



Tri-County Schools Insurance Group

Serving our members since 1983

Open Enrollment
April 15, 2024 – May 31, 2024
2024/2025 Plan Year

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!

TRI-COUNTY SCHOOLS INSURANCE GROUP

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Medical



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
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/Coinsurance
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 Retail Retail 90 Mail Order (90)	\$5 / 25% / 45% (max= \$5 / \$35 / \$70) \$10 / \$50 / \$90 \$10 / \$50 / \$90				Subject to Deductible/Coinsurance
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
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)	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	♦ 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)	♦ 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. 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%).

HealthComp


HealthComp
 P.O. Box 45018
 Fresno, CA 93718-5018

If you have a question concerning your benefits or a claim, call the claims team at (800) 442-7247. Visit HealthComp’s website at hconline.healthcomp.com/ to request a medical I.D. card.

You may also register online to view plan information, eligibility, medical claims, view your id card or print an Explanation of Benefits (EOB) form.

Your Coverage

Customer Service Eligibility, benefits and claims questions	HealthComp (800) 442-7247 www.healthcomp.com
Medical PPO Network	California: Anthem Blue Cross / JAA California Claims: Anthem Blue Cross – Prudent Buyer Plan P.O. Box 60007 Los Angeles, CA 90060-0007 https://www.anthem.com Claims Outside of California: Providers submit claims to their local Blue Cross and/or Blue Shield Plan.
Utilization Review and Pre-Certification	California: Anthem Blue Cross: (800) 274-7767
Prescription Benefits	Carelon Rx (833) 439-1004
COBRA Administrator	HealthComp (800) 442-7247 www.healthcomp.com COBRA Payments should go to: HealthComp PO Box 45018 Fresno, CA 93718-5018
Anthem Blue Cross Provider Finder	To find an in-network provider you can access the Anthem Blue Cross Provider Finder at https://www.anthem.com/ca/find-care/ . You can either create an account or use the alpha prefix HEA to search.

HCOonline

A **total** healthcare experience.

The **HCOonline** platform streamlines how you manage your health benefits.

An All-in-One Solution

Access your ID card, check your plan status, understand your coverage, review claims, and submit forms all in one place.

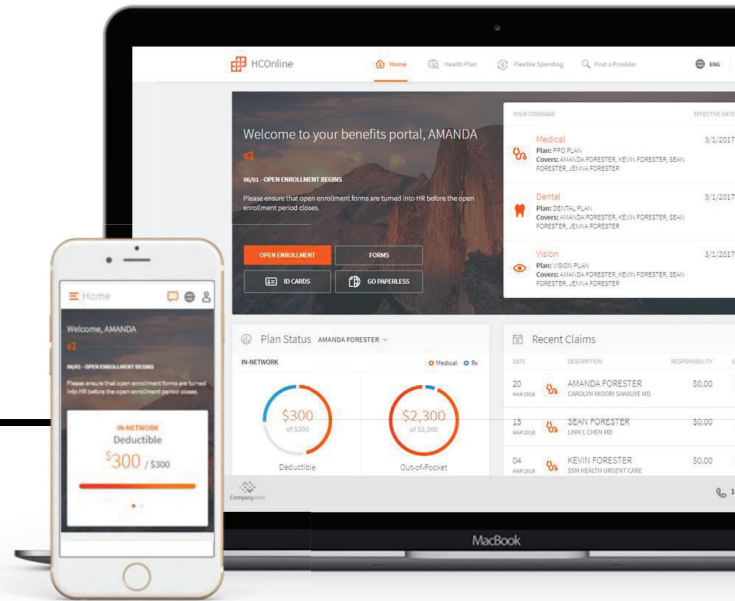
Designed for You

The **HCOonline** platform is sleek, modern and user-friendly. We've added simple graphs to show your plan status and we've translated healthcare jargon into plain English.

A Seamless Mobile Experience

Access your plan with a single click (ortap). With our web and mobile experiences, you'll have access to your benefits at any time.

