

FRINGE BENEFITS FOR ALL EMPLOYEE GROUPS As of 01/01/2025

TCAPS employees in the following groups have five medical plan options to choose from: two High Deductible Health Plans with Health Savings Accounts and three traditional plans. Per pay rates are shown on the tables below, by employee group. All MESSA plans include Delta Dental, VSP Vision and \$10,000 Negotiated Life/AD&D. An additional \$5,000 Basic Term Life is included when enrolled in a medical plan.

| Type | Deductible | OL/OV/SV Co-Pay | UC/ER Copay | Co-Ins | OOP Maximum | Rx | OOP Maximum - Rx |
|-------------|---------------|-----------------|-------------|--------|---------------|--------|------------------|
| HDHP | \$1650/\$3300 | None | None | 20% | \$4650/\$8300 | 5 Tier | - |
| HDHP | \$1650/\$3300 | None | None | 0% | \$3650/\$7300 | 5 Tier | - |
| TRADITIONAL | \$1000/\$2000 | \$20/\$20/\$20 | \$25/\$50 | 20% | \$3000/\$6000 | 5 Tier | \$2000/\$4000 |
| TRADITIONAL | \$500/\$1000 | \$20/\$20/\$20 | \$25/\$50 | 0% | \$1500/\$3000 | 5 Tier | \$2000/\$4000 |
| TRADITIONAL | \$300/\$600 | \$20/\$20/\$20 | \$25/\$50 | 0% | \$1300/\$2600 | 5 Tier | \$2000/\$4000 |

TC CAPSA – FULL YEAR

Per Pay Deduction

Funds to EE HSA – Annual

| Type | Deductible | Single | 2-Person | Full Family | | Single | 2-Person | Full Family |
|-------------|---------------|---------|----------|-------------|--|-------------|-------------|-------------|
| HDHP | \$1650/\$3300 | \$0.00 | \$0.00 | \$0.00 | | (\$1256.40) | (\$1602.12) | (\$2956.68) |
| HDHP | \$1650/\$3300 | \$0.00 | \$0.00 | \$0.00 | | (\$543.60) | - | (\$960.72) |
| TRADITIONAL | \$1000/\$2000 | \$0.00 | \$0.00 | \$0.00 | | - | - | - |
| TRADITIONAL | \$500/\$1000 | \$17.22 | \$85.85 | \$69.80 | | - | - | - |
| TRADITIONAL | \$300/\$600 | \$34.68 | \$125.15 | \$118.71 | | - | - | - |

Cash in Lieu: **\$100 per month** (in lieu of medical benefits); proof of other medical coverage required

*HSA funds are prorated if not effective January 1st

AFSCME

Per Pay Deduction

Funds to EE HSA – Annual

| Type | Deductible | Single | 2-Person | Full Family | | Single | 2-Person | Full Family |
|-------------|---------------|---------|----------|-------------|--|-------------|-------------|-------------|
| HDHP | \$1650/\$3300 | \$0.00 | \$0.00 | \$0.00 | | (\$1256.40) | (\$1602.12) | (\$2956.68) |
| HDHP | \$1650/\$3300 | \$0.00 | \$0.00 | \$0.00 | | (\$543.60) | - | (\$960.72) |
| TRADITIONAL | \$1000/\$2000 | \$0.00 | \$0.00 | \$0.00 | | | | |
| TRADITIONAL | \$500/\$1000 | \$17.22 | \$85.85 | \$69.80 | | | | |
| TRADITIONAL | \$300/\$600 | \$34.68 | \$125.15 | \$118.71 | | | | |

Cash in Lieu: **\$182.68 per month** (in lieu of medical benefits); proof of other medical coverage required

*HSA funds are prorated if not effective January 1st

FRINGE BENEFITS FOR ALL EMPLOYEE GROUPS As of 01/01/2025

TC CAPSA – SCHOOL YEAR

Per Pay Deduction

Funds to EE HSA – Annual

| Type | Deductible | Single | 2-Person | Full Family | | Single | 2-Person | Full Family |
|-------------|---------------|---------|----------|-------------|--|-------------|-------------|-------------|
| HDHP | \$1650/\$3300 | \$0.00 | \$0.00 | \$0.00 | | (\$1256.40) | (\$1602.12) | (\$2956.68) |
| HDHP | \$1650/\$3300 | \$0.00 | \$0.00 | \$0.00 | | (\$543.60) | - | (\$960.72) |
| TRADITIONAL | \$1000/\$2000 | \$0.00 | \$0.00 | \$0.00 | | | | |
| TRADITIONAL | \$500/\$1000 | \$22.38 | \$111.60 | \$90.74 | | | | |
| TRADITIONAL | \$300/\$600 | \$45.09 | \$162.69 | \$154.32 | | | | |

