



# Tri-County Schools Insurance Group

## Serving our members since 1983

Open Enrollment  
April 15, 2026 – May 31, 2026  
2026/2027 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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400 Plumas Blvd., Suite 210 Yuba City, CA 95991 | 530.822.5299 | 530.822.5284 Fax | [www.tcsig.com](http://www.tcsig.com)

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# Medical

		Tri-County Schools Insurance Group Summary of Benefits 2026/2027						
		PREMIER PLUS	PREMIER	STANDARD	BASIC	PPO Low	PPO 6000	CDHP (HSA Qualified)
ACA Metal Ranking	PLATINUM	PLATINUM	PLATINUM	PLATINUM	SILVER	BRONZE	GOLD	SILVER
Maximum Lifetime	No Limit	No Limit	No Limit	No Limit	No Limit	No Limit	No Limit	No Limit
Deductible							*	
Individual	\$75	\$500	\$750	\$1,000	\$3,000	\$6,000	\$1,700	\$3,400
Family Maximum	\$150	\$1,000	\$1,500	\$2,000	\$6,000	\$12,000	\$3,400	\$6,800
Coinsurance (after deductible)	80% / 20%	90% / 10%	80% / 20%	70% / 30%	50% / 50%	50% / 50%	50% / 50%	50% / 50%
Out Of Pocket Max (includes PPO MEDICAL copays, deductible, coinsurance)								
Individual	\$475	\$2,500	\$3,500	\$5,000	\$9,000	\$10,000	\$5,000	\$8,000
Family Maximum	\$950	\$5,000	\$7,000	\$10,000	\$18,000	\$20,000	\$10,000	\$16,000
Preventive Services								
Preventive Physical Exam/Labs	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay
Preventive Child Care	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay
Preventive Immunizations	No Copay	No Copay	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	No Copay	No Copay
Office Visit Copay	\$10	\$15	\$20	\$20	Subj. to ded./coins.	Subj. to ded./coins.	Subj. to ded./coins.	Subj. to ded./coins.
Chiropractic Visit Copay	\$20	\$20	\$20	\$20	Subj. to ded./coins.	Subj. to ded./coins.	Subj. to ded./coins.	Subj. to ded./coins.
Mental Health Counselor Copay	\$10	\$15	\$20	\$20	Subj. to ded./coins.	Subj. to ded./coins.	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.	Subj. to ded./coins.	Subj. to ded./coins.
Prescription Drugs Retail	<u>Up to 31 day Supply</u>	<u>Up to 31 day Supply</u>	<u>Up to 31 day Supply</u>	<u>Up to 31 day Supply</u>	<u>Up to 31 day Supply</u>			
Generic (tier 1)	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	Subj. to ded./coins.	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	25% to max of \$35	25% to max of \$35			
Non-Preferred (tier 3)	45% to max of \$70	45% to max of \$70	45% to max of \$70	45% to max of \$70	45% to max of \$70	(pay up front at pharmacy until deductible/coins. met)	(pay up front at pharmacy until deductible/coins. met)	(pay up front at pharmacy until deductible/coins. met)
Prescription Drugs Retail or Mail	<u>90 Day Supply</u>	<u>90 Day Supply</u>	<u>90 Day Supply</u>	<u>90 Day Supply</u>	<u>90 Day Supply</u>			
Generic (tier 1)	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay			
Preferred Brand (tier 2)	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay			
Non-Preferred (tier 3)	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$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.	Subj. to ded./coins.	Subj. to ded./coins.	Subj. to ded./coins.
Family Maximum	\$2,000	\$2,000	\$2,000	\$2,000	Subj. to ded./coins.	Subj. to ded./coins.	Subj. to ded./coins.	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>

### Deductibles and Out-of-Pocket Maxes run on a calendar year (reset every January)

On the first day of each Calendar Year, a new deductible amount is required. However, Covered Charges incurred in, and applied toward the deductible in the last three months of the Calendar Year will be applied to the deductible in the next Calendar Year as well as the current Calendar Year. This fourth quarter roll-over applies to Premier Plus, Premier, Standard, Basic, and PPO Low.

Your deductible must be met before the insurance starts paying on your claims.

Out-of-Pocket Maxes are the max amounts you will pay towards your medical expenses for the year. Once met the insurance starts paying 100% on claims.

Annual preventatives are covered at 100%.

Personify

**personify** HEALTH™

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 Personify’s website at [hconline.healthcomp.com/](http://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

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

# HCOonline

A **total** healthcare experience.

The **HCOonline** platform stream- lines 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.

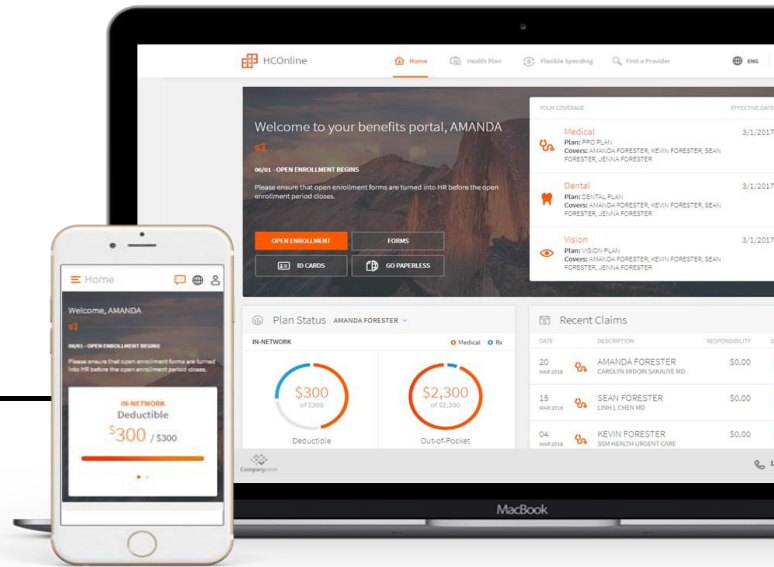
### Designed for You

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 (or tap). With our web and mobile experiences, you'll have access to your bene- fits at any time.

