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.

BlueCross BlueShield - Options 2085 - Rx Copays	Total Monthly Premium	Monthly Board Contribution	Monthly Employee Cost	**Employee Cost per pay period**
Employee	$767.55	$596.33	$171.22	**$85.61**
Employee + Spouse	$1,895.84	$1,213.00	$682.84	**$341.42**
Employee + Child(ren)	$1,350.88	$864.32	$486.56	**$243.28**
Family	$2,601.98	$1,664.80	$937.18	**$468.59**

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

Dental - BlueCare Dental PPO - Alt Plan	Total Monthly Premium	Monthly Board Contribution	Monthly Employee Cost	**Employee Cost per pay period**
Employee	$42.61	$36.22	$6.39	**$3.19**
Employee + Spouse	$90.17	$63.12	$27.05	**$13.53**
Employee + Child(ren)	$115.56	$80.89	$34.67	**$17.33**
Family	$176.92	$123.84	$53.08	**$26.54**

BlueCross BlueShield - Options 2085 - Rx Copays	Total Monthly Premium	Monthly Board Contribution	Monthly Employee Cost	**Employee Cost per pay period**
Employee	$701.56	$596.33	$105.23	**$52.62**
Employee + Spouse	$1,732.86	$1,213.00	$519.86	**$259.93**
Employee + Child(ren)	$1,234.74	$864.32	$370.42	**$185.21**
Family	$2,378.28	$1,664.80	$713.48	**$356.74**

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

Vision - BlueCross BlueShield - Vision	Total Monthly Premium	Monthly Board Contribution	Monthly Employee Cost	**Employee Cost per pay period**
Employee	$5.97	$5.08	$0.89	**$0.44**
Employee + Spouse	$11.34	$7.94	$3.40	**$1.70**
Employee + Child(ren)	$11.94	$8.36	$3.58	**$1.79**
Family	$17.55	$12.29	$5.27	**$2.63**

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.

Teladoc	Total Monthly Premium	Monthly Board Contribution	Monthly Employee Cost	**Employee Cost per pay period**
Employee	$14.00	$7.00	$7.00	**$3.50**
Employee + Spouse	$14.00	$7.00	$7.00	**$3.50**
Employee + Child(ren)	$14.00	$7.00	$7.00	**$3.50**
Family	$14.00	$7.00	$7.00	**$3.50**