app and log in so you'll have Bluebook with you anytime you need to schedule a procedure.

**Company Code: TCSIG**

Bluebook's convenient color codes make it easy for you to identify those providers by cost and quality.

Check It Out:
healthcarebluebook.com/cc/TCSIG
800-341-0504

## Lifestyle Management Program: TeamCare

All enrolled TCSIG members have access to a TeamCare Personal Health Coach in our lifestyle management program. Coaches collaborate with each participant to make lasting changes that lead to a healthier life. Focus areas include:

- Weight Management
- Physical Activity
- Nutrition
- Stress Management
- Heart Health
- Pre & Post Natal Health
- Nicotine Cessation

Enrolling in the program is easy! Simply call (866) 724-0032 and you will be on your way towards a healthier you!

Individuals with chronic health conditions, such as asthma, COPD, diabetes and heart disease, are eligible to participate in this program. Individuals will work 1-on-1 with a health educator to gain a better understanding of their condition and how it affects their lifestyle. This program is free to all enrolled TCSIG members. Please call (866) 440-4429.

## Biometrics Screening

ARE YOU READY TO OWN YOUR HEALTH?

Your biochemistry is the most accurate way to understand how nutrition, exercise, and lifestyle affect your long-term health. Tri-County Schools Insurance Group is proud to offer biometric screening to our TCSIG medically covered members, **at no cost to you.**

Your blood test includes the following biomarkers:

- Cardiovascular Health
- Liver Health
- Kidney Health
- Nutrition & Electrolytes
- Blood Health
- Metabolic Health
- For High-Risk Groups

It's convenient. It's in-depth. It's 100% confidential.

# Helpful Phone Numbers

**TCSIG Administration Office**
(530) 822-5299
(866) 822-5299
http://www.tcsig.com/index.html

**TCSIG Wellness Center (Office Visits, Disease Mgmt, eVisits)**
(530) 822-5500
http://www.tcsig.com/wellness-center.html

**Delta Health Systems (Eligibility and Claims Information)**
(800) 464-7627
deltahealthsystems.com

**Disease/Health Management**
(866) 440-4429

**Lifestyle Mgmt/Health Coaching**
(866) 724-0032
teamcare@delapro.com

**PlushCare (24/7 Telemedicine)**
(866) 460-6205
plushcare.com

**PhysMetrics**
(877) 519-8839
tcsigchiro.com

**Anthem - Mental Health/Employee Assistance Program (EAP)**
(800) 999-7222
anthemeap.com Company Code: TCSIG

**ProAct Rx**
(877) 635-9545
ProActRx.com

**Costco Mail Order Pharmacy**
(800) 607-6861
pharmacy.costco.com

**Noble Specialty Pharmacy**
(888) 843-2040
noblehealthservices.com

**Delta Dental of California**
(866) 499-3001
deltadentalins.com

**Vision Service Plan (VSP)**
(800) 877-7195
vsp.com

**Hearing Aid Discount Program**
(877) 396-7194
vsp.truhearing.com

**HealthCare Bluebook**
(800) 341-0504
healthcarebluebook.com/cc/tcsig

**Alight (previously Compass)**
(800) 513-1667 x 717
Michelle.Kuharski@compassphs.com

## Attachments

Enrollment Form – Medical/Dental/Vision/Group Life
Enrollment Form – Voluntary Life
Enrollment Form - 125 Plan
Plan Document-Medical
Plan Document-CDHP
Plan Document-Dental
Plan Document-Group Life
Plan Document-Voluntary Life
Plan Document – 125 Plan