

Non-Affiliated Administrators, Managers, Technical/Confidential Employees and Executive Assistants General Benefits Information effective 7/01/2021

ELIGIBILITY FOR INSURANCE BENEFITS: Employees of the Non-Affiliated Administrator group 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 pre tax 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.

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			(\$1578.24)	(\$2433.00)	(\$3906.60)
HDHP	\$1400/2800	None	None	0%	ABC Rx	\$0.00	\$0.00	\$0.00			(\$937.56)	(\$991.68)	(\$2112.84)
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	\$25.31	\$0.00					
Trad	\$300/600	\$20/\$20/\$20	\$25/\$50	0%	Saver Rx	\$6.77	\$58.22	\$38.66					

*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 \$323 per month, paid in the first paycheck of the calendar month. CIL recipients also receive Delta Dental, VSP Vision, Life/AD&D, and LTD coverage (select "Waive Medical Coverage" option during the enrollment process with MESSA to receive these benefits).

Dental **Delta Dental PPO - Dental Coverage**

Insurance coverage paid by the District. See summary of benefits for additional plan information.

Vision **VSP 3 G - Vision Coverage**

Insurance coverage paid by the District. 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 an amount equivalent to two (2) times your annual base salary. The District pays the premium for this policy.

Long-Term Disability Insurance **MESSA - Underwritten by Life Insurance Company of North America**

Insurance coverage replaces 66.6% of your monthly earnings if disabled (to a maximum benefit of \$10,000 per month), with a 3 month waiting period. The District pays the premium for this policy.

Optional Life, Disability & Supplemental Insurance

MESSA or SET-SEG Options

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
- **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

BASIC Flex

Eligibility requirement is 20 or more scheduled hours per week. Plan year is from January 1st through December 31st; re-enrollment is required each year during open enrollment. 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; re-enrollment is required each year during open enrollment. 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. *****