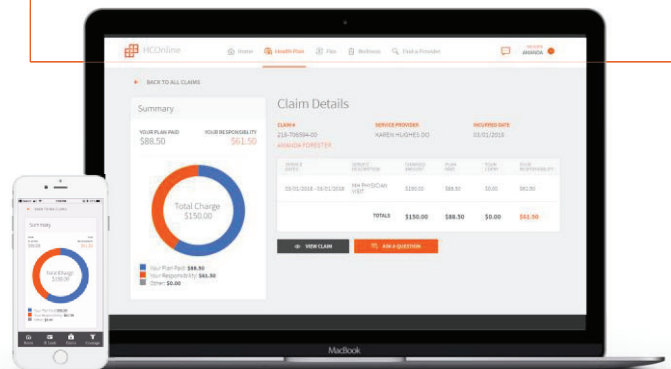
To access **HCOonline**, go to:
hconline.healthcomp.com/



Your benefits, fully integrated

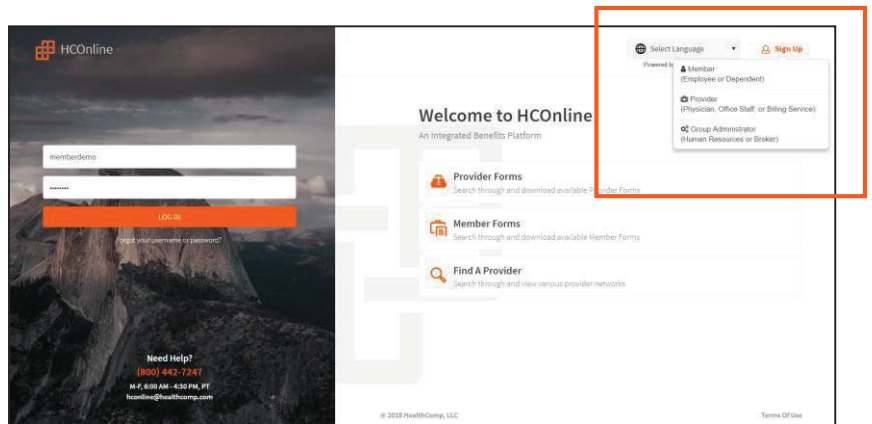
- ✓ Look up your **medical, dental and vision coverage** all in one place.
- ✓ **Robust features** to help you make the most of your benefits.
- ✓ A **clean, modern design** that's easy-to-use and mobile-responsive.
- ✓ Uses **plain English** and **clear visuals** to help you understand your plan and the services available to you.

Questions? Our Benefits Assistants are ready to assist you. Call 1-800-442-7247.