To access **HCOonline**, go to:  
[hconline.healthcomp.com/](http://hconline.healthcomp.com/)



## Your benefits, fully integrated

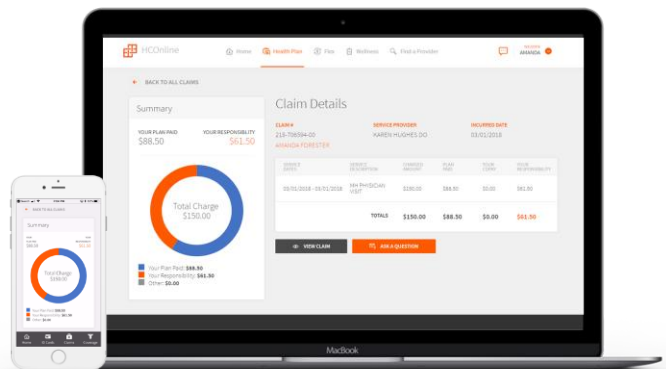
Look up your **medical, dental and vision coverage** all in one place.

**Robust features** to help you makethe 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

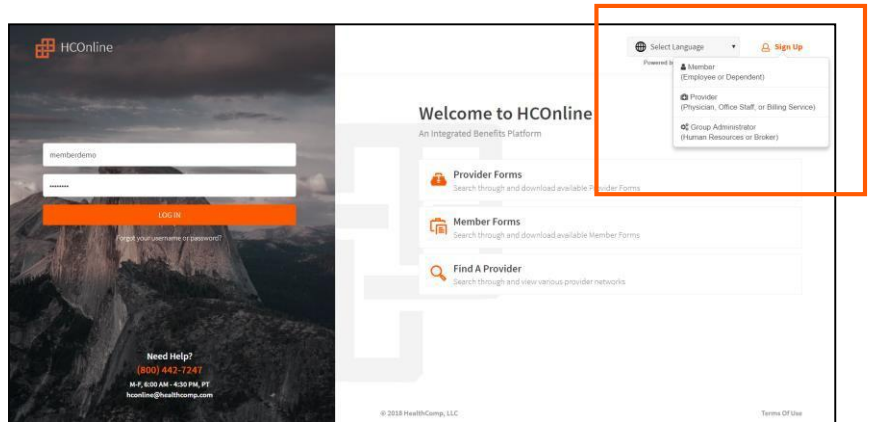
In a web browser, navigate to **HCOonline** (<https://hconline.healthcomp.com/>).

In the upper-right corner, click **Sign Up**. From the dropdown menu, click **Member**. This will open the **New User Registration** wizard.

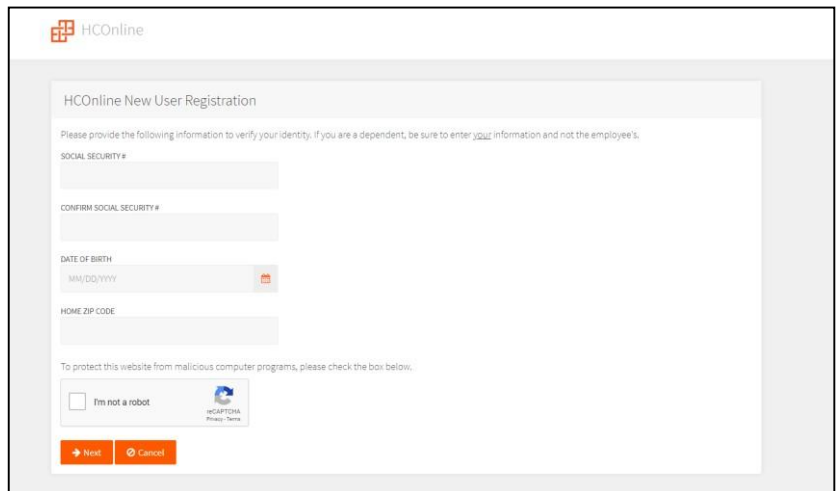
In the **Verification** step of the **New User Registration** wizard, enter your Social Security Number (omitting dashes), Date of Birth (MM/DD/YYYY) and Home Zip Code (#####). Click the **'I'm not a robot'** checkbox. Click **Next**.

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**.

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](mailto:hconline@healthcomp.com) to your address book to ensure you receive all **HCOonline** email notifications.

For assistance, please contact Personify'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.

Log into your [HCOOnline](#) account.

Select the “[Open Enrollment](#)” or “[New Hire Enrollment](#)” button to begin the enrollment Process. A welcome letter may be displayed after clicking this button. Read the opening page then click Next. Complete and/or verify all information on the Employee Demographics page.

When finished, click Next. The system will prompt you for any required fields that are not completed. The Employee Benefits page allows you to elect or waive coverage. You will also select the coverage level such as Employee only or Family.

The Dependents page allows you to add dependents you want covered under your plan or update the coverage and demographics for current dependents.

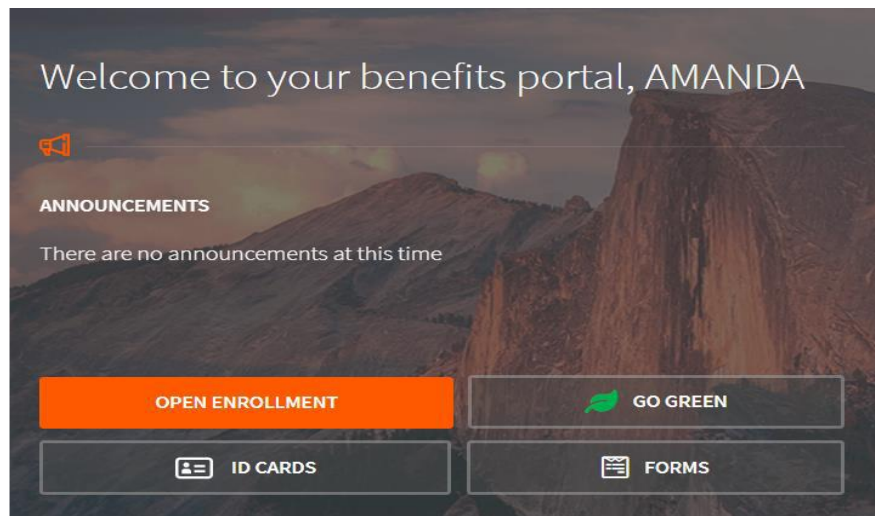
Select the box next to the coverage you are electing for your dependent.

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 Personify PO BOX 45018 FRESNO, CA 93718-5018. When finished click Next.

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.

When adding other insurance, enter all required information then click Next. Click the Add+ button again if you have multiple plans to report.

