

FRINGE BENEFITS FOR ALL EMPLOYEE GROUPS As of 01/01/2021

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 tables below per union group. All MESSA medical plans include a \$5,000 life insurance policy.

Type	Deductible	OL/OV/SV Co-Pay	UC/ER Co-Pay	Co-Ins	Rx
HDHP	\$1400/\$2800	None	None	20%	ABC-Mail
HDHP	\$1400/\$2800	None	None	0%	ABC Rx
TRADITIONAL	\$1000/\$2000	\$20/\$20/\$20	\$25/\$50	20%	Saver Rx
TRADITIONAL	\$500/\$1000	\$20/\$20/\$20	\$25/\$50	0%	Saver Rx
TRADITIONAL	\$300/\$600	\$20/\$20/\$20	\$25/\$50	0%	Saver Rx

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	\$1400/\$2800	(\$0.00)	(\$0.00)	(\$0.00)		(\$1466.64)	(\$2182.08)	(\$3594.24)
HDHP	\$1400/\$2800	(\$0.00)	(\$0.00)	(\$0.00)		(\$813.00)	(\$711.24)	(\$1764.00)
TRADITIONAL	\$1000/\$2000	\$0.00	\$0.00	\$0.00				
TRADITIONAL	\$500/\$1000	\$0.00	\$51.98	\$21.04				
TRADITIONAL	\$300/\$600	\$17.92	\$95.49	\$75.19				

*HSA funds are prorated if not effective January 1st

Cash in Lieu: **\$20 per month** (in lieu of medical benefits) for employees assigned and working 6+ hours/day; proof of other medical coverage required

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	\$1400/\$2800	(\$0.00)	(\$0.00)	(\$0.00)		(\$1466.64)	(\$2182.08)	(\$3594.24)
HDHP	\$1400/\$2800	(\$0.00)	(\$0.00)	(\$0.00)		(\$813.00)	(\$711.24)	(\$1764.00)
TRADITIONAL	\$1000/\$2000	\$0.00	\$0.00	\$0.00				
TRADITIONAL	\$500/\$1000	\$0.00	\$37.39	\$12.73				
TRADITIONAL	\$300/\$600	\$12.44	\$70.98	\$54.53				

*HSA funds are prorated if not effective January 1st

Cash in Lieu: **\$20 per month** (in lieu of medical benefits) for employees assigned and working 6+ hours/day; proof of other medical coverage required

FRINGE BENEFITS FOR ALL EMPLOYEE GROUPS As of 01/01/2021

AFSCME

Per Pay Deduction

Funds to EE HSA – Annual

Type	Deductible	Single	2-Person	Full Family		Single	2-Person	Full Family
HDHP	\$1350/\$2700	(\$0.00)	(\$0.00)	(\$0.00)		(\$988.68)	(\$1690.44)	(\$2054.64)
HDHP	\$1350/\$2700	(\$0.00)	(\$0.00)	(\$0.00)		(\$335.04)	(\$219.60)	(\$224.40)
TRADITIONAL	\$1000/\$2000	\$0.00	\$0.00	\$0.00				
TRADITIONAL	\$500/\$1000	\$15.90	\$56.30	\$71.95				
TRADITIONAL	\$300/\$600	\$30.82	\$89.88	\$113.75				

*HSA funds are prorated if not effective January 1st

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

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	\$1400/\$2800	(\$0.00)	(\$0.00)	(\$0.00)		(\$1466.64)	(\$2182.08)	(\$3594.24)
HDHP	\$1400/\$2800	(\$0.00)	(\$0.00)	(\$0.00)		(\$813.00)	(\$711.24)	(\$1764.00)
TRADITIONAL	\$1000/\$2000	\$0.00	\$0.00	\$0.00				
TRADITIONAL	\$500/\$1000	\$0.00	\$51.98	\$21.04				
TRADITIONAL	\$300/\$600	\$17.92	\$95.49	\$75.19				

*HSA funds are prorated if not effective January 1st

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

NON-AFFILIATED SUPPORT STAFF – FULL YEAR

Per Pay Deduction

Funds to EE HSA – Annual

Type	Deductible	Single	2-Person	Full Family		Single	2-Person	Full Family
HDHP	\$1400/\$2800	(\$0.00)	(\$0.00)	(\$0.00)		(\$1466.64)	(\$2182.08)	(\$3594.24)
HDHP	\$1400/\$2800	(\$0.00)	(\$0.00)	(\$0.00)		(\$813.00)	(\$711.24)	(\$1764.00)
TRADITIONAL	\$1000/\$2000	\$0.00	\$0.00	\$0.00				
TRADITIONAL	\$500/\$1000	\$0.00	\$37.39	\$12.73				
TRADITIONAL	\$300/\$600	\$12.44	\$70.98	\$54.53				