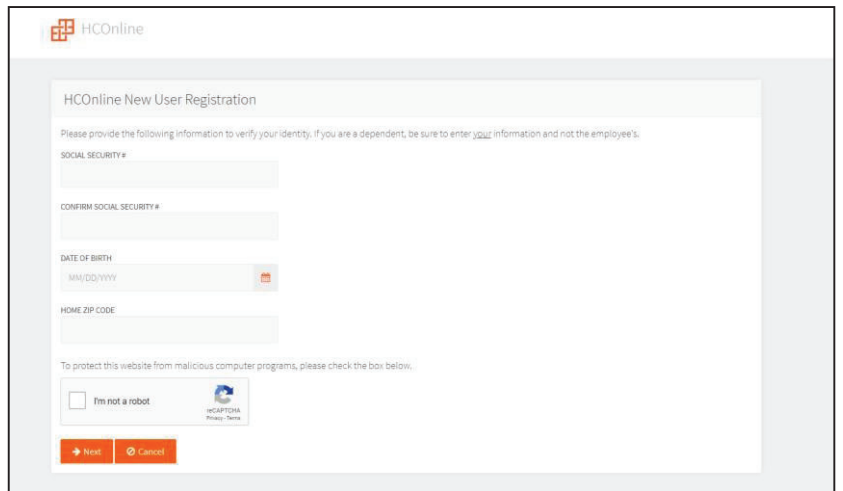


Registering on HCOOnline

1. In a web browser, navigate to **HCOOnline** (<https://hconline.healthcomp.com/>).
2. In the upper-right corner, click **Sign Up**. From the dropdown menu, click **Member**. This will open the **New User Registration** wizard.
3. In the **Verification** step of the **New User Registration** wizard, enter your Social Security Number (omitting dashes), Date of Birth (MM/DD/YYYY) and Home Zip Code (#####). Click the **'I'm not a robot'** checkbox. Click **Next**.
4. In the **User Account** step of the **New User Registration** wizard, enter your email account, username, password, security question, and security question answer. Click **Create New User**.
5. To complete registration, **HCOOnline** will send a confirmation to your email address. Access your email and click the link within the email confirmation. This completes the registration process.



HCOOnline Login Page



New User Registration Wizard

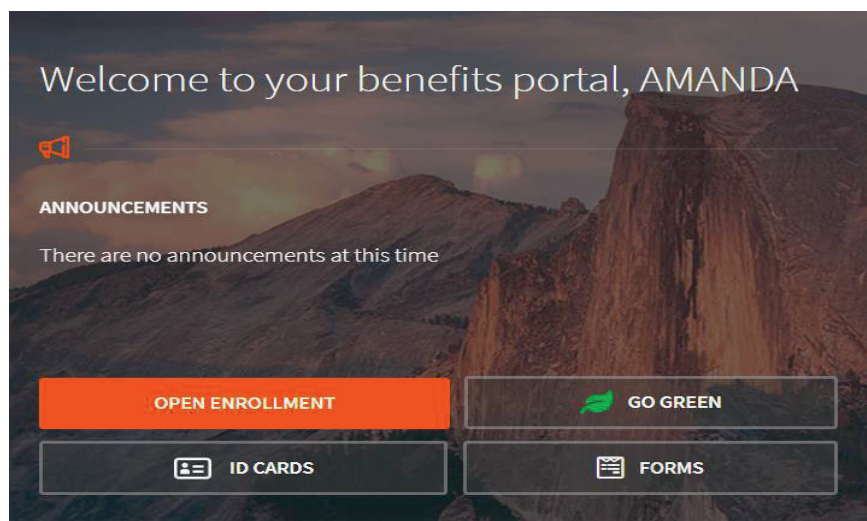
We recommend adding hconline@healthcomp.com to your address book to ensure you receive all **HCOOnline** email notifications.

For assistance, please contact HealthComp's Customer Service team at 800.442.7247

Online Enrollment Form

Employees can enroll with a click of a mouse once they have created their HCOOnline Account.

1. Log into your **HCOOnline** account.
2. Select the “**Open Enrollment**” or “**New Hire Enrollment**” button to begin the enrollment Process.
3. A welcome letter may be displayed after clicking this button. Read the opening page then click Next.
4. Complete and/or verify all information on the Employee Demographics page.
5. When finished, click Next. The system will prompt you for any required fields that are not completed.
6. The Employee Benefits page allows you to elect or waive coverage. You will also select the coverage level such as Employee only or Family.
7. The Dependents page allows you to add dependents you want covered under your plan or update the coverage and demographics for current dependents.
 - a. Select the box next to the coverage you are electing for your dependent.
 - b. Check the Disabled box if this dependent is now incapable of self-support because of disability. If the Disabled box is checked: Please submit a copy of a physician's statement certifying disability to HealthComp PO BOX 45018 FRESNO, CA 93718-5018. When finished click Next.
8. The Other Insurance page is for if you or any of your dependents have other insurance coverage, click the Add+ button and complete the other insurance form. If you do not have other insurance to report, click “No Other Insurance”. Click Next to proceed.
 - a. When adding other insurance, enter all required information then click Next. Click the Add+ button again if you have multiple plans to report.
9. The final page gives you a view of all of the information you have entered. If you find that you need to edit any information, click the edit button on the top of the section you wish to edit. Be sure to print this page for your records by selecting the print icon in the upper right of the screen. Once all information has been reviewed and you have read the disclaimer information, click Submit at the bottom of the page.