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.



## Kaiser High (\$10 Copay)

600237 TRI-COUNTY SCHOOLS INSURANCE GROUP  
Home Region: Northern California 7/1/25 through 6/30/26

### Principal benefits for Kaiser Permanente Traditional HMO Plan

#### Accumulation Period

The Accumulation Period for this plan is 7/1/25 through 6/30/26 (contract year).

#### 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

	<u>You Pay</u>
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
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

	<u>You Pay</u>
Primary Care Visits and Non-Physician Specialist Visits by interactive video or telephone	No charge
Physician Specialist Visits by interactive video or telephone	No charge

#### Outpatient Services

	<u>You Pay</u>
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

#### Hospital Inpatient Services

	<u>You Pay</u>
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	No charge

**Emergency Services**

Emergency department visits

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 “Hospital Inpatient Services” for inpatient Cost Share)

**You Pay**

\$50 per visit

**Ambulance Services**

Ambulance Services

**You Pay**

No charge

**Prescription Drug Coverage**

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)**

DME items as described in the *EOC*

**You Pay**

No charge

**Mental Health Services**

Inpatient psychiatric hospitalization

**You Pay**

No charge

Individual outpatient mental health evaluation and treatment

\$10 per visit

Group outpatient mental health treatment

\$5 per visit

**Substance Use Disorder Treatment**

Inpatient detoxification

**You Pay**

No charge

**Substance Use Disorder Treatment**

Individual outpatient substance use disorder evaluation and treatment

**You Pay**

\$10 per visit

Group outpatient substance use disorder treatment

\$5 per visit

**Home Health Services**

Home health care (up to 100 visits per Accumulation Period)

**You Pay**

No charge

**Other**

Eyeglasses or contact lenses every 24 months

**You Pay**

Amount in excess of \$150 Allowance

Hearing aids every 36 months each ear

Amount in excess of \$1,000 Allowance for

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

## Kaiser Low (\$20 Copay)

600237 TRI-COUNTY SCHOOLS INSURANCE GROUP  
Home Region: Northern California 7/1/25 through 6/30/26

### Principal benefits for Kaiser Permanente Traditional HMO Plan

#### Accumulation Period

The Accumulation Period for this plan is 7/1/25 through 6/30/26 (contract year).

#### 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

	<u>You Pay</u>
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
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

	<u>You Pay</u>
Primary Care Visits and Non-Physician Specialist Visits by interactive video or telephone	No charge
Physician Specialist Visits by interactive video or telephone	No charge

#### Outpatient Services

	<u>You Pay</u>
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

#### Hospital Inpatient Services

	<u>You Pay</u>
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	\$500 per admission

#### Emergency Services

	<u>You Pay</u>
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 "Hospital Inpatient Services" for inpatient Cost Share)

**Ambulance Services**

Ambulance Services

**You Pay**

\$50 per trip

**Prescription Drug Coverage**

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)**

DME items as described in the *EOC*

**You Pay**

20% Coinsurance

**Mental Health Services**

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**

Inpatient detoxification

**You Pay**

\$500 per admission

**Substance Use Disorder Treatment**

Individual outpatient substance use disorder evaluation and treatment

**You Pay**

\$20 per visit

Group outpatient substance use disorder treatment

\$5 per visit

**Home Health Services**

Home health care (up to 100 visits per Accumulation Period)

**You Pay**

No charge

**Other**

Eyeglasses or contact lenses every 24 months

**You Pay**

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



**Kaiser \$1800 (HSA Qualified)**

600237 TRI-COUNTY SCHOOLS INSURANCE GROUP  
 Home Region: Northern California 7/1/26 through 6/30/27

**Principal benefits for Kaiser Permanente HSA-Qualified High Deductible Health Plan (“HDHP”) HMO**

**Accumulation Period**

The Accumulation Period for this plan is 7/1/25 through 6/30/26 (contract year).

**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.

For Services that are subject to the Plan Deductible or the Drug Deductible, you must pay Charges for covered Services you receive during the Accumulation Period until you reach the deductible amounts listed below. All payments you make toward your deductibles apply to the Plan Out-of-Pocket Maximum amounts listed below.

<b>Amounts Per Accumulation Period</b>	<b>Self-Only Coverage (a Family of one Member)</b>	<b>Family Coverage Each Member in a Family of two or more Members</b>	<b>Family Coverage Entire Family of two or more Members</b>
Plan Out-of-Pocket Maximum	\$3,700	\$3,700	\$7,400
Plan Deductible	\$1,800	\$3,300	\$3,600
Drug Deductible	Not applicable	Not applicable	Not applicable

**Plan Provider Office Visits**

- Most Primary Care Visits and most Non-Physician Specialist Visits
- Most Physician Specialist Visits
- Routine physical maintenance exams, including well-woman exams
- Well-child preventive exams (through age 23 months)
- Routine eye exams with a Plan Optometrist
- Urgent care consultations, evaluations, and treatment
- Most physical, occupational, and speech therapy

**You Pay**

- No charge after Plan Deductible
- No charge after Plan Deductible
- No charge (Plan Deductible doesn't apply)
- No charge (Plan Deductible doesn't apply)
- No charge (Plan Deductible doesn't apply)
- No charge after Plan Deductible
- No charge after Plan Deductible

**Telehealth Visits**

Primary Care Visits and Non-Physician Specialist Visits by interactive video or telephone

**You Pay**

No charge after Plan Deductible

Physician Specialist Visits by interactive video or telephone

No charge after Plan Deductible

**Outpatient Services**

- Outpatient surgery and certain other outpatient procedures
- Most immunizations (including the vaccine)
- Most X-rays and laboratory tests
- Preventive X-rays, screenings, and laboratory tests as described in the *EOC*

**You Pay**

- No charge after Plan Deductible
- No charge (Plan Deductible doesn't apply)
- No charge after Plan Deductible
- No charge (Plan Deductible doesn't apply)

**Hospital Inpatient Services**

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs

**You Pay**

No charge after Plan Deductible

**Emergency Services**

Emergency department visits

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 “Hospital Inpatient Services” for inpatient Cost Share)

**You Pay**

No charge after Plan Deductible

**Ambulance Services**

Ambulance Services

**You Pay**

No charge after Plan Deductible

**Prescription Drug Coverage**

Covered outpatient items in accord with our drug formulary guidelines:

Most generic items (Tier 1) at a Plan Pharmacy

**You Pay**

\$10 for up to a 30-day supply after Plan Deductible

Most generic (Tier 1) refills through our mail-order service

\$20 for up to a 100-day supply after Plan Deductible

Most brand-name items (Tier 2) at a Plan Pharmacy

\$30 for up to a 30-day supply after Plan Deductible

Most brand-name (Tier 2) refills through our mail-order service

\$60 for up to a 100-day supply after Plan Deductible

**Prescription Drug Coverage**

Most specialty items (Tier 4) at a Plan Pharmacy

**You Pay**

\$30 for up to a 30-day supply after Plan Deductible

**Durable Medical Equipment (DME)**

Base DME items as described in the *EOC*

Supplemental DME items up to a \$2,500 benefit limit per accumulation Period as described in the *EOC*

**You Pay**

No charge after Plan Deductible

No charge after Plan Deductible

**Mental Health Services**

Inpatient psychiatric hospitalization

Individual outpatient mental health evaluation and treatment

Group outpatient mental health treatment

**You Pay**

No charge after Plan Deductible

No charge after Plan Deductible

No charge after Plan Deductible

**Substance Use Disorder Treatment**

Inpatient detoxification

Individual outpatient substance use disorder evaluation and treatment

outpatient substance use disorder treatment

**You Pay**

No charge after Plan Deductible

No charge after Plan Deductible Group

No charge after Plan Deductible

**Home Health Services**

Home health care (up to 100 visits per Accumulation Period)

**You Pay**

No charge after Plan Deductible



**Other**

Skilled nursing facility care (up to 100 days per benefit period)  
Prosthetic and orthotic devices as described in the *EOC*  
Diagnosis and treatment of infertility and artificial insemination  
Assisted reproductive technology (“ART”) Services

**You Pay**

No charge after Plan Deductible  
No charge after Plan Deductible  
Not covered  
Not covered

Kaiser \$3000

600237 TRI-COUNTY SCHOOLS INSURANCE GROUP  
Home Region: Northern California 7/1/26 through 6/30/27

**Principal benefits for Kaiser Permanente Deductible HMO Plan**

**Accumulation Period**

The Accumulation Period for this plan is 7/1/25 through 6/30/26 (contract year).

**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.

For Services that are subject to the Plan Deductible or the Drug Deductible, you must pay Charges for covered Services you receive during the Accumulation Period until you reach the deductible amounts listed below. All payments you make toward your deductibles apply to the Plan Out-of-Pocket Maximum amounts listed below.

<b>Amounts Per Accumulation Period</b>	<b>Self-Only Coverage</b> (a Family of one Member)	<b>Family Coverage</b> Each Member in a Family of two or more Members	<b>Family Coverage</b> Entire Family of two or more Members
Plan Out-of-Pocket Maximum	\$6,000	\$6,000	\$12,000
Plan Deductible	\$3,000	\$3,000	\$6,000
Drug Deductible	None	None	None

**Plan Provider Office Visits**

- Most Primary Care Visits and most Non-Physician Specialist Visits
- Most Physician Specialist Visits
- Routine physical maintenance exams, including well-woman exams
- Well-child preventive exams (through age 23 months)
- Routine eye exams with a Plan Optometrist
- Urgent care consultations, evaluations, and treatment
- Most physical, occupational, and speech therapy

\*The Plan Deductible doesn't apply to your first three visits combined for primary care, urgent care, mental health, and substance use disorder treatment Services as described in the EOC.

**You Pay**

- \$40 per visit after Plan Deductible\*
- \$40 per visit after Plan Deductible
- No charge (Plan Deductible doesn't apply)
- No charge (Plan Deductible doesn't apply)
- No charge (Plan Deductible doesn't apply)
- \$40 per visit after Plan Deductible\*
- \$40 per visit after Plan Deductible

**Telehealth Visits**

- Primary Care Visits and Non-Physician Specialist Visits by interactive video or telephone
- Physician Specialist Visits by interactive video or telephone

**You Pay**

- No charge (Plan Deductible doesn't apply)
- No charge (Plan Deductible doesn't apply)

**Outpatient Services**

- Outpatient surgery and certain other outpatient procedures
- Most immunizations (including the vaccine)
- Most X-rays

**You Pay**

- 30% Coinsurance after Plan Deductible
- No charge (Plan Deductible doesn't apply)
- 30% Coinsurance after Plan Deductible
- Most laboratory tests \$15 per encounter (Plan Deductible doesn't apply)

Preventive X-rays, screenings, and laboratory tests as described in the EOC

No charge (Plan Deductible doesn't apply)

**Hospital Inpatient Services**

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs

**You Pay**

30% Coinsurance after Plan Deductible

**Emergency Services**

Emergency department visits

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 “Hospital Inpatient Services” for inpatient Cost Share)

**You Pay**

30% Coinsurance after Plan Deductible

**Ambulance Services**

Ambulance Services

**You Pay**

30% Coinsurance after Plan Deductible

**Prescription Drug Coverage**

Covered outpatient items in accord with our drug formulary guidelines:

Most generic items (Tier 1) at a Plan Pharmacy

Most generic (Tier 1) refills through our mail-order service

Most brand-name items (Tier 2) at a Plan Pharmacy

**You Pay**

\$15 for up to a 30-day supply (Plan Deductible doesn't apply)

\$30 for up to a 100-day supply (Plan Deductible doesn't apply)

\$40 for up to a 30-day supply after Plan Deductible

**Prescription Drug Coverage**

Most brand-name (Tier 2) refills through our mail-order service

Most specialty items (Tier 4) at a Plan Pharmacy

**You Pay**

\$80 for up to a 100-day supply after Plan Deductible

30% Coinsurance (not to exceed \$250) for up to a 30-day supply after Plan Deductible

**Durable Medical Equipment (DME)**

DME items as described in the *EOC*

**You Pay**

30% Coinsurance (Plan Deductible doesn't apply)

**Mental Health Services**

Inpatient psychiatric hospitalization 30% Coinsurance after Plan Deductible

Individual outpatient mental health evaluation and treatment

Group outpatient mental health treatment

**You Pay**

\$40 per visit after Plan Deductible\*

\$20 per visit after Plan Deductible\*

\*The Plan Deductible doesn't apply to your first three visits combined for primary care, urgent care, mental health, and substance use disorder treatment Services as described in the *EOC*.

