

# Tazewell-Mason Counties Special Education Association

## FY26 Health Insurance Premiums

All rates are based on 24 pay periods annually.

For enrollment and benefit questions, please contact the TMCSEA Administrative Office at 309-347-5164 x330.

<b>BlueCross BlueShield Options 2085 - Rx Copays</b>	Total Monthly Premium	Monthly Board Contribution	Monthly Employee Cost	Employee Cost per pay period
Employee	\$767.55	\$596.33	\$171.22	<b>\$85.61</b>
Employee + Spouse	\$1,895.84	\$1,126.36	\$769.48	<b>\$384.74</b>
Employee + Child(ren)	\$1,350.88	\$802.58	\$548.30	<b>\$274.15</b>
Family	\$2,601.98	\$1,545.88	\$1,056.10	<b>\$528.05</b>

**\$500 Ind. Deductible, \$1,250 Ind. PPO; \$1,500 Family Deductible, \$3,750 Family PPO; \$400 ER deductible**

<b>Dental - BlueCare Dental PPO - Alt Plan</b>	Total Monthly Premium	Monthly Board Contribution	Monthly Employee Cost	Employee Cost per pay period
Employee	\$42.61	\$36.22	\$6.39	<b>\$3.19</b>
Employee + Spouse	\$90.17	\$58.61	\$31.56	<b>\$15.78</b>
Employee + Child(ren)	\$115.56	\$75.11	\$40.45	<b>\$20.22</b>
Family	\$176.92	\$115.00	\$61.92	<b>\$30.96</b>

<b>BlueCross BlueShield Options 2085 - Rx Copays</b>	Total Monthly Premium	Monthly Board Contribution	Monthly Employee Cost	Employee Cost per pay period
Employee	\$701.56	\$596.33	\$105.23	<b>\$52.62</b>
Employee + Spouse	\$1,732.86	\$1,126.36	\$606.50	<b>\$303.25</b>
Employee + Child(ren)	\$1,234.74	\$802.58	\$432.16	<b>\$216.08</b>
Family	\$2,378.28	\$1,545.88	\$832.40	<b>\$416.20</b>

**\$1,000 Ind. Deductible, \$2,500 Ind. PPO; \$3,000 Family Deductible, \$7,500 Family PPO; \$400 ER deductible**

<b>Vision - BlueCross BlueShield - Vision</b>	Total Monthly Premium	Monthly Board Contribution	Monthly Employee Cost	Employee Cost per pay period
Employee	\$5.97	\$5.08	\$0.89	<b>\$0.44</b>
Employee + Spouse	\$11.34	\$7.37	\$3.97	<b>\$1.98</b>
Employee + Child(ren)	\$11.94	\$7.76	\$4.18	<b>\$2.09</b>
Family	\$17.55	\$11.41	\$6.14	<b>\$3.07</b>

**TMCSEA provides \$40,000 life insurance policy, which is available only for full-time employees.**

This is a separate app NOT part of our health insurance that is available to all full-time employees for virtual healthcare 24/7 with \$0 visit fee and unlimited visits.

<b>Teladoc</b>	Total Monthly Premium	Monthly Board Contribution	Monthly Employee Cost	Employee Cost per pay period
Employee	\$14.00	\$7.00	\$7.00	<b>\$3.50</b>
Employee + Spouse	\$14.00	\$7.00	\$7.00	<b>\$3.50</b>
Employee + Child(ren)	\$14.00	\$7.00	\$7.00	<b>\$3.50</b>
Family	\$14.00	\$7.00	\$7.00	<b>\$3.50</b>