*** As of July 01, 2022 TCSIG is no longer offering new Kaiser enrollments. Members already enrolled in a TCSIG Kaiser plan can remain on that plan.**

Kaiser High (\$10 Copay)

600237 TRI-COUNTY SCHOOLS INSURANCE GROUP

Principal Benefits for

Kaiser Permanente Traditional HMO Plan (7/1/24—6/30/25)

Accumulation Period

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

Out-of-Pocket Maximums and Deductibles

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

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
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
Telehealth Visits	You Pay
Primary Care Visits and Non-Physician Specialist Visits by interactive video	No charge
Physician Specialist Visits by interactive video	No charge
Primary Care Visits and Non-Physician Specialist Visits by telephone	No charge
Physician Specialist Visits by telephone	No charge
Outpatient Services	You Pay
Outpatient surgery and certain other outpatient procedures	\$20 per procedure
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: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (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 (Tier 1) at a Plan Pharmacy or through our mail-order service	\$10 for up to a 100-day supply
Most brand-name items (Tier 2) at a Plan Pharmacy or through our mail-order service	\$35 for up to a 100-day supply
Most specialty items (Tier 4) at a Plan Pharmacy	\$35 for up to a 30-day supply
Durable Medical Equipment (DME)	You Pay
DME items as described in the <i>EOC</i>	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 <i>EOC</i>	No charge
Diagnosis and treatment of infertility and artificial insemination (such as outpatient procedures or laboratory tests) as described in the <i>EOC</i>	50% Coinsurance
Assisted reproductive technology (“ART”) Services	Not covered
Hospice care	No charge

This proposal is a summary and does not include all benefits, member cost share, out-of-pocket maximums, exclusions, or limitations. For a complete description, please refer to the *Evidence of Coverage*.

Kaiser Low (\$20 Copay)

600237 TRI-COUNTY SCHOOLS INSURANCE GROUP

Principal Benefits for
Kaiser Permanente Traditional HMO Plan (7/1/24—6/30/25)

Accumulation Period

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

Out-of-Pocket Maximums and Deductibles

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

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
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
Telehealth Visits	You Pay
Primary Care Visits and Non-Physician Specialist Visits by interactive video	No charge
Physician Specialist Visits by interactive video	No charge
Primary Care Visits and Non-Physician Specialist Visits by telephone	No charge
Physician Specialist Visits by telephone	No charge
Outpatient Services	You Pay
Outpatient surgery and certain other outpatient procedures	\$10 per procedure
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: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (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 (Tier 1) at a Plan Pharmacy or through our mail-order service	\$5 for up to a 100-day supply
Most brand-name items (Tier 2) at a Plan Pharmacy or through our mail-order service	\$15 for up to a 100-day supply
Most specialty items (Tier 4) 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 aids 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 or laboratory tests) as described in the EOC	50% Coinsurance
Assisted reproductive technology ("ART") Services	Not covered
Hospice care	No charge

This proposal is a summary and does not include all benefits, member cost share, out-of-pocket maximums, exclusions, or limitations. For a complete description, please refer to the *Evidence of Coverage*.

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: Anthem Carelon Rx

Tri-County Schools Insurance Group's pharmaceutical benefits manager is Carelon Rx.

Prescriptions are processed through Carelon Rx's system based upon the copay structure of TCSIG's Plans. Members should utilize a Carelon Rx pharmacy in order to receive the maximum benefit of the Plan. To locate a network pharmacy call (833) 439-1004.

The Carelon Rx Prescription Drug List [Click for Prescription Formulary](#) 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
- Tier E = medication is excluded from coverage, alternatives listed at end of Formulary

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		<i>(pay up front at pharmacy until deductible/coins. met)</i>
Preferred Brand (tier 2)	25% to max of \$35		\$50 copay		
Non-Preferred (tier 3)	45% to max of \$70		\$90 copay		
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.

Also when reviewing the Prescription Formulary you may notice the below codes listed next to a medication name.