**Substance Use Disorder Treatment**

Inpatient detoxification

Individual outpatient substance use disorder evaluation and treatment

Group outpatient substance use disorder treatment

**You Pay**

30% Coinsurance after Plan Deductible

\$40 per visit after Plan Deductible\*

\$5 per visit after Plan Deductible\*

\*The Plan Deductible doesn't apply to your first three visits combined for primary care, urgent care, mental health, and substance use disorder treatment Services as described in the *EOC*.

**Home Health Services**

Home health care (up to 100 visits per Accumulation Period)

**You Pay**

No charge (Plan Deductible doesn't apply)

**Other**

Skilled nursing facility care (up to 100 days per benefit period)

Prosthetic and orthotic devices as described in the *EOC*

Diagnosis and treatment of infertility and artificial insemination (such as outpatient procedures or laboratory tests) as described in the *EOC*

Assisted reproductive technology ("ART") Services

**You Pay**

30% Coinsurance after Plan Deductible

No charge (Plan Deductible doesn't apply)

50% Coinsurance (Plan Deductible doesn't apply)

Not covered

## Chiropractor Benefits

When you need services, follow these simple steps:

1. Select a contracted provider of your choice:
  - Click <https://go.simpletherapy.com/tcsig/simplemsk-in-person#chiropractic> 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 SimpleTherapy 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 SimpleTherapy 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.

**Written precertification is required for the following services before any claims will be paid. Please call SimpleMSK toll-free at (877) 519-8839 for precertification for the following services:**

- Treatment for Minor Dependents (under 18 years of age) must be precertified by SimpleMSK. In the case of an Emergency or where authorization was unable to be obtained on the first visit, then ONLY the first visit will be covered. • Treatment involving more than twelve (12) visits during the benefit year. After the 12th visit, all services must be precertified by SimpleMSK.
- All Massage Therapy must be precertified for medical necessity by SimpleMSK.
- Additional CPT Codes may require precertification as set forth in the fee schedule below.
- Additional exclusions and limitations are set forth below under the caption “Exclusions and Limitations”.

### **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 SimpleMSK prior to treatment
- Massage Therapy requires Precertification by SimpleMSK prior to treatment
- Any treatment exceeding 12 visits requires Precertification by SimpleMSK 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

<https://simpletherapy.com/go/tcsig>

**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	<u>Retail (up to 31 day supply)</u>		<u>90 Day Supply (Mail Order or Retail)</u>		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		
<b>Maximum Annual RX Copays: (After your Rx copays reach the following amount, then TCSIG pays 100% of Rx for the rest of year)</b>					
Individual	\$1,000	\$1,000	\$1,000	\$1,000	Subj. to ded./coins.
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.
<b>Total Monthly Premium</b>	<input type="text"/>	Total monthly premium for medical, dental, vision and life.
<b>Monthly Employer Cap</b>	<input type="text"/>	Enter the monthly amount the employer pays for your medical coverage.
<b>Monthly Employee Share for Coverage</b>	<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](http://deltadentalins.com).

**Yuba Community College District**  
**Delta Dental Premier PPO**  
**School Incentive Plan**  
D2B + Ortho

**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: 50% (percentage does not increase)

**Orthodontic Lifetime Maximum:**

- TCSIG/Delta Dental Pays: 50% to \$1,000 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](http://deltadentalins.com)



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. For a complete copy of the Delta Dental Plan Book please go to our website at: [tcsig.com/dental](http://tcsig.com/dental)

**Yuba Community College District  
Classified Class  
Delta Dental Premier PPO  
School Incentive Plan  
D3B**

**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: 50% (percentage does not increase)

**Orthodontic Lifetime Maximum:**

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

**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](http://deltadentalins.com)



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. For a complete copy of the Delta Dental Plan Book please go to our website at: [tcsig.com/dental](http://tcsig.com/dental)

**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](http://deltadentalins.com)



Ameritas

# Easily Manage Your Dental Benefits

Here's what you can do now to get the most from your plan.

## Create your secure online member account today

1. Go online
  - Visit [ameritas.com/sign-in](https://ameritas.com/sign-in) and select 'Member Sign In' under 'Dental, Vision & Hearing.'
2. Register
  - Under first-time users, select 'Register Now' and complete the form. Log into your new account and complete the verification process.
3. Authenticate
  - Provide the personal information used at enrollment including name, date of birth and ZIP Code. Mark if you are the insured member and enter your member ID.

Due to HIPAA regulations, only the primary member/policyholder has full account access. Learn more about [access levels](#).

Go paperless. Sign up to receive your explanation of benefits (EOB) statements online. To receive electronic EOBs instead of paper statements, select the go paperless option once you are logged in or when setting up your member account.

### Member account to-do list:



Print out or save your ID card to your smartphone



Review your plan details including maximum benefit, deductible amounts and your remaining benefits



Check if your current provider is part of the Ameritas Dental Network



Locate your claims status page so you can see how benefits are calculated and payments are processed

## Additional plan benefits found in your secure member account

### Additional savings

Ameritas offers money-saving discounts to help with hearing, prescription and eyewear expenses. These savings arrangements are not insurance and are available to Ameritas plan members at no additional cost to the plan premium. Access savings cards using the QR code or through your secure account at [ameritas.com](https://ameritas.com).



### Worldwide support

AXA Assistance helps find a provider and schedule an appointment if you have a dental or vision emergency while traveling outside the U.S.

#### Save these numbers:

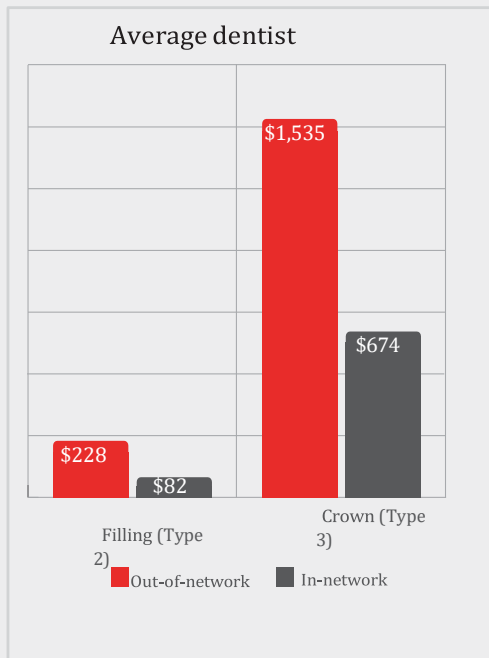
866-662-2731 (toll free)  
and 312-935-3727 (collect).