Cash in Lieu: \$100 per month (in lieu of medical benefits); proof of other medical coverage required

*HSA funds are prorated if not effective January 1st

NON-AFFILIATED SUPPORT STAFF – SCHOOL YEAR

Per Pay Deduction

Funds to EE HSA – Annual

| Type | Deductible | Single | 2-Person | Full Family | | Single | 2-Person | Full Family |
|-------------|---------------|---------|----------|-------------|--|-------------|-------------|-------------|
| HDHP | \$1650/\$3300 | \$0.00 | \$0.00 | \$0.00 | | (\$1256.40) | (\$1602.12) | (\$2956.68) |
| HDHP | \$1650/\$3300 | \$0.00 | \$0.00 | \$0.00 | | (\$543.60) | - | (\$960.72) |
| TRADITIONAL | \$1000/\$2000 | \$0.00 | \$0.00 | \$0.00 | | | | |
| TRADITIONAL | \$500/\$1000 | \$22.38 | \$111.60 | \$90.74 | | | | |
| TRADITIONAL | \$300/\$600 | \$45.09 | \$162.69 | \$154.32 | | | | |

Cash in Lieu: \$323 per month (in lieu of medical benefits); proof of other medical coverage required

*HSA funds are prorated if not effective January 1st

TCTA

Per Pay Deduction

Funds to EE HSA – Annual

| Type | Deductible | Single | 2-Person | Full Family | | Single | 2-Person | Full Family |
|-------------|---------------|---------|----------|-------------|--|-------------|-------------|-------------|
| HDHP | \$1650/\$3300 | \$0.00 | \$0.00 | \$0.00 | | (\$1256.40) | (\$1602.12) | (\$2956.68) |
| HDHP | \$1650/\$3300 | \$0.00 | \$0.00 | \$0.00 | | (\$543.60) | - | (\$960.72) |
| TRADITIONAL | \$1000/\$2000 | \$0.00 | \$0.00 | \$0.00 | | | | |
| TRADITIONAL | \$500/\$1000 | \$22.38 | \$111.60 | \$90.74 | | | | |
| TRADITIONAL | \$300/\$600 | \$45.09 | \$162.69 | \$154.32 | | | | |

Cash in Lieu: \$100 per month (in lieu of medical benefits); proof of other medical coverage required

*HSA funds are prorated if not effective January 1st

FRINGE BENEFITS FOR ALL EMPLOYEE GROUPS
As of 01/01/2025

FSEA

Per Pay Deduction

Funds to EE HSA - Annual

| Type | Deductible | Single | 2-Person | Full Family | | Single | 2-Person | Full Family |
|-------------|---------------|---------|----------|-------------|--|-------------|----------|-------------|
| HDHP | \$1650/\$3300 | \$0.00 | \$341.05 | \$518.74 | | (\$1256.40) | - | - |
| HDHP | \$1650/\$3300 | \$0.00 | \$421.24 | \$618.54 | | (\$543.60) | - | - |
| TRADITIONAL | \$1000/\$2000 | \$0.00 | \$390.44 | \$580.21 | | | | |
| TRADITIONAL | \$500/\$1000 | \$22.38 | \$532.75 | \$757.31 | | | | |
| TRADITIONAL | \$300/\$600 | \$45.09 | \$583.84 | \$820.90 | | | | |

Cash in Lieu option not available

*HSA funds are prorated if not effective January 1st

Optional Dental Rates

TCTA, TC CAPSA (SCHOOL YEAR) AND NON-AFFILIATED SUPPORT STAFF (SCHOOL YEAR)

Dental

Single Coverage: \$0.00
 2-Person Coverage: \$24.56 per pay
 Full Family Coverage: \$69.25 per pay

TC CAPSA – FULL YEAR

Dental

Single Coverage: \$0.00
 2-Person Coverage: \$18.89 per pay
 Full Family Coverage: \$53.27 per pay

FRINGE BENEFITS FOR ALL EMPLOYEE GROUPS As of 01/01/2025

TCAPS employees in the following group have five medical plan options to choose from: two High Deductible Health Plans with Health Savings Accounts and three traditional plans. Per pay rates are shown on the table below. All MESSA plans include Delta Dental, VSP Vision, \$50,000 Life/AD&D and Long Term Disability. A \$5,000 Basic Term Life/AD&D is also included when enrolled in a medical plan.