- PA = prior authorization. You may need to get benefits approved before certain prescriptions can be filled.
- QL = quantity limits. There are limits on the amount of medicine covered within a certain amount of time.
- SP = specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.
- ST = step therapy. You may need to use another recommended drug first before a prescribed drug is covered.
- DO = dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.
- LD = limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.
- OC = oral chemotherapy. These drugs after deductible shall not exceed \$200 per an individual prescription for up to a 30 day supply.



For medication-specific questions contact the Carelon Rx helpdesk at (833) 439-1004.

Carelon Rx Pharmacy Mail Order

Tri-County Schools Insurance Group's mail-order pharmacy for prescriptions for long-term, maintenance medications. Contact Carelon Rx at (833) 439-1004 to set up mail-order services.


Specialty Pharmacy: Carlon Rx

For assistance with the Specialty Pharmacy please contact Carlon Rx at (833) 255-0645.

With Exclusive Specialty Pharmacy, your employees get:

- Their medication delivered to their home or work — wherever is most convenient for them.
- Calls from the specialty pharmacy to make sure they order and get their drugs quickly.
- Clinical support, including advice from pharmacists and nurses experienced in working with complex chronic conditions and specialty drugs, who can answer their questions about side effects and other concerns.
- Educational and support programs that help them better understand their condition and encourage them to take their medications correctly.
- Help finding possible financial assistance for high-cost medications.

Estimate your Payroll Deduction

	<h2>Estimate your Payroll Deduction</h2>	
Medical Plan: _____	<input type="text"/>	Enter the monthly medical premium amount.
Dental Plan: _____	<input type="text"/>	Enter the monthly dental premium amount.
Vision Plan: _____	<input type="text"/>	Enter the monthly vision premium amount.
Group Life Insurance: _____	<input type="text"/>	Enter the monthly group life insurance premium amount.
Voluntary Life Insurance: _____	<input type="text"/>	Enter the monthly voluntary life insurance premium amount.
Total Monthly Premium	<input type="text"/>	Total monthly premium for medical, dental, vision and life.
Monthly Employer Cap	<input type="text"/>	Enter the monthly amount the employer pays for your medical coverage.
Monthly Employee Share for Coverage	<input type="text"/>	

- To estimate your payroll deduction please go to the TCSIG Employee Benefits webpage [here](#) and click on the red box labeled Estimate Your Payroll Deduction.

Dental

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:

- \$1,000-\$2,000 depending on which plan you are in
- Additional \$250 for use at a Delta Dental Preferred Provider Option dentist
- Employers may elect increased annual maximums

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.

Yuba Community College District
Certificated Class
Delta Dental Premier PPO
School Incentive Plan
D4B

Annual Maximum per person:

- PPO provider \$2,500
- Premier provider \$2,000
- Deductible NONE

Basic Services, Diagnostic & Preventive, Crowns & Restorations:

- TCSIG/Delta Dental Pays: 70% First year seen by provider
80% Second year seen by provider
90% Third year seen by provider
100% Fourth year and beyond

Prosthodontics/Bridges/Partials:

- TCSIG/Delta Dental Pays: 70% (percentage does not increase)

Orthodontic Lifetime Maximum:

- TCSIG/Delta Dental Pays: 50% to \$500 for Children Only

Dental Services in case of Accident:

- TCSIG/Delta Dental Pays: Additional \$1,000 Annual Maximum

Diagnostic and Preventive Waiver:

- Get your exam, cleaning, and x-ray without affecting your annual maximum
(estimated increase above annual maximum is an average of \$350)

Cleanings:

- 2 per year; 2 additional if medically necessary

Fluoride Treatments:

- Twice each calendar year

ID Cards not required – Give Dentist member’s SSN

Create an account or search for Dentists at deltadentalins.com



Vision

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 in.