Watch this [short video](#) to learn more about navigating your secure member account.

## Evaluate your potential out-of-pocket costs

- Located in your secure member account, the dental cost estimator lets you compare estimated procedure charges based on ZIP Code. You can search estimates for both in-network and out-of-network providers.
- Ask your dentist to submit a pretreatment estimate for any dental work you consider expensive. Then Ameritas will let you know the amount insurance will cover so you can budget for the remainder. The pretreatment estimate is based on your plan benefits and submitted claims.



### Save money

You can use your dental benefits with any provider. The thing to consider is out-of-network dentists will charge you their regular rates, whereas Ameritas network providers have agreed to charge you 25-50% less. After your plan benefits are applied, you pay the remaining balance.



### Find out if your dentist is in the network

Visit [ameritas.com](https://www.ameritas.com), [Find a Health Provider](#), to find a new dentist or see if your current provider is in the Ameritas Dental Network. For a list of providers that allow you to use your in-network benefits in Mexico, select Find a Contracted Provider in Mexico.

### Nominate your dentist

If your dentist is not in the network already, just go to [ameritas.com](https://www.ameritas.com), search for “nominate a provider” and complete the online form.

## Here to help

For plan information any time, visit [ameritas.com](https://www.ameritas.com) and sign in to your secure member account. Or download the Ameritas Benefits app available for iOS and Android. Log in with the same user ID and password you use for your secure member account. If you have questions about your plan benefits, use the chat feature located in your secure member account or call the Ameritas customer connections team.

Claims, benefit and provider network questions:

[group@ameritas.com](mailto:group@ameritas.com) 800-487-5553

Monday - Thursday, 7 a.m. - Midnight (CST)

Friday, 7 a.m. - 6:30 p.m. (CST)



This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. This piece is not for use in New Mexico. This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Dental, vision and hearing care products (9000 Rev. 03-16 for Group and 9000 Rev. 10-22 for Individual, dates may vary by state) are issued by Ameritas Life. The Dental and Vision Networks are not available in RI. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. For WV residents, view the [access plan](#) as required by the Health Benefit Plan Network Access and Adequacy Act. Ameritas, the bison design and “fulfilling life” are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2024 Ameritas Mutual Holding Company.



800-776-9446 [ameritas.com](https://www.ameritas.com)




**TRI-COUNTY SCHOOLS INSURANCE GROUP**  
*Dental Highlight Sheet*

**Plan 8: A2B Dental Plan Summary-Incentive \$1000 Child Ortho**

<b>Plan Benefit</b>	Incentive Coinsurance
Type 1	70/80/90/100%
Type 2	70/80/90/100%
Type 3	50%
<b>Deductible</b>	\$0/Calendar Year
<b>Maximum (per person)</b>	\$2,500 per Calendar Year at Ameritas PPO Provider \$2,000 per Calendar Year at Non-Network Provider
<b>Preventive Plus<sup>SM</sup></b>	Included
<b>Allowance</b>	80th U&C
<b>Waiting Period</b>	None
<b>Annual Open Enrollment</b>	Included

**Orthodontia Summary - Child Only Coverage**

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	50%
<b>Lifetime Maximum (per person)</b>	\$1,000
<b>Waiting Period</b>	None

**Sample Procedure Listing** (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exam (3 per benefit period)</li> <li>Bitewing X-rays (2 per benefit period)</li> <li>Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>Periapical X-rays</li> <li>Cleaning (2 per benefit period)</li> <li>Fluoride (1 per benefit period)</li> <li>Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>Sealants (age 15 and under)</li> <li>Fillings for Cavities</li> <li>Restorative Composites (anterior and posterior teeth)</li> <li>Onlays</li> <li>Crowns (1 in 5 years per tooth)</li> <li>Crown Repair</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (surgical)</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Implants</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

**Ameritas Information**
**We're Here to Help**

This plan was designed specifically for the associates of TRI-COUNTY SCHOOLS. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to [ameritas.com](http://ameritas.com).

**Preventive Plus<sup>SM</sup>**

With this plan option, benefits for Type 1/Preventive procedures are not deducted from the plan member's annual maximum benefit. This saves the entire annual maximum for the Type 2/Basic and Type 3/Major procedures that are covered by your plan.

**Dental Network Information**

To find a provider, visit [ameritas.com](http://ameritas.com) and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Classic & Plus Network or contact Customer Connections at 800-487-5553.

Your provider network is Ameritas Classic & Plus Network.



**TRI-COUNTY SCHOOLS INSURANCE GROUP**  
*Dental Highlight Sheet*



**Pretreatment**

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

**Eligibility**

TCSIG Employees and eligible dependents must be enrolled in one of TCSIG's medical plans for the employee, retiree, and their eligible dependents to qualify for eligibility in TCSIG's dental programs. Employees, dependents, or retirees that do not enroll within thirty-one (31) days of becoming eligible or discontinue dental program coverage cannot re-enroll in the dental program. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on July 1.

**Dental Cost Estimator**

Members can use our dental cost estimator at any time to find average procedure charges in their area. The estimates do not include network discounts or plan benefits. Find the dental cost estimator at [ameritas.com/applications/group/estimator](http://ameritas.com/applications/group/estimator).

After coverage begins, members can view average in-network charges in their secure member account. Members also may ask their dentist's office to submit a pretreatment estimate so they can see exactly how a proposed service would be covered and avoid any surprises. The pretreatment estimate is based on their plan benefits.

**Incentive Coinsurance**

Plans with coinsurance levels that progressively increase are designed to reward your loyal employees: The longer they stay on the plan, the higher their coinsurance. As long as plan members have at least one dental claim submitted each benefit period, they continue to advance one coinsurance level until they reach the plan's highest benefit level.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.


