

FRINGE BENEFITS FOR ALL EMPLOYEE GROUPS

As of 01/01/2023

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	\$1500/\$3000	None	None	20%	ABC-Mail
HDHP	\$1500/\$3000	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	\$1500/\$3000	\$0.00	\$0.00	\$0.00		(\$1473.96)	(\$2142.24)	(\$3589.20)
HDHP	\$1500/\$3000	\$0.00	\$0.00	\$0.00		(\$779.52)	(\$579.72)	(\$1644.48)
TRADITIONAL	\$1000/\$2000	\$0.00	\$0.00	\$0.00				
TRADITIONAL	\$500/\$1000	\$0.21	\$58.99	\$27.40				
TRADITIONAL	\$300/\$600	\$20.73	\$105.16	\$84.85				

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

*HSA funds are prorated if not effective January 1st

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	\$1500/\$3000	\$0.00	\$0.00	\$0.00		(\$1473.96)	(\$2142.24)	(\$3589.20)
HDHP	\$1500/\$3000	\$0.00	\$0.00	\$0.00		(\$779.52)	(\$579.72)	(\$1644.48)
TRADITIONAL	\$1000/\$2000	\$0.00	\$0.00	\$0.00				
TRADITIONAL	\$500/\$1000	\$3.47	\$52.98	\$30.42				
TRADITIONAL	\$300/\$600	\$19.50	\$89.02	\$75.27				

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

*HSA funds are prorated if not effective January 1st

FRINGE BENEFITS FOR ALL EMPLOYEE GROUPS

As of 01/01/2023

AFSCME

Per Pay Deduction

Funds to EE HSA – Annual

Type	Deductible	Single	2-Person	Full Family		Single	2-Person	Full Family
HDHP	\$1500/\$3000	\$0.00	\$0.00	\$0.00		(\$1473.96)	(\$2142.24)	(\$3589.20)
HDHP	\$1500/\$3000	\$0.00	\$0.00	\$0.00		(\$779.52)	(\$579.72)	(\$1644.48)
TRADITIONAL	\$1000/\$2000	\$0.00	\$0.00	\$0.00				
TRADITIONAL	\$500/\$1000	\$3.47	\$52.98	\$30.42				
TRADITIONAL	\$300/\$600	\$19.50	\$89.02	\$75.27				

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

*HSA funds are prorated if not effective January 1st

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	\$1500/\$3000	\$0.00	\$0.00	\$0.00		(\$1473.96)	(\$2142.24)	(\$3589.20)
HDHP	\$1500/\$3000	\$0.00	\$0.00	\$0.00		(\$779.52)	(\$579.72)	(\$1644.48)
TRADITIONAL	\$1000/\$2000	\$0.00	\$0.00	\$0.00				
TRADITIONAL	\$500/\$1000	\$0.21	\$58.99	\$27.40				
TRADITIONAL	\$300/\$600	\$20.73	\$105.16	\$84.85				

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

*HSA funds are prorated if not effective January 1st

TCTA

Per Pay Deduction

Funds to EE HSA – Annual

Type	Deductible	Single	2-Person	Full Family		Single	2-Person	Full Family
HDHP	\$1500/\$3000	\$0.00	\$0.00	\$0.00		(\$1473.96)	(\$2142.24)	(\$3589.20)
HDHP	\$1500/\$3000	\$0.00	\$0.00	\$0.00		(\$779.52)	(\$579.72)	(\$1644.48)
TRADITIONAL	\$1000/\$2000	\$0.00	\$0.00	\$0.00				
TRADITIONAL	\$500/\$1000	\$0.21	\$58.99	\$27.40				
TRADITIONAL	\$300/\$600	\$20.73	\$105.16	\$84.85				

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

*HSA funds are prorated if not effective January 1st

FRINGE BENEFITS FOR ALL EMPLOYEE GROUPS

As of 01/01/2023

FSEA

Per Pay Deduction

Funds to EE HSA - Annual

Type	Deductible	Single	2-Person	Full Family		Single	2-Person	Full Family
HDHP	\$1500/\$3000	\$0.00	\$288.05	\$448.61		(\$1473.96)	\$0.00	\$0.00
HDHP	\$1500/\$3000	\$0.00	\$365.03	\$544.41		(\$779.52)	\$0.00	\$0.00
TRADITIONAL	\$1000/\$2000	\$0.00	\$337.74	\$510.45				
TRADITIONAL	\$500/\$1000	\$0.21	\$461.45	\$664.40				
TRADITIONAL	\$300/\$600	\$20.73	\$507.62	\$721.85				

Cash in Lieu option not available

*HSA funds are prorated if not effective January 1st

TCAA

Per Pay Deduction

Funds to EE HSA – Annual

Type	Deductible	Single	2-Person	Full Family		Single	2-Person	Full Family
HDHP	\$1500/\$3000	\$0.00	\$0.00	\$0.00		(\$1592.52)	(\$2408.88)	(\$3921.00)
HDHP	\$1500/\$3000	\$0.00	\$0.00	\$0.00		(\$911.88)	(\$877.68)	(\$2015.16)
TRADITIONAL	\$1000/\$2000	\$0.00	\$0.00	\$0.00				
TRADITIONAL	\$500/\$1000	\$0.00	\$40.01	\$14.29				
TRADITIONAL	\$300/\$600	\$13.41	\$75.33	\$58.24				

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

*HSA funds are prorated if not effective January 1st

NON-AFFILIATED ADMINISTRATORS

Per Pay Deduction

Funds to EE HSA – Annual

Type	Deductible	Single	2-Person	Full Family		Single	2-Person	Full Family
HDHP	\$1500/\$3000	\$0.00	\$0.00	\$0.00		(\$1592.52)	(\$2408.88)	(\$3921.00)
HDHP	\$1500/\$3000	\$0.00	\$0.00	\$0.00		(\$911.88)	(\$877.68)	(\$2015.16)
TRADITIONAL	\$1000/\$2000	\$0.00	\$0.00	\$0.00				
TRADITIONAL	\$500/\$1000	\$0.00	\$40.01	\$14.29				
TRADITIONAL	\$300/\$600	\$13.41	\$75.33	\$58.24				

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

*HSA funds are prorated if not effective January 1st

FRINGE BENEFITS FOR ALL EMPLOYEE GROUPS
As of 01/01/2023

Optional Dental and Vision Rates

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

	<u>Dental</u>	<u>Vision</u>
Single Coverage:	\$34.31	\$4.52
2-Person Coverage:	\$53.97	\$7.27
Full Family Coverage:	\$98.80	\$13.44

AFSCME AND TC CAPSA – FULL YEAR

	<u>Dental</u>	<u>Vision</u>
Single Coverage:	\$26.39	\$3.48
2-Person Coverage:	\$41.52	\$5.59
Full Family Coverage:	\$76.00	\$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****