Plan C

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Routine retinal screening 	\$5 for exam and glasses Up to \$39	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> • Retinal imaging for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details. 	\$20 per exam	Available as needed
PRESCRIPTION GLASSES			
FRAME*	<ul style="list-style-type: none"> • \$170 Featured Frame Brands allowance • \$150 frame allowance • 20% savings on the amount over your allowance • \$80 Walmart/Sam's Club/Costco frame allowance 	Combined with exam	Every 12 months
LENSES	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses 	Combined with exam	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Anti-glare coating • Tints/Light-reactive lenses • Impact-resistant lenses • Average savings of 40% on other lens enhancements 	\$0 \$80 - \$90 \$120 - \$160 \$35 \$0 \$0	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> • \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
VSP LIGHTCARE™+	<ul style="list-style-type: none"> • \$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts 	Combined with exam	Every 12 months
ADDITIONAL SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • Discover all current eyewear offers and savings at vsp.com/offers. • 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> • Average of 15% off the regular price; discounts available at contracted facilities. <p>Exclusive Member Extras for VSP Members</p> <ul style="list-style-type: none"> • Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. • Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. • Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 		

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.

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/>

Optional Voluntary Life Insurance

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

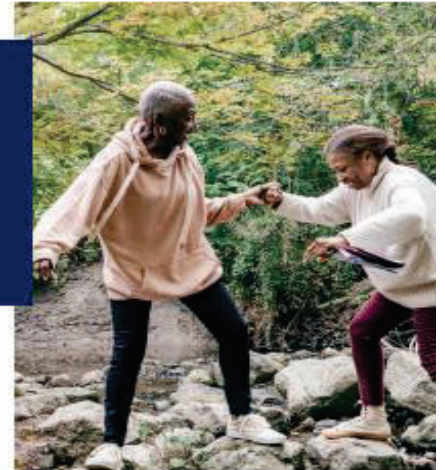
Anthem EAP



Mental health support at no extra cost

Learn about the care options available with your EAP

If you or a loved one need support for coping with life, reducing stress, or living with a mental health issue, you are not alone. Your Employee Assistance Program (EAP) offers work and life support at no extra cost. Each member of your household can have six visits with an EAP counselor per issue, per year. Asking for help can be the hardest part. The information below details the resources available to you, including how to reach out when you're ready.



	Face to Face Counseling	Emotional Well-being Resources	Talkspace	LiveHealth Online	Suicide and Crisis Lifeline
What is it?	Confidential in-person sessions with a licensed professional counselor.	Resources and support to help you live your happiest, healthiest life, including self-help digital tools to help improve your emotional well-being.	Personalized match with a therapist. 24/7 access to confidential messaging with therapist via text, audio, or video and the ability to schedule a virtual visit in real time.	24/7 confidential counseling through scheduled visits over live text message, telephone, or video.	24/7 confidential mental health support, including prevention and crisis resources, for anyone in distress.
When do I use it?	When you need help managing: <ul style="list-style-type: none"> Depression Stress Anxiety Chronic pain Drug and alcohol use Emotional health issues 	When you need help managing: <ul style="list-style-type: none"> Anxiety Depression Sleep issues Panic Social anxiety Stress Drug and alcohol use Worry 	When you need help managing: <ul style="list-style-type: none"> Anxiety Depression Grief Relationships Sleep Stress Drug and alcohol use Trauma 	When you need help managing: <ul style="list-style-type: none"> Anxiety Stress Depression Grief Relationships/family issues Panic attacks Coping with illness 	When you or someone you know are: <ul style="list-style-type: none"> Experiencing suicidal thoughts or behavior. Experiencing emotional distress. Behaving in a way that could harm others.
What does it cost?	No extra cost.	No extra cost.	No extra cost. Includes six sessions per issue, per year, as part of your EAP counseling.	No extra cost. Includes six sessions per issue, per year, as part of your EAP counseling visits.	No extra cost.
How do I connect?	Call your EAP 24/7 at 800-999-7222.	Visit anthemEAP.com .	Visit talkspace.com/associatocare and select Get Started. Provide the requested information and enter TCSIG as your organization name.	Visit anthem.com/ca or anthemEAP.com to find virtual care options that are right for you.	Call or text 988 or chat with someone at 988lifeline.org , 24/7.