**TRI-COUNTY SCHOOLS INSURANCE GROUP**  
*Dental Highlight Sheet*

**Plan 12: A3B Dental Plan Summary-Incentive \$500 Adult and Child Ortho**
**Policy #302135**

<b>Plan Benefit</b>	Incentive Coinsurance
Type 1	70/80/90/100%
Type 2	70/80/90/100%
Type 3	50%
<b>Deductible</b>	\$0/Calendar Year
<b>Maximum (per person)</b>	\$2,500 per Calendar Year at Ameritas PPO Provider \$2,000 per Calendar Year at Non-Network Provider
<b>Preventive Plus<sup>SM</sup></b>	Included
<b>Allowance</b>	80th U&C
<b>Waiting Period</b>	None
<b>Annual Open Enrollment</b>	Included

**Orthodontia Summary - Adult and Child Coverage**

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	50%
<b>Lifetime Maximum (per person)</b>	\$500
<b>Waiting Period</b>	None

**Sample Procedure Listing** (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exam (3 per benefit period)</li> <li>Bitewing X-rays (2 per benefit period)</li> <li>Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>Periapical X-rays</li> <li>Cleaning (2 per benefit period)</li> <li>Fluoride (1 per benefit period)</li> <li>Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>Sealants (age 15 and under)</li> <li>Fillings for Cavities</li> <li>Restorative Composites (anterior and posterior teeth)</li> <li>Onlays</li> <li>Crowns (1 in 5 years per tooth)</li> <li>Crown Repair</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (surgical)</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Implants</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

**Ameritas Information**
**We're Here to Help**

This plan was designed specifically for the associates of TRI-COUNTY SCHOOLS. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to [ameritas.com](http://ameritas.com).

**Preventive Plus<sup>SM</sup>**

With this plan option, benefits for Type 1/Preventive procedures are not deducted from the plan member's annual maximum benefit. This saves the entire annual maximum for the Type 2/Basic and Type 3/Major procedures that are covered by your plan.

**Dental Network Information**

To find a provider, visit [ameritas.com](http://ameritas.com) and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Classic & Plus Network or contact Customer Connections at 800-487-5553.

Your provider network is Ameritas Classic & Plus Network.

#### **Pretreatment**

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

#### **Eligibility**

TCSIG Employees and eligible dependents must be enrolled in one of TCSIG's medical plans for the employee, retiree, and their eligible dependents to qualify for eligibility in TCSIG's dental programs. Employees, dependents, or retirees that do not enroll within thirty-one (31) days of becoming eligible or discontinue dental program coverage cannot re-enroll in the dental program. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on July 1.

#### **Dental Cost Estimator**

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After coverage begins, members can view average in-network charges in their secure member account. Members also may ask their dentist's office to submit a pretreatment estimate so they can see exactly how a proposed service would be covered and avoid any surprises. The pretreatment estimate is based on their plan benefits.

#### **Incentive Coinsurance**

Plans with coinsurance levels that progressively increase are designed to reward your loyal employees: The longer they stay on the plan, the higher their coinsurance. As long as plan members have at least one dental claim submitted each benefit period, they continue to advance one coinsurance level until they reach the plan's highest benefit level.

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**TRI-COUNTY SCHOOLS INSURANCE GROUP**  
*Dental Highlight Sheet*

**Plan 16: A4B Dental Plan Summary-Incentive \$500 Child Ortho**
**Policy #302135**

<b>Plan Benefit</b>	Incentive Coinsurance
Type 1	70/80/90/100%
Type 2	70/80/90/100%
Type 3	70%
<b>Deductible</b>	\$0/Calendar Year
<b>Maximum (per person)</b>	\$2,500 per Calendar Year at Ameritas PPO Provider \$2,000 per Calendar Year at Non-Network Provider
<b>Preventive Plus<sup>SM</sup></b>	Included
<b>Allowance</b>	80th U&C
<b>Waiting Period</b>	None
<b>Annual Open Enrollment</b>	Included

**Orthodontia Summary - Child Only Coverage**

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	50%
<b>Lifetime Maximum (per person)</b>	\$500
<b>Waiting Period</b>	None

**Sample Procedure Listing** (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exam (3 per benefit period)</li> <li>Bitewing X-rays (2 per benefit period)</li> <li>Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>Periapical X-rays</li> <li>Cleaning (2 per benefit period)</li> <li>Fluoride (1 per benefit period)</li> <li>Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>Sealants (age 15 and under)</li> <li>Fillings for Cavities</li> <li>Restorative Composites (anterior and posterior teeth)</li> <li>Onlays</li> <li>Crowns (1 in 5 years per tooth)</li> <li>Crown Repair</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (surgical)</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Implants</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

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**Preventive Plus<sup>SM</sup>**

With this plan option, benefits for Type 1/Preventive procedures are not deducted from the plan member's annual maximum benefit. This saves the entire annual maximum for the Type 2/Basic and Type 3/Major procedures that are covered by your plan.

**Dental Network Information**

To find a provider, visit [ameritas.com](http://ameritas.com) and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Classic & Plus Network or contact Customer Connections at 800-487-5553.

Your provider network is Ameritas Classic & Plus Network.



**TRI-COUNTY SCHOOLS INSURANCE GROUP**  
*Dental Highlight Sheet*



**Pretreatment**

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

**Eligibility**

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**Dental Cost Estimator**

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# 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](http://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\$5

Your VSP Vision Benefits Summary  
TRI-COUNTY SCHOOLS INSURANCE GROUP and VSP  
provide you with an affordable vision plan.

Provider Network:  
VSP Signature  
Effective Date:  
01/01/2026



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>Your Coverage with a VSP Provider</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> </ul>	\$5 for exam and glasses Up to \$39	Every 12 months
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> </ul>	\$20 per exam	Available as needed
<b>PRESCRIPTION GLASSES</b>			
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$220 Featured Frame Brands allowance</li> <li>\$200 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$110 Walmart/Sam's Club/Costco frame allowance</li> </ul>	Combined with exam	Every 12 months
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> </ul>	Combined with exam	Every 12 months
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Anti-glare coating</li> <li>Tints/Light-reactive lenses</li> <li>Impact-resistant lenses</li> <li>Average savings of 40% on other lens enhancements</li> </ul>	\$0 \$80 - \$90 \$120 - \$160 \$35 \$0 \$0	Every 12 months
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$200 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months
<b>VSP LIGHTCARE™†</b>	<ul style="list-style-type: none"> <li>\$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> </ul>	Combined with exam	Every 12 months
<b>ADDITIONAL SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="http://vsp.com/offers">vsp.com/offers</a>.</li> <li>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.</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> </ul> <p><b>Exclusive Member Extras for VSP Members</b></p> <ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="http://vsp.com/offers">vsp.com/offers</a>.</li> <li>Save up to 60% on digital hearing aids with TruHearing*. Visit <a href="http://vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li> <li>Enjoy everyday savings on health, wellness, and more with VSP Simple Values.</li> </ul>		