TCEA

Per Pay Deduction

Funds to EE HSA - Annual

| Type | Deductible | Single | 2-Person | Full Family | | Single | 2-Person | Full Family |
|-------------|---------------|---------|----------|-------------|--|-------------|-------------|-------------|
| HDHP | \$1650/\$3300 | \$0.00 | \$0.00 | \$0.00 | | (\$1104.48) | (\$1399.44) | (\$2578.80) |
| HDHP | \$1650/\$3300 | \$0.00 | \$9.15 | \$0.00 | | (\$397.08) | - | (\$598.08) |
| TRADITIONAL | \$1000/\$2000 | \$0.00 | \$0.00 | \$0.00 | | | | |
| TRADITIONAL | \$500/\$1000 | \$27.93 | \$114.55 | \$102.68 | | | | |
| TRADITIONAL | \$300/\$600 | \$49.39 | \$162.84 | \$162.78 | | | | |

Cash in Lieu: **\$217 per month** (in lieu of medical benefits); proof of other medical coverage required

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FRINGE BENEFITS FOR ALL EMPLOYEE GROUPS As of 01/01/2025

TCAPS employees in the following groups have five medical plan options to choose from: two High Deductible Health Plans with Health Savings Accounts and three traditional plans. Per pay rates are shown on the tables below, by employee group. All MESSA plans include Delta Dental, VSP Vision, Life/AD&D in the amount of 2x salary and Long Term Disability. A \$5,000 Basic Term Life/AD&D is also included when enrolled in a medical plan.

TCAA Per Pay Deduction Funds to EE HSA – Annual

| Type | Deductible | Single | 2-Person | Full Family | | Single | 2-Person | Full Family |
|-------------|---------------|---------|----------|-------------|--|-------------|-------------|-------------|
| HDHP | \$1650/\$3300 | \$0.00 | \$0.00 | \$0.00 | | (\$1305.48) | (\$1712.52) | (\$3094.08) |
| HDHP | \$1650/\$3300 | \$0.00 | \$0.00 | \$0.00 | | (\$598.08) | (\$120.96) | (\$1113.36) |
| TRADITIONAL | \$1000/\$2000 | \$0.00 | \$0.00 | \$0.00 | | | | |
| TRADITIONAL | \$500/\$1000 | \$14.83 | \$80.48 | \$63.12 | | | | |
| TRADITIONAL | \$300/\$600 | \$32.16 | \$119.48 | \$111.66 | | | | |

Cash in Lieu: **\$323 per month** (in lieu of medical benefits); proof of other medical coverage required

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NON-AFFILIATED ADMINISTRATORS

Per Pay Deduction Funds to EE HSA – Annual

| Type | Deductible | Single | 2-Person | Full Family | | Single | 2-Person | Full Family |
|-------------|---------------|---------|----------|-------------|--|-------------|-------------|-------------|
| HDHP | \$1650/\$3300 | \$0.00 | \$0.00 | \$0.00 | | (\$1305.48) | (\$1712.52) | (\$3094.08) |
| HDHP | \$1650/\$3300 | \$0.00 | \$0.00 | \$0.00 | | (\$598.08) | (\$120.96) | (\$1113.36) |
| TRADITIONAL | \$1000/\$2000 | \$0.00 | \$0.00 | \$0.00 | | | | |
| TRADITIONAL | \$500/\$1000 | \$14.83 | \$80.48 | \$63.12 | | | | |
| TRADITIONAL | \$300/\$600 | \$32.16 | \$119.48 | \$111.66 | | | | |

Cash in Lieu: **\$323 per month** (in lieu of medical benefits); proof of other medical coverage required

*HSA funds are prorated if not effective January 1st

****Eligibility requirements and cash in lieu of benefits can be found on the [General Benefits Summaries](#) for each union group****