

FSEA

General Benefits Information

Effective 1/1/2025

ELIGIBILITY FOR INSURANCE BENEFITS: Employees scheduled to work 30 or more hours per week are eligible for the following benefits. Benefits become effective the first of the month following the date of hire or the first of the month following the date the eligibility requirements are met. Standard deductions are based on the cost of 12 months of coverage deducted over 20 pays. Adjustments to the standard deductions will be made for coverage periods of less than 12 months.

Medical **MESSA Medical Options-Underwritten by BCBS**

TCAPS employees 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, while all plan summaries can be found on the benefit page for each employee group labeled by deductible amount. All MESSA plans include Delta Dental, VSP Vision, \$10,000 Negotiated Life/AD&D and \$5,000 Basic Term Life. Pre-tax payroll deductions are taken from the 1/3/25 through 6/20/25 paychecks and 9/26/25 through 12/19/25 paychecks (20 pays).

Type	Deductible	OL/OV/SV Copay	UC/ER Copay	Co Ins	Rx	Per Pay Deduction			Funds to EE HSA-Annual (paid in January)		
						Single	2-Person	Family	Single	2-Person	Family
HDHP	\$1650/3300	None	None	20%	5 Tier	\$0.00	\$341.05	\$518.74	(\$1256.40)	-	-
HDHP	\$1650/3300	None	None	0%	5 Tier	\$0.00	\$421.24	\$618.54	(\$543.60)	-	-
Trad	\$1000/2000	\$20/\$20/\$20	\$25/\$50	20%	5 Tier	\$0.00	\$390.44	\$580.21			
Trad	\$500/1000	\$20/\$20/\$20	\$25/\$50	0%	5 Tier	\$22.38	\$532.75	\$757.31			
Trad	\$300/600	\$20/\$20/\$20	\$25/\$50	0%	5 Tier	\$45.09	\$583.84	\$820.90			

*HSA funds are prorated if not effective January 1st

Dental **Delta Dental PPO - Dental Coverage**

Insurance premium paid by the District for the employee and dependents. See summary of benefits for additional plan information.

Vision **VSP 3 Plus P 250CL - Vision Coverage**

Insurance premium paid by the District for the employee and dependents. See summary of benefits for additional plan information.

Life/AD&D Insurance **MESSA - Underwritten by Life Insurance Company of North America**

This group term life and accidental death & dismemberment policy is in the amount of \$10,000. The District pays the premium for this policy.

Optional Life, Disability & Supplemental Insurance **MESSA or MEA**

Additional information available by request for the description and rates of these optional benefits.

- Critical Illness: cash benefit paid directly to employee when diagnosed with a covered serious illness or condition
- Hospital Indemnity: cash benefit paid directly to employee when you have a planned or unplanned hospital stay
- Accident: cash benefit paid directly to employee for covered minor or serious injuries due to an accident
- Bundled Protection: Critical Illness, Hospital Indemnity and Accident
- \$5,000 Group Basic Term Life/AD&D: if not enrolled in medical plan, you *must* be enrolled in this basic term life to enroll in any other optional coverage, except for indemnity plans

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- Dependent Life Insurance: \$2,000 lump sum benefit for spouse and each child (14 days old until end of year they turn 25)
- Supplemental Term Life/AD&D: Select from fixed amount of \$10,000, \$20,000, \$30,000 or \$40,000 benefit OR an amount 1, 2, 3, or 4 times your salary, up to \$150,000
- Survivor Income Insurance: Monthly benefit of \$400 for spouse and \$200 for child(ren)
- Short Term Disability Income Insurance: Weekly benefit ranging from \$20 - \$700, beginning on either 8th or 29th day
- Long Term Disability Income Insurance: Monthly benefit ranging from \$100 - \$1,500, up to age 70

Uninsured Health Care Reimbursement Account - Flexible Spending

Health Equity

Eligibility requirement is 20 or more scheduled hours per week. Plan year is from January 1st through December 31st, with re-enrollment every year during open enrollment. Pre-tax payroll deductions are taken from 13, 19 or 26 paychecks during the **CALENDAR** year.

Dependent Care Reimbursement Account – Flexible Spending

Health Equity

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Legal/Identity Theft Services

Legal Shield

These are monthly rates that will be converted to either 19 or 26 pay amounts upon enrollment.

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|---------------|----------------------|----------------------|
| • LegalShield | Individual: \$ 16.95 | Family Plan: \$18.95 |
| • IDShield | Individual: \$ 8.95 | Family Plan: \$18.95 |
| • Combined | Individual: \$ 25.90 | Family Plan: \$33.90 |

***** OPEN ENROLLMENT: October 15th – November 15th with a January 1st effective date. *****

Questions can be directed to Ashley Wills at 933-1720 or willsas@tcaps.net

MESSA Customer Service Number:	800-336-0013
MEA Customer Service Number:	800-292-1950
Delta Dental Customer Service Number:	800-482-8915
VSP Vision Customer Service Number:	800-292-4910
Health Equity Member Service Number:	877-218-3432