**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](http://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
<b>What is it?</b>	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.
<b>When do I use it?</b>	When you need help managing: <ul style="list-style-type: none"> <li>Depression</li> <li>Stress</li> <li>Anxiety</li> <li>Chronic pain</li> <li>Drug and alcohol use</li> <li>Emotional health issues</li> </ul>	When you need help managing: <ul style="list-style-type: none"> <li>Anxiety</li> <li>Depression</li> <li>Sleep issues</li> <li>Panic</li> <li>Social anxiety</li> <li>Stress</li> <li>Drug and alcohol use</li> <li>Worry</li> </ul>	When you need help managing: <ul style="list-style-type: none"> <li>Anxiety</li> <li>Depression</li> <li>Grief</li> <li>Relationships</li> <li>Sleep</li> <li>Stress</li> <li>Drug and alcohol use</li> <li>Trauma</li> </ul>	When you need help managing: <ul style="list-style-type: none"> <li>Anxiety</li> <li>Stress</li> <li>Depression</li> <li>Grief</li> <li>Relationships/family issues</li> <li>Panic attacks</li> <li>Coping with illness</li> </ul>	When you or someone you know are: <ul style="list-style-type: none"> <li>Experiencing suicidal thoughts or behavior.</li> <li>Experiencing emotional distress.</li> <li>Behaving in a way that could harm others.</li> </ul>
<b>What does it cost?</b>	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.
<b>How do I connect?</b>	Call your EAP 24/7 at 800-999-7222.	Visit <a href="http://anthemEAP.com">anthemEAP.com</a> .	Visit <a href="http://talkspace.com/associatecare">talkspace.com/associatecare</a> and select Get Started. Provide the requested information and enter TCSIG as your organization name.	Visit <a href="http://anthem.com/ca">anthem.com/ca</a> or <a href="http://anthemEAP.com">anthemEAP.com</a> to find virtual care options that are right for you.	Call or text 988 or chat with someone at <a href="http://988lifeline.org">988lifeline.org</a> 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](http://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/ANHEM/02V/000 Rev. 05/23 65299927-1-6088946

# 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



### PRIMARY CARE

- Annual Physicals
- Acute Care Visits
- Rapid Same Day Visits
- Chronic Condition Management
- Women’s Health Saturday Clinic
- Pediatric Acute Care
- Lab Tests & Follow Ups
- Biopsies & Cryotherapy
- Sutures & Wound Care

### ON-SITE SERVICES

- Rapid Testing
- In-House Lab
- EKG’s
- Injections
- Generic Medications

### ADVOCACY

- Care coordination for referrals, imaging, and specialty visits
- Follow-up on abnormal labs and screening results
- Support navigating outside healthcare systems
- Proactive outreach for preventive care and early detection

### INTEGRATIVE WELLNESS

- Semaglutide for Prediabetes
- Supplements
- Hormone Replacement Therapy
- Health Optimization
- B12 Injections
- Integrative Medicine



### INCENTIVIZED SCREENINGS

- Biometric Screening
- Breast Cancer Screening
- Colorectal Cancer Screening
- Cervical Cancer Screening
- Prostate Cancer Screening

**\$50 Gift Card for  
Eligible Screenings**



### 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](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).
- Disease Management – Diabetes, high cholesterol, high blood pressure, asthma, and allergies.
- Nutritional Counseling

**WHAT SERVICES DO YOU NOT PROVIDE?** Chronic pain management and psychiatric services are not provided.

Telehealth: TCSIG Wellness Center Telephone Visit

**FREE**

# TCSIG TELEHEALTH

**YOUR HEALTH, OUR PRIORITY!**

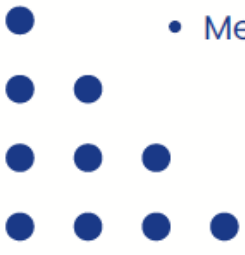
Get expert care from trusted professionals.  
Fast, friendly, and FREE.

### Common Acute Illnesses

- Cold, flu, COVID symptoms
- Sinus infections
- Allergies
- Mild asthma flare
- Uncomplicated urinary tract infection
- Yeast infection
- Mild stomach issues (nausea, diarrhea, reflux)
- Migraines and tension headaches

### Chronic Care

- High blood pressure
- Diabetes
- Thyroid conditions
- High cholesterol
- Weight management
- Lab review
- Medication management & refills



**MONDAY-FRIDAY:**  
8:00 AM – 7:00 PM

**SATURDAY:**  
9:00 AM – 3:00 PM

**CALL: (530) 822-5500**





## 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](mailto:Advocate@AcornHealthGroup.com)

1174 Live Oak Blvd.  
Yuba City, CA 95991



## Biometric 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.

## 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. If 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 Preimer Plus, Premier, Standard or Basic plan LiveHealth Online medical will be covered at 100%. The CDHP plan is usually billed at \$55 and will apply to the deductible. LiveHealth Online Psychiatry is a copay amount if you are on the Preimer 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/](https://livehealthonline.com/) or  
download the app and register on your  
phone or tablet.



## Helpful Phone Numbers

### **TCSIG Administration Office**

(530) 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](mailto:Advocate@AcornHealthGroup.com)

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

### **Personify**

**(Medical Coverage Questions, Eligibility, and Claims Information)**

(800) 442-7247

<https://hconline.healthcomp.com/login>

### **SimpleTherapy**

(877) 519-8839

[tcsigchiro.com](https://tcsigchiro.com)

### **Anthem - Mental**

**Health/Employee Assistance Program (EAP)**

(800) 999-7222

[anthemeap.com](https://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](https://deltadentalins.com)

### **Ameritas Dental**

(800) 487-5553

[ameritas.com](https://ameritas.com)

### **Vision Service Plan (VSP)**

(800) 877-7195

[vsp.com](https://vsp.com)

### **Hearing Aid Discount Program**

(877) 396-7194

[vsp.truhearing.com](https://vsp.truhearing.com)



## Attachments

[Plan Document-Medical](#)

[Plan Document-Dental](#)

Enrollment Form – Voluntary Life

[Plan Document-Group Life](#)

[Plan Document-Voluntary Life](#)