Take care of yourself
Your mental and emotional well-being matter just as much as anything else on your to-do list. Don't hesitate to reach out to any of the resources above when you need support. You can also call your EAP at 800-999-7222 or visit anthemEAP.com and enter company code: TCSIG.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross. Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 988 (National Suicide Prevention Lifeline) and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. Talkspace does not offer emergency services. Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. 10/2023/EZMEMBER/PSF Rev. 05/23 0579827-14883545

Wellness

TCSIG Wellness Center

1174 Live Oak Boulevard
Yuba City, CA 95991

(530) 822-5500

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

Sat 9:00 AM to 3:00 PM

Acute Care – getting back to healthy

- Allergic Reactions/Rashes
- Bronchitis
- Cold/flu
- Conjunctivitis (Pink eye)
- Cuts, minor burns, bug bites
- Ear infections
- Headache/migraine
- Muscle and joint pain
- Nausea/vomiting/diarrhea
- Sinus infections
- Sore throat/Strep throat
- STI Testing
- Urinary tract infections
- Wound care



Preventive Care – staying healthy

- Annual wellness exams (physicals)
- Immunization update
- Physical (school, sports, work)
- Women's health exams
- Referrals for mammogram/colonoscopy screenings
- Referrals for specialty consultations
- Onsite prescription dispensing
- TB Risk assessment/PPD placement

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

- | | |
|---|---|
| <ul style="list-style-type: none"> • Allergies • Asthma • Depression • Diabetes • Emphysema • High blood pressure | <ul style="list-style-type: none"> • High cholesterol • Thyroid conditions • Weight management • Post-Surgery Care • Lab services available with in-house Phlebotomist |
|---|---|

THE PATIENT PORTAL

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. Through the Patient Portal via the **healow** app, you can:

- Ask questions of providers, nurses, and staff members
- Review selected medical records, notes, labs, diagnostic results
- Request prescription refills, referrals, and appointments via message
- Access virtual office visits

...All from the comfort of your home, whenever it is convenient for you!

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

THE PATIENT PORTAL



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 increases over time.

Convenience – The Center is open Monday through Friday, 8:00 AM to 7:00 PM and Saturday 9:00 AM to 3:00 PM. Please call the office at (530) 822-5500 to make 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?

Please call in the morning for same day appointments (530) 822-5500.

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 and psychiatric services are 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: TCSIG Wellness Center Telephone Visit

To our TCSIG community, we are excited to introduce you to our new TCSIG Wellness Center telemedicine capability, provided by our electronic health records system, ECW! Our telemedicine application will allow you to have a virtual face-to-face visit with your provider. Using this application is user friendly and does not require you to download any apps or software to your personal devices. Please see the following information and reach out to our clinical support staff with any additional questions you may have.

To ensure you are ready to use our Telemedicine services you should be familiar with the following:

1. You will need to ensure our office staff is provided with an updated cellphone number and email address for Telemedicine notifications
 - You will receive a notification for your appointment by text message and email the day you schedule
 - You will receive another notification the day of your appointment by text message and email 20 minutes before your appointment
2. You will be able to participate in your virtual appointment by using your internet browser on a desktop or laptop computer, or by using your smartphone or tablet
 - Ensure the device of your choice has an accessible camera
3. To access the appointment “click” on the link provided to you by email or text message, follow the prompts and select the orange button “Start TeleVisit”
4. You will be moved to the virtual waiting room and the provider should be with you shortly

For any additional information, please contact clinic staff at (530) 822-5500. We are looking forward to your virtual office visit!



Patient Advocacy Program

WHY USE A PATIENT NAVIGATOR?

TCSIG Patient Navigation is committed to offering expert, personalized, and streamlined support throughout the healthcare journey. By choosing TCSIG Patient Navigation, individuals can navigate the complexities of the healthcare system with confidence, knowing they have a dedicated partner to guide them every step of the way.

