



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

	Consumer Driven Health Plan			Consumer Driven Health Plan		
	PREMIER PLUS	PREMIER	STANDARD	BASIC	Low PPO	CDHP (HSA Qualified)
ACA Metal Ranking	Platinum	Platinum	Gold	Gold	Silver	Silver
Maximum Lifetime	No Limit	No Limit	No Limit	No Limit	No Limit	No Limit
Deductible						
Individual	\$75	\$500	\$750	\$1,000	\$3,000	*
Family Maximum	\$150	\$1,000	\$1,500	\$2,000	\$6,000	\$3,300
Coinsurance (after deductible)	80% / 20%	90% / 10%	80% / 20%	70% / 30%	50% / 50%	50% / 50%
Out Of Pocket Max (includes PPO MEDICAL copays, deductible, coinsurance)						
Individual	\$475	\$2,500	\$3,500	\$5,000	\$9,000	\$8,000
Family Maximum	\$950	\$5,000	\$7,000	\$10,000	\$18,000	\$16,000
Preventive Services						
Preventive Physical Exam/Labs	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay
Preventive Child Care	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay
Preventive Immunizations	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay
Wellness Center Services	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay
Tele-Medicine Visit	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay
Office Visit Copay	\$10	\$15	\$20	\$20	Subj. to ded./coins.	Subj. to ded./coins.
Chiropractic Visit Copay	\$20	\$20	\$20	\$20	Subj. to ded./coins.	Subj. to ded./coins.
Mental Health Counselor Copay	\$10	\$15	\$20	\$20	Subj. to ded./coins.	Subj. to ded./coins.
Hospital Emergency Room (ER)	\$50/visit + Coinsurance	\$50/visit + Coinsurance	\$50/visit + Coinsurance	\$50/visit + Coinsurance	Subj. to ded./coins.	Subj. to ded./coins.
Prescription Drugs						
Generic (tier 1)	\$5 copay	\$5 copay	\$5 copay	\$10 copay	Subj. to ded./coins.	Subj. to ded./coins.
Preferred Brand (tier 2)	25% to max of \$35	25% to max of \$35	25% to max of \$35	\$50 copay	(pay up front at pharmacy until deductible/coins. met)	(pay up front at pharmacy until deductible/coins. met)
Non-Preferred (tier 3)	45% to max of \$70	45% to max of \$70	45% to max of \$70	\$90 copay	deductible/coins. met	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.	Subj. to ded./coins.
Family Maximum	\$2,000	\$2,000	\$2,000	\$2,000	Subj. to ded./coins.	Subj. to ded./coins.

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

This outline does not constitute the group policy and is not a contract of insurance. It explains in simple language the essential features of the group benefits provided. All rights with respect to the benefits of an insured person will be governed solely by the group policy. For a complete copy of the Plan Document please go to our website at: <https://www.tcsig.com/plan-documents>