

Tazewell-Mason Counties Special Education Association

FY25 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.

Health Alliance - POSC + 500F 24 80 RX230	Total Monthly Premium	Monthly Board Contribution	Monthly Employee Cost	Employee Cost per pay period
Employee	\$770.00	\$616.25	\$153.75	\$76.88
Employee + Spouse	\$1,902.00	\$1,164.15	\$737.85	\$368.93
Employee + Child(ren)	\$1,355.00	\$829.40	\$525.60	\$262.80
Family	\$2,610.00	\$1,597.70	\$1,012.30	\$506.15

\$500 Ind. Deductible; \$1000 Family Deductible; \$25 Primary Care Visit; \$50 Specialist Visit; \$150 ER Co-Pay

Health Alliance - POSC + 1000E 24 80 RX231	Total Monthly Premium	Monthly Board Contribution	Monthly Employee Cost	Employee Cost per pay period
Employee	\$725.00	\$616.25	\$108.75	\$54.38
Employee + Spouse	\$1,791.00	\$1,164.15	\$626.85	\$313.43
Employee + Child(ren)	\$1,276.00	\$829.40	\$446.60	\$223.30
Family	\$2,458.00	\$1,597.70	\$860.30	\$430.15

\$1000 Ind. Deductible; \$2000 Family Deductible; \$25 Primary Care Visit; \$50 Specialist Visit; \$200 ER Co-Pay

Health Alliance - Preferred 3 Tier 500 RX231 (NO OSF)	Total Monthly Premium	Monthly Board Contribution	Monthly Employee Cost	Employee Cost per pay period
Employee	\$637.00	\$616.25	\$20.75	\$10.38
Employee + Spouse	\$1,574.00	\$1,164.15	\$409.85	\$204.93
Employee + Child(ren)	\$1,122.00	\$829.40	\$292.60	\$146.30
Family	\$2,160.00	\$1,597.70	\$562.30	\$281.15

\$500 Ind. Deductible; \$1000 Family Deductible; \$0 Primary Care Visit; \$25 Specialist Visit; \$150 ER Co-Pay - Does NOT include OSF

Dental - Equitable	Total Monthly Premium	Monthly Board Contribution	Monthly Employee Cost	Employee Cost per pay period
Employee	\$28.85	\$24.52	\$4.33	\$2.16
Employee + Spouse	\$61.05	\$39.68	\$21.37	\$10.68
Employee + Child(ren)	\$78.24	\$50.86	\$27.38	\$13.69
Family	\$119.78	\$77.86	\$41.92	\$20.96

Vision - VSP	Total Monthly Premium	Monthly Board Contribution	Monthly Employee Cost	Employee Cost per pay period
Employee	\$5.55	\$4.72	\$0.83	\$0.42
Employee + Spouse	\$15.21	\$9.89	\$5.32	\$2.66
Employee + Child(ren)	\$15.21	\$9.89	\$5.32	\$2.66
Family	\$15.21	\$9.89	\$5.32	\$2.66

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

***NEW for FY25: Healthiest You app by Teladoc**

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