

# TCEA

## General Benefits Information

### Effective 1/1/25 School Year

**ELIGIBILITY FOR INSURANCE BENEFITS:** Employees of the Traverse City Education Association (TCEA) 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 over 21 pays. Adjustments to the standard deductions will be made for coverage periods of less than 12 months. Positions less than 1.0 FTE will be prorated accordingly.

**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, while all plan summaries can be found on the benefits page for each employee group labeled by deductible amount. All MESSA plans include Delta Dental, VSP Vision, \$50,000 Life/AD&D, \$5,000 Basic Term Life/AD&D and Long Term Disability. Pre-tax payroll deductions are taken from the 1/3/25 through 6/6/25 paychecks and 8/29/25 through 12/19/25 paychecks (21 pays).

Deductible	OL/OV/SV Copay	UC/ER Copay	Co-Ins	Rx	Type	Per Pay Deduction			Funds to EE HSA-Annual (paid in January)				
						Single	2-Person	Family	Single	2-Person	Family		
\$1650/3300	None	None	20%	5 Tier	HDHP	\$0.00	\$0.00	\$0.00			(\$1104.48)	(\$1399.44)	(\$2578.80)
\$1650/3300	None	None	0%	5 Tier	HDHP	\$0.00	\$9.15	\$0.00			(\$397.08)	\$0.00	(\$598.08)
\$1000/2000	\$20/\$20/\$20	\$25/\$50	20%	5 Tier	Trad	\$0.00	\$0.00	\$0.00					
\$500/1000	\$20/\$20/\$20	\$25/\$50	0%	5 Tier	Trad	\$27.93	\$114.55	\$102.68					
\$300/600	\$20/\$20/\$20	\$25/\$50	0%	5 Tier	Trad	\$49.39	\$162.84	\$162.78					

\*HSA funds are prorated if not effective January 1<sup>st</sup>

**Cash-In-Lieu of Medical**

Employees 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 \$217.00 per month, paid in the first paycheck of the calendar month (pro-rated for employees less than 1.0 FTE). CIL recipients also receive Delta Dental, VSP Vision, \$50,000 Life/AD&D, and LTD (select “Waive Medical Coverage” option during the enrollment process with MESSA to receive these benefits).

**Optional Life, Disability & Supplemental Insurance**

**MESSA or MEA 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)

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- 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 1<sup>st</sup> through December 31<sup>st</sup>; re-enrollment 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

#### Health Equity

Eligibility requirement is 20 or more scheduled hours per week. Plan year is from January 1<sup>st</sup> through December 31<sup>st</sup>; re-enrollment 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.

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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 15<sup>th</sup> – November 15<sup>th</sup> with a January 1<sup>st</sup> 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