

TC CAPSA – Full Year Positions

(Scheduled to work 1,560 hours or more per year)

General Benefits Information for 2020/2021

ELIGIBILITY for INSURANCE BENEFITS: Employees scheduled to work 6 or more hours per day for 260 days per year are eligible for the following benefits. All *Optional Benefits* are available to eligible employees, whether enrolled in the medical plan or not. Benefits become effective the first of the month following the date of hire or the first of the month following the date of eligibility. Standard deductions are based on the cost of 12 months of coverage deducted pretax over 26 pays.

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

Employees of TCAPS 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 plan summaries can be found on the benefit page for each employee group labeled by deductible amount. All MESSA medical plans include a \$5,000 life insurance policy.

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	\$1400/2800	None	None	20%	ABC-Mail	\$0.00	\$0.00	\$0.00				(\$1466.64)	(\$2182.08)	(\$3594.24)
HDHP	\$1400/2800	None	None	0%	ABC Rx	\$0.00	\$0.00	\$0.00				(\$813.00)	(\$711.24)	(\$1764.00)
Trad	\$1000/2000	\$20/\$20/\$20	\$25/\$50	20%	Saver Rx	\$0.00	\$0.00	\$0.00						
Trad	\$500/1000	\$20/\$20/\$20	\$25/\$50	0%	Saver Rx	\$0.00	\$37.39	\$12.73						
Trad	\$300/600	\$20/\$20/\$20	\$25/\$50	0%	Saver Rx	\$12.44	\$70.98	\$54.53						

*HSA funds are prorated if not effective January 1st

Cash-In-Lieu of Medical

Employees scheduled to work 30 or more hours per week **in the same employee group** who do not elect medical insurance are eligible. Must provide proof of other medical insurance. Benefit becomes effective the first of the month following the date of hire or the first of the month following the date of eligibility. Benefit is \$20 per month, paid in the first paycheck of the calendar month.

Optional Dental

SET-SEG/ADN Dental Coverage

Single Coverage: \$ 26.93 per pay
 2-Person Coverage: \$ 42.36 per pay
 Full Family Coverage: \$ 77.55 per pay

Optional Vision

SET-SEG/ADN Vision Coverage

Single Coverage: \$ 3.48 per pay
 2-Person Coverage: \$ 5.59 per pay
 Full Family Coverage: \$10.34 per pay

Life Insurance

SET-SEG (Reliance)

\$5,000 life/AD&D policy paid by the District. This is in addition to the MESSA \$5,000 policy.

Optional Life & Disability Insurance

SET-SEG Options

Request a SET-SEG Options booklet for the description and cost of these optional benefits.

Uninsured Health Care Reimbursement Account – Flexible Spending

Basic Flex

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 the month of November. Pre-tax payroll deductions are taken from 13, 19 or 26 paychecks during the CALENDAR year.

Dependent Care Reimbursement Account

Basic Flex

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 the month of November. Pre-tax payroll deductions are taken from 13, 19 or 26 paychecks during the CALENDAR year.

Legal/Identity Theft Services

Legal Shield

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

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. *****