TCSIG's Patient Navigators are highly trained medical clinicians specializing in guiding individuals through the complexities of the healthcare system.

Our team is dedicated to aiding your understanding of your unique health situation. We offer:

- Guidance through healthcare system
- Appointment coordination Communication liaison Resource identification Advocacy
- Patient education
- Follow-up support
- Emotional support
- Coordination with healthcare team Patient empowerment

At any stage of your health journey, TCSIG Patient Navigation is committed to offering support with compassion and empathy.

Meet Your Patient Advocate:

Shea Smith, PA-C

Shea is a Nationally Board-Certified Physician Assistant with a heartfelt dedication to patient advocacy. Driven by her passion for patient advocacy, Shea believes in providing comprehensive medical care that addresses not only physical ailments but also takes into account the patient's emotional well-being. Shea strives to deeply understand how her patients' lives are interconnected with their health concerns, enabling her to devise tailored treatment plans that truly encompass body, mind, and soul.

Bridging the Gaps, Guiding Your Healthcare Journey.

Contact Us

530-648-4787

Advocate@AcornHealthGroup.com

1174 Live Oak Blvd.

Yuba City, CA 95991

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 ready 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. | 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 TCSIG PPO Plan includes benefits for video visits using LiveHealth Online. The Premier Plus, Premier, Standard or Basic plan LiveHealth Online medical will be covered at 100%. The CDHP plan is usually billed at \$59 and will apply to the deductible. LiveHealth Online Psychiatry is a copay amount if you are on the Premier Plus, Premier, Standard or Basic plan. The CDHP plan is usually billed \$75 to \$175 and will apply to the deductible.

**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.

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?

In order to qualify, you'll be required to search for your procedure in Healthcare Bluebook prior to having your service completed and use a Fair Price™ facility for your care. 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.

COST RATINGS			
	At or Below Fair Price	Slightly Above Fair Price	Highest Price
QUALITY RATINGS			
	Highest Quality	Average Quality	Lowest Quality

Check It Out:

healthcarebluebook.com/cc/TCSIG

800-341-0504



Biometrics Screening

Regular health exams and tests can help identify medical conditions before they develop into a bigger problem. Early detection is critical to combat chronic illness and improves the odds for successful management and treatment of potential health risks. By being pre-emptive with your healthcare screenings, you are taking steps to improve your chances for living a longer, healthier life.

TCSIG screenings are offered to you at NO COST and are 100% CONFIDENTIAL. The comprehensive screening panel includes testing for cardiovascular disease, diabetes, liver and kidney disease and more.

WHO CAN PARTICIPATE?: Employees, retirees, spouses & dependents age 18+ on the TCSIG PPO medical plan. Full-time waivers and Kaiser members are not eligible to participate.

Tri-County Schools Insurance Group hold the annual Health Evaluations and the TCSIG Wellness Center will be assisting with the evaluations. For more information on the annual Health Evaluations please contact the TCSIG Wellness Center at (530) 822-5500.



Helpful Phone Numbers

TCSIG Administration Office

(530) 822-5299

(866) 822-5299

<https://www.tcsig.com/>

TCSIG Wellness Center

**(Office Visits, Disease Mgmt,
Tele-Visits)**

(530) 822-5500

<https://www.tcsig.com/wellness-center>

TCSIG Patient Advocacy Program

530-648-4787

Advocate@AcornHealthGroup.com

<https://tcsigpatientnavigation.my.canva.site/>

HealthComp (Eligibility and Claims Information)

(800) 442-7247

<https://healthcomp.com/>

PhysMetrics

(877) 519-8839

tcsigchiro.com

Anthem - Mental Health/Employee Assistance Program (EAP)

(800) 999-7222

anthemeap.com Company Code:
TCSIG

Anthem Carelon Rx

(833) 439-1004

Anthem Carelon Rx Specialty Pharmacy

(833) 255-0645

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



Attachments

[Plan Document-Medical](#)

[Plan Document-Dental](#)

[Enrollment Form – Voluntary Life](#)

[Plan Document-Voluntary Life](#)