*HSA funds are prorated if not effective January 1st

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

FRINGE BENEFITS FOR ALL EMPLOYEE GROUPS As of 01/01/2021

TCTA

Per Pay Deduction

Funds to EE HSA – Annual

Type	Deductible	Single	2-Person	Full Family		Single	2-Person	Full Family
HDHP	\$1400/\$2800	(\$0.00)	(\$0.00)	(\$0.00)		(\$1466.64)	(\$2182.08)	(\$3594.24)
HDHP	\$1400/\$2800	(\$0.00)	(\$0.00)	(\$0.00)		(\$813.00)	(\$711.24)	(\$1764.00)
TRADITIONAL	\$1000/\$2000	\$0.00	\$0.00	\$0.00				
TRADITIONAL	\$500/\$1000	\$0.00	\$51.98	\$21.04				
TRADITIONAL	\$300/\$600	\$17.92	\$95.49	\$75.19				

*HSA funds are prorated if not effective January 1st

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

FSEA

Per Month Rates

Per pay amount varies – based on annual salary

Type	Deductible	Single	2-Person	Full Family		Single	2-Person	Full Family
HDHP	\$1350/\$2700	\$464.77	\$1045.74	\$1301.36				
HDHP	\$1350/\$2700	\$519.24	\$1168.31	\$1453.88				
TRADITIONAL	\$1000/\$2000	\$494.94	\$1113.61	\$1385.82				
TRADITIONAL	\$500/\$1000	\$581.60	\$1308.59	\$1628.47				
TRADITIONAL	\$300/\$600	\$613.94	\$1381.36	\$1719.03				

Cash in Lieu option not available

TCAA

Per Pay Deduction

Funds to EE HSA – Annual

Type	Deductible	Single	2-Person	Full Family		Single	2-Person	Full Family
HDHP	\$1350/\$2700	\$0.00	\$0.00	\$0.00		(\$273.00)	(\$101.40)	(\$362.64)
HDHP	\$1350/\$2700	\$14.64	\$52.67	\$56.45		\$0.00	\$0.00	\$0.00
TRADITIONAL	\$1000/\$2000	\$3.42	\$27.42	\$25.03				
TRADITIONAL	\$500/\$1000	\$43.42	\$117.42	\$137.03				
TRADITIONAL	\$300/\$600	\$58.35	\$151.00	\$178.82				

*HSA funds are prorated if not effective January 1st

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

FRINGE BENEFITS FOR ALL EMPLOYEE GROUPS As of 01/01/2021

NON-AFFILIATED ADMINISTRATORS

Per Pay Deduction

Funds to EE HSA – Annual

Type	Deductible	Single	2-Person	Full Family		Single	2-Person	Full Family
HDHP	\$1400/\$2800	(\$0.00)	(\$0.00)	(\$0.00)		(\$1466.64)	(\$2182.08)	(\$3594.24)
HDHP	\$1400/\$2800	(\$0.00)	(\$0.00)	(\$0.00)		(\$813.00)	(\$711.24)	(\$1764.00)
TRADITIONAL	\$1000/\$2000	\$0.00	\$0.00	\$0.00				
TRADITIONAL	\$500/\$1000	\$0.00	\$37.39	\$12.73				
TRADITIONAL	\$300/\$600	\$12.44	\$70.98	\$54.53				

*HSA funds are prorated if not effective January 1st

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

Optional Dental and Vision Rates

FSEA, TCTA, TC CAPSA AND NON-AFFILIATED SUPPORT STAFF – SCHOOL YEAR

	<u>Dental</u>	<u>Vision</u>
Single Coverage:	\$35.01	\$4.52
2-Person Coverage:	\$55.07	\$7.27
Full Family Coverage:	\$100.82	\$13.44

AFSCME, TC CAPSA AND NON-AFFILIATED SUPPORT STAFF – FULL YEAR

	<u>Dental</u>	<u>Vision</u>
Single Coverage:	\$26.93	\$3.48
2-Person Coverage:	\$42.36	\$5.59
Full Family Coverage:	\$77.55	\$10.34

****Eligibility requirements, Life/AD&D insurance and cash in lieu of benefits can be found on the [General Benefits Summaries](#) for each union group****