



Tri-County Schools Insurance Group  
Summary of Benefits 2026/2027

	PREMIER PLUS	PREMIER	STANDARD	BASIC	PPO Low	PPO 6000	CDHP (HSA Qualified)	CDHP Low (HSA Qualified)
<b>ACA Metal Ranking</b>	<b>PLATINUM</b>	<b>PLATINUM</b>	<b>PLATINUM</b>	<b>PLATINUM</b>	<b>SILVER</b>	<b>BRONZE</b>	<b>GOLD</b>	<b>SILVER</b>
<b>Maximum Lifetime</b>	<b>No Limit</b>	<b>No Limit</b>	<b>No Limit</b>	<b>No Limit</b>	<b>No Limit</b>	<b>No Limit</b>	<b>No Limit</b>	<b>No Limit</b>
<b>Deductible</b>							*	
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
<b>Coinsurance (after deductible)</b>	80% / 20%	90% / 10%	80% / 20%	70% / 30%	50% / 50%	50% / 50%	50% / 50%	50% / 50%
<b>Out Of Pocket Max (includes PPO MEDICAL copays, deductible, coinsurance)</b>								
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
<b>Preventive Services</b>								
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
<b>Wellness Center Services</b>	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay
<b>Office Visit Copay</b>	\$10	\$15	\$20	\$20	Subj. to ded./coins.	Subj. to ded./coins.	Subj. to ded./coins.	Subj. to ded./coins.
<b>Chiropractic Visit Copay</b>	\$20	\$20	\$20	\$20	Subj. to ded./coins.	Subj. to ded./coins.	Subj. to ded./coins.	Subj. to ded./coins.
<b>Mental Health Counselor Copay</b>	\$10	\$15	\$20	\$20	Subj. to ded./coins.	Subj. to ded./coins.	Subj. to ded./coins.	Subj. to ded./coins.
<b>Hospital Emergency Room (ER)</b>	\$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.
<b>Prescription Drugs Retail</b>	<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>	Subj. to ded./coins.  (pay up front at pharmacy until deductible/coins. met)	Subj. to ded./coins.  (pay up front at pharmacy until deductible/coins. met)	Subj. to ded./coins.  (pay up front at pharmacy until deductible/coins. met)
Generic (tier 1)	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay			
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			
<b>Prescription Drugs Retail or Mail</b>	<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			
<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.	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>