

## TCOE EMPLOYEE HEALTH INSURANCE FULL TIME & PART TIME DEFINITION

Full Time is defined differently for health insurance than for anything else.

In order that TCOE might provide a richer employee benefit, and  
*for the explicit purpose of calculating the district contribution amount towards your health insurance,*

Our Superintendent has specified that employees whose assignment work (including any paid holidays/vacation) equates to at least 1176.5 hours per fiscal year are to be considered FULL TIME. (6.5 hrs/day for 181 days)

Employee's whose paid work assignment equates to less than 1176.5 hours annually are considered part-time and the district contribution will be prorated accordingly.

**\*\*NOTE: Dental & Vision Plans Are 100% Employer Paid for Full Time Employees**

# MEDICAL COVERAGE - COSTS BY PLAN



- The following table shows the current plan year (10/1/2023 – 9/30/2024) cost per plan, by plan level per calendar month.
- This is not what our employees pay but the *total cost of the premium per calendar month* before the district contribution is applied.
- **\*\*Note:** Most of our employees are I I pay employees. If you work the school year and not during the summer you are an I I pay employee and the cost below would need to be converted to a monthly amount for I I pay periods instead of 12.

That can be figured by taking the Cost X 12 calendar months ÷ I I pay periods (ie \$803 x 12 ÷ 11 = \$876 premium per pay period)

Premium Cost/Mo.	80C	80G	80K	80M	HSA-1500	HSA-3000	HSA-5000
Employee Only	\$803	\$763	\$722	\$654	\$689	\$604	\$579
Employee + Kids	\$1,447	\$1,374	\$1,301	\$1,178	\$1,241	\$1,089	\$1,043
Employee + Spouse	\$1,607	\$1,529	\$1,444	\$1,307	\$1,378	\$1,210	\$1,159
Employee + Family	\$2,252	\$2,139	\$2,023	\$1,831	\$1,932	\$1,693	\$1,622

# DISTRICT CONTRIBUTION AMOUNTS

- TCOE pays the following amounts for full time employees towards their medical insurance coverage per month/pay period
  - Employee Only Coverage = \$485.94/mo - or \$530.12 per pay period for 11 month employee (Annually \$5,831.28)
  - Employee + Children Coverage = \$873.77/mo – or \$953.20 per pay period for 11 month employee (Annually \$10,485.24)
  - Employee + Spouse Coverage = \$971.89/mo – or \$1,060.24 per pay period for 11 month employee (Annually \$11,662.68)
  - Employee + Family Coverage = \$1,359.73/mo – or \$1,483.34 per pay period for 11 month employee (Annually \$16,316.76)
- TCOE Dental & Vision Plans Are Covered 100% for Full Time Employees / Pro-rated For Part Time
  - Dental Plan 1 (without ortho) = \$66.87 per month – Annually \$802.44
  - Dental Plan 16 (ortho) = \$88.56 per month – Annually \$1,062.72
  - Vision C3 = \$24.30 per month – Annually \$291.60

# HERE'S WHAT COMES OUT OF YOUR PAYCHECK EXACTLY!

## 11 Month Employees Employee Deduction *Per Pay Period*

Level	80C	80G	80K	80M	HSA-1500	HSA-3000	HSA-5000
Employee	\$345.88	\$302.25	\$257.52	\$183.34	\$221.52	\$128.79	\$101.52
EE + Children	\$625.34	\$545.71	\$466.07	\$331.89	\$400.61	\$234.80	\$184.61
EE + Spouse	\$692.85	\$607.76	\$515.03	\$365.57	\$443.03	\$259.76	\$204.12
EE + Family	\$973.39	\$850.11	\$723.57	\$514.11	\$624.29	\$363.57	\$286.11

## 12 Month Employees Employee Deduction *Per Pay Period*

Level	80C	80G	80K	80M	HSA-1500	HSA-3000	HSA-5000
Employee	\$317.06	\$277.06	\$236.06	\$168.06	\$203.06	\$118.06	\$93.06
EE + Children	\$573.23	\$500.23	\$427.23	\$304.23	\$367.23	\$215.23	\$169.23
EE + Spouse	\$635.11	\$557.11	\$472.11	\$335.11	\$406.11	\$238.11	\$187.11
EE + Family	\$892.27	\$779.27	\$663.27	\$471.27	\$572.27	\$333.27	\$262.27